AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2026
January 2025 Meeting

TABLE OF CONTENTS

Introductory Materials **TAB**

Table of Contents 01

RUC Recommendations Cover Letter 02

Resource Materials 03

Relative Value Recommendations for CPT 2026 **TAB**

Hip and Pelvis Arthrodesis Revisions (27278, 27279) 04

Thoracic Branch Endograft Services (33880, 33881, 33882, 33883, 33886, 35602) 05

Lower Extremity Revascularization (37254, 37255, 37256, 37257, 37258, 37259, 37260, 37261, 37262, 37263, 37264, 37265, 37266, 37267, 37268, 37269, 37270, 37271, 37272, 37273, 37274, 37275, 37276, 37277, 37278, 37279, 37280, 37281, 37282, 37283, 37284, 37285, 37286, 37287, 37288, 37289, 37290, 37291, 37292, 37293, 37294, 37295, 37296, 37297, 37298, 37299) 06

Endoscopic Sleeve Gastroplasty (43889) 07

Irreversible Electroporation of Tumors (47384, 55877) 08

Cystourethroscopy (52443) 09

Percutaneous Interlaminar Lumbar Decompression (62287, 62330, 62331) 10

Laminotomy – Repair of Disc Defect (63020, 63030, 63032, 63035, 63040, 63042, 63043, 63044) 11

Baroreflex Activation Therapy (64654, 64655, 64656, 64657, 64658, 64659, 93145, 93146) 12

Percutaneous Electrical Nerve Field Stimulation (64567) 13

Percutaneous Decompression of Median Nerve (64728) 14

Coronary Atherosclerotic Plaque Assessment (75574, 75577) 15

Radiation Oncology Treatment Delivery (77402, 77407, 77412, 77417, 77387) 16

Superficial Radiation Therapy (77436, 77437, 77438, 77439)..... 17

Combination COVID-19 Vaccine Administration (90480, 90481)..... 18

Scalp Cooling Services (97007, 97008, 97009)..... 19

Remote Monitoring (99453, 99445, 99454, 99091, 99473, 99474, 99470, 99457, 99458, 98975, 98984, 98976, 98985, 98977, 98979, 98980, 98981)..... 20

Recommendations for CMS Request/Relativity Assessment Identified Codes TAB

Osteotomy of Spine (22210, 22212, 22214, 22216)..... 21

Arthrodesis – Great Toe (28750, 28755)..... 22

Temporary Female Intraurethral Valve-Pump (0596T, 0597T)..... 23

Relative Value Recommendations for CPT 2025 TAB

RSV Monoclonal Antibody Administration (96380, 96381).....24

HCPAC Relative Value Recommendations for CPT 2026 TAB

HCPAC Review Board - Remote Monitoring (98986, 98978)..... 25

Other Related Recommendations TAB

Other PE Related Recommendations 26

Other RAW Related Recommendations 27

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February 4, 2025

Lindsey Baldwin
Director
Division of Practitioner Services - Hospital & Ambulatory Policy Group
Centers for Medicare & Medicaid Services
Department of Health and Human Services
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Subject: RUC Recommendations

Dear Ms. Baldwin,

The American Medical Association (AMA)/Specialty Society RVS Update Committee (RUC) submits the enclosed recommendations for work relative values and direct practice expense inputs to the Centers for Medicare & Medicaid Services (CMS). These recommendations relate to new and revised codes for *CPT 2025*, *CPT 2026* and to existing services identified by the RUC's Relativity Assessment Workgroup and CMS.

CPT 2025 New and Revised Codes
Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration (96380 & 96381)
The RUC would like to remind CMS of the RUC recommendations that were submitted as interim recommendations in October 2023, resurveyed in April 2024 and subsequently submitted final recommendations in May 2024 for RSV Monoclonal Antibody Administration based on a new survey from the American Academy of Pediatrics and the American Nurses Association. The RUC requests CMS review these recommendations and implement final valuation for these services as soon as possible. *(See folder 24).*

Enclosed are the RUC recommendations for all the CPT codes reviewed at the January 15-18, 2025, RUC meeting.

CPT 2026 New and Revised Codes – January 2025 RUC Submission
The enclosed submission contains RUC recommendations, including those for new and revised CPT codes. **The RUC submits work value and/or practice expense inputs for 106 new/revised/related family CPT codes from the January 2025 meeting.**

CPT 2026 New and Revised Codes – Entire CPT 2026 Cycle
The total number of coding changes for the entire *CPT 2026* cycle is 298 including 145 additions, 42 revisions, 75 deletions, and 36 codes that were identified as part of the family for review in relationship to the new/revised codes. Of the 223 new/revised/related family CPT codes, 43 services are not currently included on the RBRVS (eg, laboratory services, vaccines, and Category III codes). The RUC recommends contractor-pricing 3 codes. The RUC recommends one code to be referred to CPT for deletion. The RUC offers no recommendations for 8 services.

The RUC submits recommendations for 172 new/revised/related family CPT codes for the 2026 Medicare Physician Payment Schedule.

Existing Services Identified by RUC and CMS for Review
In addition to the new/revised CPT code submission, the RUC submits work value/or practice expense input recommendations for 4 services identified by the RUC or CMS as potentially misvalued and reviewed at the January 2025 RUC meeting.

The RUC existing code recommendations are in addition to the one code recommendation submitted to CMS following the RUC's April 2024 meeting, totaling 5 recommendations identified via the potentially misvalued services project for the 2026 Medicare Physician Payment Schedule. Note, most of the activity from the Relativity Assessment Workgroup resulted in referrals to CPT which are captured in the new and revised code recommendations.

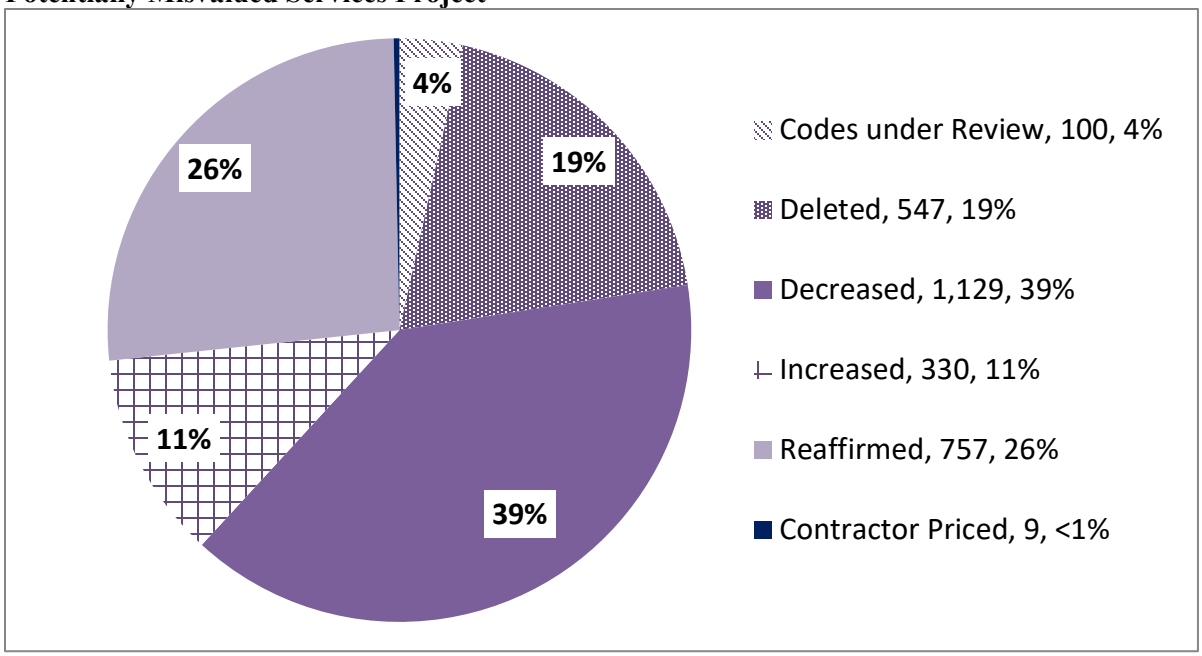
Office and Hospital Visits Included in Codes with a Surgical Global Period
The RUC strongly believes that the changes in valuation of the office and hospital E/M visits be incorporated into the visits in the surgical global periods. Since CMS did not apply the office E/M visit increases to the visits bundled into global surgery payment, it is disadvantaging specific specialties. An example of the shortcomings of this policy decision became apparent during discussion of CPT code 67141 *Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy* (RUC recommended work RVU = 2.53 and 2-99213 office visits) at the October 2020 RUC meeting. The RUC questioned whether the specialties had considered changing the global period to a 000-day global given that the intensity will be low and the office visits in 2021 will be of a different value. The specialties explained it is routine and typical that the two postoperative visits occur as part of the work within the 10 days after the procedure. The survey code is a good fit for the 010-day global and aligns with the other retinal laser codes and ophthalmic laser codes for other diseases. Relativity is therefore better maintained by keeping as a 010-day global even though the intensity is low. The RUC noted that these codes were being valued too low considering that office visits for the surgical global period were not going to be increased to the 2021 office E/M codes. Considering that the 99213 office visit is valued at 1.30 RVUs two 99213 office visits are valued higher than the 2.53 value of this code. Therefore, the CMS policy is disadvantageous to the eye surgeons and an example of shortcomings and rank order abnormalities the flawed policy creates. The Agency's position implies that the physician work for office visits is not the same when performed in a surgical global period, which is an inaccurate assumption.

The RUC recommends that CMS apply the office visit and hospital visit valuation changes uniformly across all services and specialties. CMS should not hold specific specialties to a different standard than others. The RUC urges CMS to apply the office visit and hospital visit changes to the office and hospital visits included in surgical global payment, as it has applied historically.

RUC Progress in Identifying and Reviewing Potentially Misvalued Codes
Since 2006, the RUC has identified 2,872 potentially misvalued services through objective screening criteria and has completed review of 2,772 of these services. The RUC has recommended that 58% of the services reviewed be decreased or deleted (Figure 1). The RUC has worked vigorously to identify and address mis-valuations in the RBRVS through the provision of revised physician time data and resource recommendations to CMS. The RUC looks forward to working with CMS in a concerted effort to address potentially misvalued services.

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

Potentially Misvalued Services Project



Source: American Medical Association

Chemical Cauterization of Granulation Tissue (17250)
In 2021, CPT code 17250 *Chemical cauterization of granulation tissue (ie, proud flesh)* was identified via the high-volume growth screen with total Medicare utilization of 10,000 or more that increase by at least 100% from 2008 through 2013. The Relativity Assessment Workgroup reviewed CPT code 17250 and noted that the dominant Medicare provider was Family Medicine in the nursing facility and skilled nursing facility. The specialty societies indicated that the increase in CPT code 17250 reporting is due to this service's absence from the consolidated billing list of codes for nursing facilities. In February 2022, the RUC notified CMS that CPT code 17250 should be added to the consolidated billing list of codes for nursing facilities to curb the misreporting for work that is paid to the facility**. The RUC reexamined CPT code 17250 at the January 2025 Relativity Assessment Workgroup meeting and again requests that CPT code 17250 be added to the consolidated billing list of codes for nursing facilities to curb the misreporting for work that is paid to the facility.**

Work Neutrality (CPT 2018) Home INR Monitoring (93792, 93793 & G0250)
In October 2019, the RUC identified this family as having more than a 10% increase (311%) in work RVUs for 2018 than what was projected. In January 2020, the Workgroup noted that CMS created G0250 to describe these services before 93792 and 93793 were developed. The Workgroup noted that 93792 and 93793 were new codes and an increase was expected as these services were not specifically described before. The Workgroup also noted that the RUC recommended that CMS delete G0250 for 2018. The Workgroup recommended reviewing in two years and continued to recommend that CMS delete the G code.

In January 2022, the Workgroup reviewed this family of services. The specialty societies indicated that these services were never projected as work neutral. CMS created the G codes to report home INR testing and interpretation when it issued a national coverage determination (NCD) covering home INR services. G0248 is the initial training of home INR with some supplies and equipment and staff time. G0249 is resupply for another month of home INR. G0250 is interpretation/management of one month of home

INR, or **four** tests. When these G codes appeared on the RUC high volume growth screen, the societies approached CPT to create CPT codes that capture those three elements, but also capture the broader work of anticoagulation management for any INR test wherever it is obtained. G0248 is basically equal to 93792. CPT did not want to create an equivalent, PE-only re-supply code equivalent to G0249. In the new code construct, G0250 would be the same as **four** individual 93793s. In addition, 93793 could be reported if a patient went to a lab to get an INR test or had one done in the clinician's office, although it is not reportable the same day as an E/M. A revised neutrality calculation in the spreadsheet demonstrated that if source utilization of G0250 is multiplied by 4, as was the original intent of the societies, budget neutrality was within 3% in 2018. The specialty societies continue to request that CMS delete G0248, G0249 and G0250, and note that these services will soon become obsolete. Fewer patients have the associated mechanical valves and warfarin use will diminish as a management option. **In February 2022, the RUC recommended CMS delete G0248, G0249 and G0250 and review the Relativity Assessment Workgroup review this issue again in three years.**

In January 2025, the Workgroup reviewed the action plan for CPT codes 93792 and 93793 and agreed with the specialty societies to remove from work neutrality screen. Incorrect assumptions were made initially and these services were budget neutral. Additionally, Medicare utilization continues to decrease. **The RUC again requests CMS delete G0248, G0249 and G0250.**

Hyperbaric Oxygen Under Pressure

CPT code 99183 *Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session* was first identified in April 2013 via the CMS/Other - Utilization over 250,000 screen. It was surveyed and reviewed by the RUC in January 2014. The RUC subsequently submitted work and direct PE input recommendations based on a typical treatment time of 120 minutes. For CY 2015, CMS accepted the RUC's work recommendation though decided to assign 99183 no direct PE inputs. Instead, CMS opted to make 99183 a professional component only code and created a separate time-based G code to report the technical component for hyperbaric oxygen therapy (PE-only code G0277 *Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval*). To value G0277, CMS used the RUC recommended direct PE inputs for 99183 and adjusted them to align with the 30-minute treatment interval. In the Final Rule for 2015, CMS commented that prior to 2015, CPT code 99183 was used for both professional attendance and supervision and the actual treatment delivery. Stakeholders had pointed out that although CMS included the PE inputs for treatment delivery in CPT code 99183 prior to 2015, the code descriptor described only attendance and supervision. CMS noted that under the Outpatient Prospective Payment System (OPPS), the treatment used to be reported using separate treatment code C1300 *Hyperbaric oxygen under pressure, full body chamber, per 30-minute interval*. Therefore, CMS created code G0277 to report the treatment delivery and to maintain consistency with the OPPS coding. CMS used a timed 30-minute code, which can be used across settings. When G0277 is reported in the facility setting, the HOPPS uses Ambulatory Payment Classifications (APC) code 5061 *Hyperbaric Oxygen Therapy*.

In April 2022, the Relativity Assessment Workgroup identified G0277 via the high-volume growth screen, with Medicare utilization of 10,000 or more that increased by at least 100% from 2015 through 2020. In September 2022, the Workgroup reviewed an action plan from the specialty societies and the RUC recommended that the practice expense be reviewed at the January 2023 RUC Meeting. The RUC made recommendations on the direct practice expense inputs for G0277 and recommended that CPT code 99183 be referred to CPT by the June 2023 deadline for the September 2023 CPT meeting, for revision to be time-based as well as modified to appropriately describe the treatment delivery, attendance and supervision. Then, subsequently, allow for the deletion of G0277.

In September 2023, the specialties indicated they did not intend to submit a CCA. Therefore, this issue was placed on the January 2024 Relativity Assessment Workgroup agenda to address. In January 2024, the specialty societies indicated that they believe the current separate coding of the G code and the CPT code are clear and work appropriately. The Workgroup indicated that one clear and consistent coding structure should exist, and the specialty society should submit a CPT code change application. The specialties should revise 99183 to be time-based well as modified to appropriately describe the treatment delivery, attendance and supervision or develop a coding change creating a practice expense only code to capture the service appropriately and eliminate the need for G0277.

In September 2024, the specialty societies submitted a CCA to address the RUC's concerns. The specialty societies withdrew the application because it was apparent that the RUC referral to CPT was not going to provide a solution or align with CPT nomenclature/criteria. The CPT Editorial Panel does not split codes in the manner the RUC suggested. HCPCS code G0277 was not necessary as the sessions are uniform, with the 25th, median and 75th all indicating that 4 units or a two-hour session is typical, which is what the RUC assumed for CPT code 99183.

The January 2023 RUC recommended inputs for G0277 are correct to crosswalk for CPT code 99183 if multiplied by 4, to account for four 30-minute units or 2 hours typical per session. **The Workgroup recommends that the RUC recommend that CMS crosswalk the recent January 2023 direct practice expense inputs for G0277, multiplying them by a factor of 4 for code 99183, and subsequently deleting G0277. This is consistent with affirming the RUC's original recommendation and assumption that this service is typically 120 minutes.**

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

High-Cost Disposable Supplies
The RUC considered Tab 6 Lower Extremity Revascularization at its January 2025 meeting and recommends six new high-cost supply inputs (i.e., priced more than $500) with cost estimates ranging from $4700 for a *FemPop IVL Catheter* to $1900 for a *Drug Eluting Stent*. The RUC also recommends six additional high-cost disposable supply inputs for the following tabs:

- Cystourethroscopy (*Optilume BPH Prostatic Dilation Kit* $5900)
- Percutaneous Electrical Nerve Field Stimulation (*IB-Stim device kit* $1195)
- Percutaneous Decompression of Median Nerve (*Kit, UltraguideCTR* $1099)
- Coronary Atherosclerotic Plaque Assessment (*Plaque Characterization Analysis Software*, $1500)
- Scalp Cooling Services (*Scalp Cooling Cap/Kit*, $1800)
- Temporary Female Intraurethral Valve-Pump (SD372 *inFlow Activator Kit* $1250)

Given the significant number of new high-cost disposable supplies that are included as part of the RUC recommendations for direct practice expense (PE) inputs, there is an urgency to support the RUC recommendation to separately code and pay for high-cost disposable supplies. For two decades, **the RUC has recommended that CMS separately identify and pay for high-cost disposable supplies (i.e., priced more than $500) using appropriate Healthcare Common Procedure Coding System**

(HCPCS) supply codes. CMS has been reluctant to implement this recommendation. However, the RUC makes this recommendation to address the outsized impact that high-cost disposable supplies have within the current practice expense RVU methodology.

The CY 2025 Medicare Physician Payment Schedule includes 85 medical supply items currently embedded in codes with a purchase price of more than $500. These high-cost medical supplies represent $1.32 billion dollars in direct costs for the 2025 Medicare Physician Payment Schedule and 19 percent of all direct practice expense medical supply costs in the non-facility setting. The current system not only accounts for a large amount of direct practice expense for these supplies but also allocates a large amount of indirect practice expense into the PE RVU for the procedure codes that include these supplies. The practice expense methodology derives code-level indirect practice expense in part from code-level direct practice expense inputs, including high-cost disposable supplies. When CPT codes include a high-cost disposable supply, a larger portion of indirect practice expense is allocated to the subset of practices performing the service, which is subsidized by the broader specialty and all other physician and qualified healthcare professionals. If high-cost supplies were paid separately with appropriate HCPCS codes, the disproportionate indirect expense would no longer be associated with that service. The result would be that indirect PE RVUs would be redistributed throughout the specialty practice expense pool and the practice expense for all other services.

The RUC strongly supports its long-standing RUC recommendation that CMS separately identify and pay for high-cost disposable supplies priced more than $500 using appropriate HCPCS codes. The pricing of these supplies should be based on a transparent process, where items are annually reviewed and updated.
Please see the analysis of high-cost supplies over $500 in folder 26 Other Practice Expense Related Recommendations.

Supply Packs Pricing Update
As stated in the RUC comment letter to CMS on the 2025 Medicare Physician Payment Schedule Proposed Rule (CMS-1807-P), submitted August 13, 2024:

> In 2023, the RUC discovered that there are numerous discrepancies between the aggregated cost of a supply pack and the individual item components. The purpose of the supply packs is to simplify the process of identifying and recommending PE supply direct inputs. A supply pack price should be identical to the total cost of its individual supply code contents. The RUC strongly recommended that CMS resolve these pricing discrepancies in the supply packs during CY 2024 rulemaking. CMS determined that "due to the projected significant cost revisions in the pricing of supply packs and because we did not propose to address supply pack pricing in the CY 2024 Proposed Rule, we stated that this issue would be better addressed in future rulemaking."
>
> We appreciate that CMS is "proposing to implement the supply pack pricing update and associated revisions as recommended by the RUC's workgroup" in the CY 2025 Proposed Rule. The report of the RUC packs workgroup recommended updates for five incomplete supply packs and affirmed the contents were correct for 18 additional packs *(Attachment 3a)*. While the five incomplete packs are being updated in this Proposed Rule, **mathematical errors remain for the supply packs where the contents were affirmed.** For example, according to the CY 2025 Proposed Rule Direct PE Inputs supply listing, SA048 *pack, minimum multi-specialty visit*, which is used in 4,568 codes, is listed at $5.02 but the total of its components is $1.98. Currently, only 3 of the 18 affirmed packs are priced correctly to match their components.

The table below shows the pricing of the 15 packs that need mathematical correction, and the attached spreadsheet deconstructs the packs to determine the correct price by summing the individual components. **The RUC requests that CMS immediately initiate correction of the packs pricing such that the sum of the individual components match the price of the corresponding pack.**

Pack	Current Price $ (CY2025)	Correct Price $
SA041	10.45	17.28
SA043	12.61	11.09
SA044	18.55	19.20
SA048	5.02	1.98
SA050	2.72	1.35
SA051	20.16	2.81
SA052	4.80	9.90
SA053	5.47	11.54
SA054	4.62	10.34
SA055	7.30	18.18
SA056	6.20	16.05
SA080	37.30	25.38
SA081	2.25	1.88
SA083	10.86	14.75
SA084	5.99	8.15

Please see the Report of the Packs Workgroup and accompanying spreadsheet of recommendations located in folder 26 Other Practice Expense Related Recommendations.

New Supply Pack for Angiography Services

At the January 2025 RUC meeting, the RUC considered Tab 6 Lower Extremity Revascularization and a request from the specialties to create a new pack for angiography services. The specialty societies recommended creating an angio pack with the following components:

Angio Pack Contents		Corresponding Supply list components				$ 68.26
10 cc syringe	SC051	syringe 10-12ml	item	0.21	4	$ 0.84
Bowl, sterile	SJ079	basin, sterile 500cc	item	3.51	2	$ 7.02
Gauze	SG055	gauze, sterile 4in x 4in	item	0.19	20	$ 3.80
marker, regular tip	SK075	skin marking pen, sterile (Skin Skribe)	item	1.62	1	$ 1.62
dome cover	SB008	drape, sterile, c-arm, fluoro	item	5.38	1	$ 5.38
blue towels	SB019	drape-towel, sterile 18in x 26in	item	0.47	4	$ 1.88
Scalpel	SF007	blade, surgical (Bard-Parker)	item	0.68	1	$ 0.68

back table cover	SB014	drape, sterile, three-quarter sheet	item	3.46	1	$ 3.46
20cc syringe	SC053	syringe 20ml	item	0.83	4	$ 3.32
drape, femoral	SB009	drape, sterile, femoral	item	9.15	1	$ 9.15
medicine cup	SL157	cup, sterile, 8 oz	item	0.58	1	$ 0.58
label sheet	SL198	label, vial	item	0.02	9	$ 0.18
control syringe (lidocaine)	SC051	syringe 10-12ml	item	0.21	1	$ 0.21
Scissor	SA027	kit, scissors and clamp	kit	0.82	1	$ 0.82
surgical gowns x 2	SB028	gown, surgical, sterile	item	5.13	2	$ 10.26
18 G needle	SC027	needle, 18-19g, filter	item	0.21	1	$ 0.21
25 G needle	SC028	needle, 18-26g 1.5-3.5in, spinal	item	9.96	1	$ 9.96
needle counter	SD120	styrofoam block, high density (3in-12in-12in)	item	1.86	1	$ 1.86
towel clamps (plastic disposable)	SD208	towel clamp, plastic	item	0.76	4	$ 3.04
Guidewire bowl	SD171	guidewire bowl w-lid, sterile	Item	3.99	1	$ 3.99

The RUC agrees that an angio pack would facilitate the PE process and ensure consistency within the vascular/interventional procedures. The RUC approves the creation of a new Angio Pack, as detailed above, for submission to the CMS.

Equipment Inputs Less than $500

At the October 2024 RUC meeting, the RUC discussed that there are eleven equipment items in the current equipment database that are less than the $500 threshold that CMS has established for equipment, as listed below. This could be an artifact of the medical supply and equipment repricing project in CY2019-2022. When the items were repriced, they should have been removed from the equipment listing if the repricing brought them under the threshold. CMS indicated that it would be open to comments and suggestions for future rulemaking if there is an interest in addressing these equipment items.

Equipment Description	CMS Code	Useful Life	Purchase Price
camera, digital (6 mexapixel)	ED004	5	152.50
Diabetes Educator Curriculum	EQ306	5	200.00
endoscope, ultrasound radial probe	ES045	7	0.00
Injector, Provis (for angiography room)	EL049		0.00
kit, vision	ES058	10	410.00
pulse oxymetry recording software (prolonged monitoring)	EQ212	5	387.00
Respiratory Impedance Plethysmography Belts (pair)	EQ337	5	87.00
Respiratory impedance Plethysmography Belts (pair) (Pediatric)	EQ349	5	199.75
slide warmer	EP051	7	425.59
ultrasound digital scope, endoscopic ultrasound	ES091		0.00
work samples, small tools (Valpar 1)	EQ267	7	361.20

Considering the CMS definition that medical equipment must be at least $500 and all equipment inputs under $500 are considered indirect expense, the RUC agreed that the 11 inputs (above) should no longer be listed as equipment as they are less than $500. **The RUC requests that CMS remove these items from its equipment list and from the specific codes to conform to the definition of direct medical equipment and to ensure that the rule remains consistently applied.**

Enclosed Recommendations and Supporting Materials:

- RUC Recommendation Status Report for New and Revised Codes for *CPT 2026.*
- RUC Recommendation Progress and Status Reports for services identified to date by the Relativity Assessment Workgroup and CMS as potentially misvalued.
- RUC Referrals to the CPT Editorial Panel – both for CPT nomenclature revisions and *CPT Assistant* articles.
- Physician Time File – A list of the physician time data for each of the CPT codes reviewed at the January 2025 RUC meeting.
- Pre-Service and Post-Service Time Packages Definitions – The RUC developed physician pre-service and post-service time packages which have been incorporated into these recommendations. The intent of these packages is to streamline the RUC review process as well as create standard pre-service and post-service time data for all codes reviewed by the RUC.
- Professional Liability Insurance (PLI) Crosswalk Table – The RUC has committed to selecting appropriate PLI crosswalks for new and revised codes and existing codes under review. We have provided a PLI Crosswalk Table listing the reviewed code and its crosswalk code for easy reference. We hope that the provision of this table will assist CMS in reviewing and implementing the RUC recommendations.
- BETOS Assignment Table – The RUC, for each meeting, provides CMS with suggested BETOS classification assignments for new/revised codes. Furthermore, if an existing service is reviewed and the specialty believes the current assignment is incorrect, this table will reflect the desired change.
- Utilization Data Crosswalk – A table estimating the flow of claims data from existing codes to the new/revised codes. This information is used to project the work relative value savings to be included in the 2026 conversion factor increase.
- New Technology List and Timeline – In April 2006, the RUC adopted a process to identify and review codes that represent new technology or services that have the potential to change in value. To date, the RUC has identified 893 of these procedures through the review of new CPT codes. A table of these codes identified as new technology services and the date of review is enclosed, as well as a flow chart providing a detailed description of the process to be utilized to review these services.
- RUC Recommendations on Modifications to Visits in the Global Period – This includes changes in work RVUs and time by incorporating the increase of office visits and hospital visits in the surgical global periods.

We appreciate your consideration of these RUC recommendations. If you have any questions regarding the attached materials, please contact Sherry Smith at Sherry.Smith@ama-assn.org.

Sincerely,

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee

Enclosures

cc: RUC Participants
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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
RUC RECOMMENDATIONS FOR CPT 2026

RESOURCE MATERIALS
TABLE OF CONTENTS

RUC Recommendations Status Reports: New and Revised Codes 01

RUC Recommendations for Existing Codes 02

RUC Relativity Assessment Workgroup Progress Report 03

CMS Requests and Relativity Assessment Workgroup Status Report and Data 04

RUC Referrals to CPT Editorial Panel 05

RUC Referrals to CPT Assistant 06

Physician Time File 07

Pre-Service Time Packages Table 08

Post-Service Time Packages Table 09

PLI Crosswalk Table 10

BETOS Assignment Table 11

Utilization Data Crosswalk 12

New Technology/New Services List 13

New Technology/New Services Timeline 14

Specialty Societies and Acronym List 15

RUC Recommendations on Modifications to Visits in Global Period 16

CPT 2026 RUC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0042T	YYY	D	May 2024	17	Cerebral Perfusion & CT Angiography – Head & Neck		Sep 2024	09					☐		☐
0266T	YYY	D	Sep 2024	13	Baroreflex Activation Therapy		Jan 2025	12					☐		☐
0267T	YYY	D	Sep 2024	13	Baroreflex Activation Therapy		Jan 2025	12					☐		☐
0268T	YYY	D	Sep 2024	13	Baroreflex Activation Therapy		Jan 2025	12					☐		☐
0269T	YYY	D	Sep 2024	13	Baroreflex Activation Therapy		Jan 2025	12					☐		☐
0270T	YYY	D	Sep 2024	13	Baroreflex Activation Therapy		Jan 2025	12					☐		☐
0271T	YYY	D	Sep 2024	13	Baroreflex Activation Therapy		Jan 2025	12					☐		☐
0272T	YYY	D	Sep 2024	13	Baroreflex Activation Therapy		Jan 2025	12					☐		☐
0273T	YYY	D	Sep 2024	13	Baroreflex Activation Therapy		Jan 2025	12					☐		☐
0275T	YYY	D	Sep 2024	07	Percutaneous Interlaminar Lumbar Decompression		Jan 2025	10					☐		☐
0394T	YYY	D	Sep 2024	41	Superficial Radiation Therapy		Jan 2025	17					☐		☐
0421T	YYY	D	May 2024	08	Transurethral Robotic-assisted Resection of Prostate		Sep 2024	07					☐		☐
0443T	YYY	R	May 2024	15	Prostate Biopsy Services		Sep 2024	08					☐		☐
0598T	YYY	R	Feb 2025	58	Fluorescence Wound Imaging		Editorial						☐		☐
0599T	YYY	R	Feb 2025	58	Fluorescence Wound Imaging		Editorial						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0600T	YYY	R	Sep 2024	10	Irreversible Electroporation of Tumors		Jan 2025	08					☐		☐
0619T	YYY	D	Sep 2024	11	Cystourethroscopy		Jan 2025	09					☐		☐
0623T	YYY	D	Sep 2024	39	Coronary Atherosclerotic Plaque Assessment		Jan 2025	15					☐		☐
0624T	YYY	D	Sep 2024	39	Coronary Atherosclerotic Plaque Assessment		Jan 2025	15					☐		☐
0625T	YYY	D	Sep 2024	39	Coronary Atherosclerotic Plaque Assessment		Jan 2025	15					☐		☐
0626T	YYY	D	Sep 2024	39	Coronary Atherosclerotic Plaque Assessment		Jan 2025	15					☐		☐
0631T	YYY	D	Feb 2025	61	Category III Sundown		Deleted						☐		☐
0662T	YYY	D	Sep 2024	53	Scalp Cooling Services		Jan 2025	19					☐		☐
0663T	YYY	D	Sep 2024	53	Scalp Cooling Services		Jan 2025	19					☐		☐
0720T	YYY	D	Sep 2024	12	Percutaneous Electrical Nerve Field Stimulation		Jan 2025	13					☐		☐
10040	010	R	Sep 2024	32	Cutaneous Extraction		Editorial			0.91	0.91	Yes	☑		☐
27278	090	R	Sep 2024	*25	Hip and Pelvis Arthrodesis Revisions	N1	Jan 2025	04	ACR, OEIS, SIR				☑	No Recommendation, *CPT Tabs 25, 34, 37	☐
27279	090	R	Sep 2024	*25	Hip and Pelvis Arthrodesis Revisions	N2	Jan 2025	04	AANS, AAOS, CNS, ISASS, NASS				☑	No Recommendation, *CPT Tabs 25, 34, 37	☐
27445	090	D	Feb 2025	08	Knee Arthroplasty		Deleted						☑		☐
27465	090	F	May 2024	10	Limb Lengthening / Shortening-Femur	F2	Sep 2024	04	AAOS	21.13	21.13		☑		☐
27466	090	F	May 2024	10	Limb Lengthening / Shortening-Femur	F3	Sep 2024	04	AAOS	22.65	22.65		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
27468	090	F	May 2024	10	Limb Lengthening / Shortening-Femur	F4	Sep 2024	04	AAOS				☑	Contractor Price	☐
27468	090	D	May 2025	16	Femoral Osteoplasty		Deleted						☑		☐
27715	090	F	May 2024	11	Limb Lengthening / Shortening-Femur	G2	Sep 2024	05	AAOS	22.50	22.50		☑		☐
27458	090	N	May 2024	10	Limb Lengthening / Shortening-Femur	F1	Sep 2024	04	AAOS	26.65	26.65		☑		☑
27713	090	N	May 2024	11	Limb Lengthening / Shortening-Femur	G1	Sep 2024	05	AAOS	28.00	28.00		☑		☑
33880	090	R	Sep 2024	36	Thoracic Branch Endograft Services	O1	Jan 2025	05	AATS, STS, SIR, SVS	30.00	30.00		☑		☐
33881	090	R	Sep 2024	36	Thoracic Branch Endograft Services	O2	Jan 2025	05	AATS, STS, SIR, SVS	26.75	26.75		☑		☐
33883	090	R	Sep 2024	36	Thoracic Branch Endograft Services	O4	Jan 2025	05	AATS, STS, SIR, SVS	24.25	24.25		☑		☐
33884	ZZZ	D	Sep 2024	36	Thoracic Branch Endograft Services		Jan 2025	05					☑		☐
33886	090	R	Sep 2024	36	Thoracic Branch Endograft Services	O5	Jan 2025	05	AATS, STS, SIR, SVS	23.50	23.50		☑		☐
33889	000	D	Sep 2024	36	Thoracic Branch Endograft Services		Jan 2025	05					☑		☐
33891	000	D	Sep 2024	36	Thoracic Branch Endograft Services		Jan 2025	05					☑		☐
33882	090	N	Sep 2024	36	Thoracic Branch Endograft Services	O3	Jan 2025	05	AATS, STS, SIR, SVS	39.00	39.00		☑		☑
35602	090	N	Sep 2024	36	Thoracic Branch Endograft Services	O6	Jan 2025	05	AATS, STS, SVS	27.40	27.40		☑		☐
37220	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37221	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37222	ZZZ	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37223	ZZZ	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐

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37224	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37225	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37226	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37227	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37228	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37229	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37230	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37231	000	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37232	ZZZ	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37233	ZZZ	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37234	ZZZ	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37235	ZZZ	D	Sep 2024	30	Lower Extremity Revascularization (LER)		Jan 2025	06					☑		☐
37500	090	D	May 2025	79	Code Set Maintenance		Deleted						☑		☐
37255	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P2	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.00	3.00		☑		☐

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37256	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P3	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	10.75	10.75		☑		☐
37257	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P4	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.89	3.89		☑		☐
37258	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P5	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	8.75	8.75		☑		☐
37259	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P6	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.00	4.00		☑		☐
37260	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P7	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	16.23	12.69		☑		☐
37261	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P8	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	5.00	4.25		☑		☐
37262	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P9	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.00	3.00		☑		☑
37263	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P10	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	8.00	7.75		☑		☐
37264	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P11	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.00	3.00		☑		☐
37265	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P12	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	12.00	10.50		☑		☐
37266	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P13	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.44	4.00		☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
37267	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P14	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	8.75	8.75		☑		☐
37268	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P15	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.73	3.73		☑		☐
37269	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P16	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	14.75	14.75		☑		☐
37270	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P17	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	6.00	5.00		☑		☐
37271	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P18	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	9.00	9.00		☑		☐
37272	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P19	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.00	4.00		☑		☐
37273	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P20	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	15.03	12.63		☑		☐
37274	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P21	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	7.00	5.50		☑		☐
37275	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P22	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	11.00	11.00		☑		☐
37276	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P23	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.25	4.25		☑		☐
37277	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P24	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	15.55	15.00		☑		☐

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37278	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P25	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	7.00	6.00		☑		☐
37279	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P26	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.00	4.00		☑		☑
37280	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P27	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	9.80	9.80		☑		☐
37281	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P28	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.00	3.00		☑		☐
37282	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P29	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	13.75	12.31		☑		☐
37283	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P30	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	5.00	4.26		☑		☐
37284	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P31	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	10.00	10.00		☑		☐
37285	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P32	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	3.34	3.34		☑		☐
37286	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P33	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	13.55	13.46		☑		☐
37287	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P34	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	5.50	5.00		☑		☐
37288	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P35	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	13.50	13.50		☑		☐

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37289	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P36	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.75	4.75		☑		☐
37290	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P37	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	17.00	17.00		☑		☐
37291	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P38	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	6.50	6.50		☑		☐
37292	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P39	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	15.00	15.00		☑		☐
37293	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P40	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	6.50	6.50		☑		☐
37294	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P41	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	18.00	18.00		☑		☐
37295	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P42	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	9.03	8.16		☑		☐
37296	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P43	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	11.00	11.00		☑		☐
37297	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P44	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	4.00	4.00		☑		☐
37298	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P45	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	15.00	13.70		☑		☐
37299	ZZZ	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P46	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	5.00	5.00		☑		☐

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37254	000	N	Sep 2024	30	Lower Extremity Revascularization (LER)	P1	Jan 2025	06	ACC, ACR, ACS, OEIS, SCAI, SIR, SVS	7.30	7.30		☑		☐
38570	010	F	May 2024	12	Laparoscopic Prostatectomy	H1	Sep 2024	06	ACOG, AUA	8.49	8.49	Yes	☑		☐
38571	010	F	May 2024	12	Laparoscopic Prostatectomy	H2	Sep 2024	06	ACOG, AUA	12.00	12.00	Yes	☑		☐
38572	010	F	May 2024	12	Laparoscopic Prostatectomy	H3	Sep 2024	06	ACOG, AUA	15.60	15.60	Yes	☑		☐
38573	010	F	May 2024	12	Laparoscopic Prostatectomy	H4	Sep 2024	06	ACOG, AUA	20.00	20.00	Yes	☑		☐
47384	000	N	Sep 2024	10	Irreversible Electroporation of Tumors	R1	Jan 2025	08	ACR, SIR	10.00	9.41		☑		☐
49320	010	R	Sep 2024	28	Laparoscopy - Editorial Changes		Editorial			5.14	5.14	Yes	☑		☐
43889	090	N	Sep 2024	19	Endoscopic Sleeve Gastroplasty (ESG)	Q1	Jan 2025	07	ACG, AGA, ASGE, ASMBS, SAGES	16.82	13.50		☑		☑
52500	090	F	May 2024	08	Transurethral Robotic-assisted Resection of Prostate	I1	Sep 2024	07	AUA	6.00	6.00		☑		☐
52601	090	F	May 2024	08	Transurethral Robotic-assisted Resection of Prostate	I3	Sep 2024	07	AUA	10.00	10.00		☑		☐
52630	090	F	May 2024	08	Transurethral Robotic-assisted Resection of Prostate	I4	Sep 2024	07	AUA	6.55	6.55	Yes	☑		☐
52647	090	D	Sep 2024	29	Laser Coagulation of Prostate / Transurethral Robotic-assisted Resection of Prostate	I5	Sep 2024	07					☑		☐
52648	090	F	May 2024	08	Transurethral Robotic-assisted Resection of Prostate	I6	Sep 2024	07	AUA	10.05	10.05		☑		☐

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52649	090	F	May 2024	08	Transurethral Robotic-assisted Resection of Prostate	I7	Sep 2024	07	AUA	14.93	14.56	Yes	☑		☐
52597	090	N	May 2024	08	Transurethral Robotic-assisted Resection of Prostate	I2	Sep 2024	07	AUA	10.25	10.25		☑		☑
52443	000	N	Sep 2024	11	Cystourethroscopy	S1	Jan 2025	09	AUA	4.50	3.62		☑		☑
55700	000	D	May 2024	15	Prostate Biopsy Services		Sep 2024	08					☑		☐
55705	000	R	May 2024	15	Prostate Biopsy Services	J1	Sep 2024	08	AUA	1.88	1.93		☑		☐
55706	000	F	May 2024	15	Prostate Biopsy Services	J11	Sep 2024	08	AUA	4.57	4.27		☑		☐
55840	090	F	May 2024	12	Laparoscopic Prostatectomy	H5	Sep 2024	06	AUA	21.36	21.36	Yes	☑		☐
55842	090	F	May 2024	12	Laparoscopic Prostatectomy	H6	Sep 2024	06	AUA	21.36	21.36	Yes	☑		☐
55845	090	F	May 2024	12	Laparoscopic Prostatectomy	H7	Sep 2024	06	AUA	25.18	25.18	Yes	☑		☐
55866	090	R	May 2024	12	Laparoscopic Prostatectomy	H8	Sep 2024	06	AUA	22.46	22.46	Yes	☑		☐
55867	090	F	May 2024	12	Laparoscopic Prostatectomy	H11	Sep 2024	06	AUA	19.53	19.53	Yes	☑		☐
55868	090	N	May 2024	12	Laparoscopic Prostatectomy	H9	Sep 2024	06	AUA	30.00	22.46		☑		☐
55869	090	N	May 2024	12	Laparoscopic Prostatectomy	H10	Sep 2024	06	AUA	29.91	29.35		☑		☐
58561	000	R	Sep 2024	23	Fibroid Ablation – Parenthetical Revision		Editorial			6.60	6.60	Yes	☑		☐
58580	010	R	Sep 2024	23	Fibroid Ablation – Parenthetical Revision		Editorial			7.21	7.21	Yes	☑		☐
55707	000	N	May 2024	15	Prostate Biopsy Services	J2	Sep 2024	08	AUA	2.63	2.63		☑		☐
55708	000	N	May 2024	15	Prostate Biopsy Services	J3	Sep 2024	08	AUA	3.39	3.39		☑		☑

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55709	000	N	May 2024	15	Prostate Biopsy Services	J4	Sep 2024	08	AUA	3.23	3.23		☑		☐
55710	000	N	May 2024	15	Prostate Biopsy Services	J5	Sep 2024	08	AUA	4.07	3.81		☑		☑
55711	000	N	May 2024	15	Prostate Biopsy Services	J6	Sep 2024	08	AUA	2.70	2.61		☑		☑
55712	000	N	May 2024	15	Prostate Biopsy Services	J7	Sep 2024	08	AUA	3.10	3.10		☑		☑
55713	000	N	May 2024	15	Prostate Biopsy Services	J8	Sep 2024	08	ACR, AUA, OEIS, SIR	4.00	4.00		☑		☐
55714	000	N	May 2024	15	Prostate Biopsy Services	J9	Sep 2024	08	ACR, AUA, OEIS, SIR	3.62	3.62		☑		☐
55715	ZZZ	N	May 2024	15	Prostate Biopsy Services	J10	Sep 2024	08	ACR, AUA, OEIS, SIR	1.05	1.05		☑		☑
55877	090	N	Sep 2024	10	Irreversible Electroporation of Tumors	R2	Jan 2025	08	AUA	15.00	13.50		☑		☑
61624	000	R	Feb 2024	09	Endovascular Therapy with Imaging	A1	Apr 2024	04	AANS, ACR, ASNR, CNS, SIR	25.00	20.00		☑		☐
61626	000	R	Feb 2024	09	Endovascular Therapy with Imaging	A2	Apr 2024	04	AANS, ACR, ASNR, CNS, OEIS, SIR	20.00	15.31		☑		☐
62287	090	R	Sep 2024	07	Percutaneous Interlaminar Lumbar Decompression	T1	Jan 2025	10	AAPM&R, ASA, ASRA, IPSIS, NANS				☑	Request to Delete for CPT 2026	☐
62330	090	N	Sep 2024	07	Percutaneous Interlaminar Lumbar Decompression	T2	Jan 2025	10	AAPM&R, ASA, ASRA, IPSIS, NANS	8.00	8.00		☑		☑
62331	ZZZ	N	Sep 2024	07	Percutaneous Interlaminar Lumbar Decompression	T3	Jan 2025	10	AAPM&R, ASA, ASRA, IPSIS, NANS	5.00	4.25		☑		☑
63020	090	F	Sep 2024	27	Laminotomy – Repair of Disc Defect	U1	Jan 2025	11	AANS, AAOS, CNS, NANS, NASS				☑	No Recommendation	☐
63030	090	F	Sep 2024	27	Laminotomy – Repair of Disc Defect	U2	Jan 2025	11	AANS, AAOS, CNS, NANS, NASS	12.00	12.00	Yes	☑	Affirm Current Value	☐
63035	ZZZ	F	Sep 2024	27	Laminotomy – Repair of Disc Defect	U4	Jan 2025	11	AANS, AAOS, CNS, NANS, NASS	3.86	3.86	Yes	☑	Affirm Current Value	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
63040	090	F	Sep 2024	27	Laminotomy – Repair of Disc Defect	U5	Jan 2025	11	AANS, AAOS, CNS, NANS, NASS				☑	No Recommendation	☐
63042	090	F	Sep 2024	27	Laminotomy – Repair of Disc Defect	U6	Jan 2025	11	AANS, AAOS, CNS, NANS, NASS				☑	No Recommendation	☐
63043	ZZZ	F	Sep 2024	27	Laminotomy – Repair of Disc Defect	U7	Jan 2025	11	AANS, AAOS, CNS, NANS, NASS				☑	No Recommendation	☐
63044	ZZZ	F	Sep 2024	27	Laminotomy – Repair of Disc Defect	U8	Jan 2025	11	AANS, AAOS, CNS, NANS, NASS				☑	No Recommendation	☐
64728	000	N	Sep 2024	33	Percutaneous Decompression of Median Nerve	X1	Jan 2025	14	AANS, AAOS, AAPM&R, ACR, ASPS, ASSH, CNS, IPSIS, NANS	3.19	2.70		☑		☑
64659	090	N	Sep 2024	13	Baroreflex Activation Therapy	V6	Jan 2025	12	SVS	8.23	8.23		☑		☑
64567	XXX	N	Sep 2024	12	Percutaneous Electrical Nerve Field Stimulation	W1	Jan 2025	13	AAP, ACG, AGA, ASGE	1.50	1.50		☑		☑
64654	090	N	Sep 2024	13	Baroreflex Activation Therapy	V1	Jan 2025	12	SVS	11.00	11.00		☑		☑
64655	090	N	Sep 2024	13	Baroreflex Activation Therapy	V2	Jan 2025	12	SVS	11.30	11.30		☑		☑
64656	090	N	Sep 2024	13	Baroreflex Activation Therapy	V3	Jan 2025	12	SVS	8.01	8.01		☑		☑
64657	090	N	Sep 2024	13	Baroreflex Activation Therapy	V4	Jan 2025	12	SVS	14.25	12.13		☑		☑
64658	090	N	Sep 2024	13	Baroreflex Activation Therapy	V5	Jan 2025	12	SVS	10.92	8.95		☑		☑
63032	ZZZ	N	Sep 2024	27	Laminotomy – Repair of Disc Defect	U3	Jan 2025	11	AANS, AAOS, CNS, NANS, NASS	3.00	2.50		☑		☑
70496	XXX	F	May 2024	17	Cerebral Perfusion & CT Angiography – Head & Neck	K4	Sep 2024	09	ACR, ASNR	1.75	1.75	Yes	☑		☐
70498	XXX	F	May 2024	17	Cerebral Perfusion & CT Angiography – Head & Neck	K5	Sep 2024	09	ACR, ASNR	1.75	1.75	Yes	☑		☐

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70471	XXX	N	May 2024	17	Cerebral Perfusion & CT Angiography – Head & Neck	K1	Sep 2024	09	ACR, ASNR	2.50	2.50		☑		☐
70472	ZZZ	N	May 2024	17	Cerebral Perfusion & CT Angiography – Head & Neck	K2	Sep 2024	09	ACR, ASNR	0.90	0.77		☑		☐
70473	XXX	N	May 2024	17	Cerebral Perfusion & CT Angiography – Head & Neck	K3	Sep 2024	09	ACR, ASNR	1.00	1.00		☑		☐
75574	XXX	F	Sep 2024	39	Coronary Atherosclerotic Plaque Assessment	Y1	Jan 2025	15	ACC, ACR, SCCT				☑	No Recommendation	☐
75842	XXX	D	May 2025	79	Code Set Maintenance		Deleted						☑		☐
75894	XXX	F	Feb 2024	09	Endovascular Therapy with Imaging	A3	Apr 2024	04	AANS, ACR, ASNR, CNS, SIR	2.25	2.25		☑		☐
75898	XXX	F	Feb 2024	09	Endovascular Therapy with Imaging	A4	Apr 2024	04	AANS, ACR, ASNR, CNS, SIR	1.85	1.85		☑		☐
75956	XXX	D	Sep 2024	36	Thoracic Branch Endograft Services		Jan 2025	05					☑		☐
75957	XXX	D	Sep 2024	36	Thoracic Branch Endograft Services		Jan 2025	05					☑		☐
75958	XXX	D	Sep 2024	36	Thoracic Branch Endograft Services		Jan 2025	05					☑		☐
75959	XXX	D	Sep 2024	36	Thoracic Branch Endograft Services		Jan 2025	05					☑		☐
75577	XXX	N	Sep 2024	39	Coronary Atherosclerotic Plaque Assessment	Y2	Jan 2025	15	ACC, ACR, SCCT	0.85	0.85		☑		☑
76872	XXX	R	May 2024	15	Prostate Biopsy Services	J12	Sep 2024	08	ACR, AUA, OEIS, SIR	0.67	0.67		☑		☐
77014	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑		☐
77385	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑		☐
77386	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑		☐
77387	XXX	F	Sep 2024	40	Radiation Oncology Treatment Delivery	Z5	Jan 2025	16	ACRO, ASTRO	0.70	0.70		☑		☐

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77401	XXX	D	Sep 2024	41	Superficial Radiation Therapy		Jan 2025	17					☑		☐
77402	XXX	R	Sep 2024	40	Radiation Oncology Treatment Delivery	Z1	Jan 2025	16	ACRO, ASTRO	0.00	0.00	Yes	☑	PE Only	☐
77407	XXX	R	Sep 2024	40	Radiation Oncology Treatment Delivery	Z2	Jan 2025	16	ACRO, ASTRO	0.00	0.00	Yes	☑	PE Only	☐
77412	XXX	R	Sep 2024	40	Radiation Oncology Treatment Delivery	Z3	Jan 2025	16	ACRO, ASTRO	0.00	0.00	Yes	☑	PE Only	☐
77417	XXX	F	Sep 2024	40	Radiation Oncology Treatment Delivery	Z4	Jan 2025	16	ACRO, ASTRO	0.00	0.00	Yes	☑	PE Only	☐
77436	XXX	N	Sep 2024	41	Superficial Radiation Therapy	AA1	Jan 2025	17	AADA, ACRO, ASTRO	1.15	0.77		☑		☑
77437	XXX	N	Sep 2024	41	Superficial Radiation Therapy	AA2	Jan 2025	17	AADA, ACRO, ASTRO	0.00	0.00		☑	PE Only	☑
77438	XXX	N	Sep 2024	41	Superficial Radiation Therapy	AA3	Jan 2025	17	AADA, ACRO, ASTRO	0.00	0.00		☑	PE Only	☑
77439	ZZZ	N	Sep 2024	41	Superficial Radiation Therapy	AA4	Jan 2025	17	AADA, ACRO, ASTRO	0.30	0.30		☑		☑
83015	XXX	R	May 2025	27	Gadolinium Serum Level		CLFS						☐		☐
87183	XXX	N	Feb 2025	20	Carbapenem-resistant Enterobacterales Susceptibility Testing		CLFS						☐		☐
87182	XXX	N	Feb 2025	20	Carbapenem-resistant Enterobacterales Susceptibility Testing		CLFS						☐		☐
81524	XXX	N	May 2025	33	MAAA-Methylation Analysis-Tissue or Origin		CLFS						☐		☐
87494	XXX	N	May 2025	36	Microbiology-Sexually Transmitted Infections		CLFS						☐		☐
81354	XXX	N	May 2025	39	Tier 1-Optical Genome Mapping-Rare Diseases		CLFS						☐		☐

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87627	XXX	N	May 2025	35	Microbiology-Joint Infections		CLFS						☐		☐
87812	XXX	N	May 2025	31	Immunoassay-Direct Optical Observation-COVID/Flu		CLFS						☐		☐
90480	XXX	R	Sep 2024	55	Combination COVID-19 Vaccine Administration	BB1	Jan 2025	18	AAFP, AAP, ACP, ANA	0.25	0.25	Yes	☑	Affirm September 2023 RUC Recommendation	☐
90620	XXX	R	Feb 2025	37	Meningococcal Vaccine Revisions		Editorial						☐		☐
90853	XXX	R	Feb 2025	28	Appendix P and Appendix T Revisions		Editorial						☑		☐
90482	XXX	N	May 2024	37	Immunization Counseling	M1	Sep 2024	11	AAFP, AAP, ACP, AOA	0.34	0.24		☑		☐
90483	XXX	N	May 2024	37	Immunization Counseling	M2	Sep 2024	11	AAFP, AAP, ACP, AOA	0.65	0.50		☑		☐
90484	XXX	N	May 2024	37	Immunization Counseling	M3	Sep 2024	11	AAFP, AAP, ACP, AOA	1.15	0.75		☑		☐
90635	XXX	N	Feb 2025	31	Avian Influenza Vaccine		Vaccine						☐		☐
90613	XXX	N	Feb 2025	32	Combination Influenza and COVID-19 Vaccine		Vaccine						☐		☐
90382	XXX	N	Feb 2025	38	Respiratory Syncytial Virus Immunization, Pediatric		Vaccine						☐		☐
90612	XXX	N	Feb 2025	32	Combination Influenza and COVID-19 Vaccine		Vaccine						☐		☐
91120	XXX	D	May 2024	34	Colon Motility Services		Sep 2024	10					☑		☐
91122	000	D	May 2024	34	Colon Motility Services		Sep 2024	10					☑		☐
91124	XXX	N	May 2024	34	Colon Motility Services	L1	Sep 2024	10	ACG, AGA, ASCRS, ASGE	3.05	3.05		☑		☐

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91125	XXX	N	May 2024	34	Colon Motility Services	L2	Sep 2024	10	ACG, AGA, ASCRS, ASGE	2.70	2.70		☑		☐
91323	XXX	N	Feb 2025	33	mRNA COVID-19 Vaccine		Vaccine						☐		☐
92284	XXX	R	Feb 2024	30	Dark Adaptation Diagnostic and Screening Services	B1	Apr 2024	05	AAO, AOA(eye), ASRS	0.32	0.32		☑		☑
92288	XXX	N	Feb 2024	30	Dark Adaptation Diagnostic and Screening Services	B2	Apr 2024	05	AAO, AOA(eye), ASRS	0.17	0.17		☑		☑
92920	000	R	Feb 2024	29	Coronary Therapeutic Services and Procedures	D1	Apr 2024	06	ACC, SCAI	9.00	8.35		☑		☐
92921	ZZZ	D	Feb 2024	29	Coronary Therapeutic Services and Procedures		Apr 2024	06					☑		☐
92924	000	R	Feb 2024	29	Coronary Therapeutic Services and Procedures	D2	Apr 2024	06	ACC, SCAI	11.25	10.13		☑		☐
92925	ZZZ	D	Feb 2024	29	Coronary Therapeutic Services and Procedures		Apr 2024	06					☑		☐
92928	000	R	Feb 2024	29	Coronary Therapeutic Services and Procedures	D3	Apr 2024	06	ACC, SCAI	10.41	10.00		☑		☐
92929	ZZZ	D	Feb 2024	29	Coronary Therapeutic Services and Procedures		Apr 2024	06					☑		☐
92933	000	R	Feb 2024	29	Coronary Therapeutic Services and Procedures	D5	Apr 2024	06	ACC, SCAI	11.94	11.94		☑		☐
92934	ZZZ	D	Feb 2024	29	Coronary Therapeutic Services and Procedures		Apr 2024	06					☑		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
92937	000	R	Feb 2024	29	Coronary Therapeutic Services and Procedures	D6	Apr 2024	06	ACC, SCAI	11.30	11.30		☑		☐
92938	ZZZ	D	Feb 2024	29	Coronary Therapeutic Services and Procedures		Apr 2024	06					☑		☐
92941	000	R	Feb 2024	29	Coronary Therapeutic Services and Procedures	D7	Apr 2024	06	ACC, SCAI	12.72	12.72		☑		☐
92943	000	R	Feb 2024	29	Coronary Therapeutic Services and Procedures	D8	Apr 2024	06	ACC, SCAI	13.69	13.69		☑		☐
92944	ZZZ	D	Feb 2024	29	Coronary Therapeutic Services and Procedures		Apr 2024	06					☑		☐
92972	ZZZ	R	Feb 2024	29	Coronary Therapeutic Services and Procedures	D10	Apr 2024	06	ACC, SCAI	2.97	2.97	Yes	☑	Affirm Jan 2023 RUC Recommendation	☐
92973	ZZZ	R	Feb 2024	29	Coronary Therapeutic Services and Procedures	D11	Apr 2024	06	ACC, SCAI	1.75	1.75		☑		☐
92975	000	D	Feb 2024	29	Coronary Therapeutic Services and Procedures		Apr 2024	06					☑		☐
92977	XXX	D	Feb 2024	29	Coronary Therapeutic Services and Procedures		Apr 2024	06					☑		☐
92930	000	N	Feb 2024	29	Coronary Therapeutic Services and Procedures	D4	Apr 2024	06	ACC, SCAI	12.00	12.00		☑		☐
92945	000	N	Feb 2024	29	Coronary Therapeutic Services and Procedures	D9	Apr 2024	06	ACC, SCAI	15.00	15.00		☑		☐

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93571	ZZZ	R	Feb 2024	29	Coronary Therapeutic Services and Procedures	D12	Apr 2024	06	ACC, SCAI	1.80	1.80		☑		☐
93572	ZZZ	R	Feb 2024	29	Coronary Therapeutic Services and Procedures	D13	Apr 2024	06	ACC, SCAI	1.44	1.44		☑		☐
93145	XXX	N	Sep 2024	13	Baroreflex Activation Therapy	V7	Jan 2025	12	ACC, HRS	0.79	0.79		☑		☑
93146	XXX	N	Sep 2024	13	Baroreflex Activation Therapy	V8	Jan 2025	12	ACC, HRS	0.90	0.90		☑		☑
94662	XXX	D	May 2025	79	Code Set Maintenance		Deleted						☑		☐
96112	XXX	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96113	ZZZ	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96130	XXX	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96131	ZZZ	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96132	XXX	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96133	ZZZ	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96136	XXX	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96137	ZZZ	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96138	XXX	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐

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96139	ZZZ	R	May 2025	78	Appendix P & Appendix T Revisions		Editorial						☑		☐
96202	XXX	R	Feb 2025	29	Appendix P and Appendix T Revisions		Editorial						☑		☐
96203	ZZZ	R	Feb 2025	29	Appendix P and Appendix T Revisions		Editorial						☑		☐
98975	XXX	R	Sep 2024	85	Remote Monitoring	DD10	Jan 2025	20	AAPM&R, APTA	0.00	0.00	Yes	☑	PE Only	☑
98976	XXX	R	Sep 2024	85	Remote Monitoring	DD12	Jan 2025	20	ATS/CHEST	0.00	0.00	Yes	☑	PE Only, Contractor Price	☑
98977	XXX	R	Sep 2024	85	Remote Monitoring	DD14	Jan 2025	20	AAPM&R, APTA	0.00	0.00	Yes	☑	PE Only	☑
98980	XXX	R	Sep 2024	85	Remote Monitoring	DD18	Jan 2025	20	AAPM&R, APTA	0.78	0.78		☑		☑
98981	ZZZ	R	Sep 2024	85	Remote Monitoring	DD19	Jan 2025	20	AAPM&R, APTA	0.70	0.70		☑		☑
98984	XXX	N	Sep 2024	85	Remote Monitoring	DD11	Jan 2025	20	ATS/CHEST	0.00	0.00	Yes	☑	PE Only, Contractor Price	☑
98985	XXX	N	Sep 2024	85	Remote Monitoring	DD13	Jan 2025	20	AAPRM&R, APTA	0.00	0.00		☑	PE Only	☑
98979	XXX	N	Sep 2024	85	Remote Monitoring	DD17	Jan 2025	20	AAPM&R, APTA	0.66	0.66		☑		☑
99091	XXX	F	Sep 2024	85	Remote Monitoring	DD4	Jan 2025	20	ACC, ACP, ANA	0.70	0.70		☑		☑
99453	XXX	F	Sep 2024	85	Remote Monitoring	DD1	Jan 2025	20	AAFP, ACC, ACP	0.00	0.00	Yes	☑	PE Only	☑
99454	XXX	R	Sep 2024	85	Remote Monitoring	DD3	Jan 2025	20	AAFP, ACC, ACP	0.00	0.00	Yes	☑	PE Only	☑
99457	XXX	R	Sep 2024	85	Remote Monitoring	DD8	Jan 2025	20	AAFP, ACC, ACP	0.45	0.45		☑		☑
99458	ZZZ	R	Sep 2024	85	Remote Monitoring	DD9	Jan 2025	20	AAFP, ACC, ACP	0.61	0.61		☑		☑
99473	XXX	F	Sep 2024	85	Remote Monitoring	DD5	Jan 2025	20	AAPA, ACC, ANA	0.00	0.00	Yes	☑	PE Only	☑
99474	XXX	F	Sep 2024	85	Remote Monitoring	DD6	Jan 2025	20	ACC, ACP, ANA	0.18	0.18		☑		☑

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99445	XXX	N	Sep 2024	85	Remote Monitoring	DD2	Jan 2025	20	AAFP, ACC, ACP	0.00	0.00		☑	PE Only	☑
99470	XXX	N	Sep 2024	85	Remote Monitoring	DD7	Jan 2025	20	AAFP, ACC	0.39	0.39		☑		☑
92638	XXX	R	May 2025	EC-C	Correction – Hearing Device Parenthetical		Editorial						☐		☐
92639	XXX	R	May 2025	EC-C	Correction – Hearing Device Parenthetical		Editorial						☐		☐
90593	XXX	N	Sep 2024	54	Chikungunya Vaccine, Recombinant		Vaccine						☐		☐
90481	ZZZ	N	Sep 2024	55	Combination COVID-19 Vaccine Administration	BB2	Jan 2025	18	AAFP, AAP, ACP, ANA	0.00	0.00		☑		☐
97007	XXX	N	Sep 2024	53	Scalp Cooling Services	CC1	Jan 2025	19	ASCO	0.00	0.00		☑	PE Only	☑
97008	XXX	N	Sep 2024	53	Scalp Cooling Services	CC2	Jan 2025	19	ASCO	0.00	0.00		☑	PE Only	☑
97009	ZZZ	N	Sep 2024	53	Scalp Cooling Services	CC3	Jan 2025	19	ASCO	0.00	0.00		☑	PE Only	☑
G6001	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6002	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6003	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6004	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6005	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6006	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6007	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6008	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6009	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐

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G6010	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6011	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6012	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6013	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6014	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6015	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
G6016	XXX	D	Sep 2024	40	Radiation Oncology Treatment Delivery		Jan 2025	16					☑	Request CMS Delete	☐
0962T	YYY	N	Sep 2024	61	AI Assisted Analysis for Cardiac Dysfunction		Cat III						☐		☐
0964T	YYY	N	Sep 2024	67	Non-Surgical Jaw Expansion		Cat III						☐		☐
0965T	YYY	N	Sep 2024	67	Non-Surgical Jaw Expansion		Cat III						☐		☐
0966T	YYY	N	Sep 2024	67	Non-Surgical Jaw Expansion		Cat III						☐		☐
0984T	YYY	N	Sep 2024	83	Neurovascular Optical Coherence Tomography		Cat III						☐		☐
0985T	YYY	N	Sep 2024	83	Neurovascular Optical Coherence Tomography		Cat III						☐		☐
0981T	YYY	N	Sep 2024	82	Hemodynamic Inferior Vena Cava Monitoring		Cat III						☐		☐
0982T	YYY	N	Sep 2024	82	Hemodynamic Inferior Vena Cava Monitoring		Cat III						☐		☐
0983T	YYY	N	Sep 2024	82	Hemodynamic Inferior Vena Cava Monitoring		Cat III						☐		☐
0968T	YYY	N	Sep 2024	71	Epicranial Neurostimulator Services		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0969T	YYY	N	Sep 2024	71	Epicranial Neurostimulator Services		Cat III						☐		☐
0972T	YYY	N	Sep 2024	76	Multi-Spectral Imaging for Burn Wounds		Cat III						☐		☐
0973T	YYY	N	Sep 2024	79	Removal of Burn Wound Eschar		Cat III						☐		☐
0974T	YYY	N	Sep 2024	79	Removal of Burn Wound Eschar		Cat III						☐		☐
0975T	YYY	N	Sep 2024	79	Removal of Burn Wound Eschar		Cat III						☐		☐
0976T	YYY	N	Sep 2024	79	Removal of Burn Wound Eschar		Cat III						☐		☐
0951T	YYY	N	Sep 2024	31	Middle Ear Implants		Cat III						☐		☐
0952T	YYY	N	Sep 2024	31	Middle Ear Implants		Cat III						☐		☐
0953T	YYY	N	Sep 2024	31	Middle Ear Implants		Cat III						☐		☐
0954T	YYY	N	Sep 2024	31	Middle Ear Implants		Cat III						☐		☐
0955T	YYY	N	Sep 2024	31	Middle Ear Implants		Cat III						☐		☐
0986T	YYY	N	Sep 2024	83	Neurovascular Optical Coherence Tomography		Cat III						☐		☐
0987T	YYY	N	Sep 2024	83	Neurovascular Optical Coherence Tomography		Cat III						☐		☐
0971T	YYY	N	Sep 2024	74	Laser Ablation of Breast Tumor		Cat III						☐		☐
0960T	YYY	N	Sep 2024	35	Sub-Scalp Continuous EEG Monitoring		Cat III						☐		☐
0988T	YYY	N	Feb 2025	60	Integrated Tibial Nerve Stimulator Services		Cat III						☐		☐
0989T	YYY	N	Feb 2025	60	Integrated Tibial Nerve Stimulator Services		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0994T	YYY	N	Feb 2025	45	Aortic Wall Stabilization Drug Delivery		Cat III						☐		☐
0995T	YYY	N	Feb 2025	45	Aortic Wall Stabilization Drug Delivery		Cat III						☐		☐
0992T	YYY	N	Feb 2025	42	AI Augmentative Perivascular Fat Analysis for Cardiac Risk		Cat III						☐		☐
0990T	YYY	N	Feb 2025	12	Transcervical Hydrogel Instillation		Cat III						☐		☐
0991T	YYY	N	Feb 2025	14	Low Energy Ureteral Lithotripsy		Cat III						☐		☐
0996T	YYY	N	Feb 2025	50	Implantation of Capsular Bag Prosthesis		Cat III						☐		☐
0993T	YYY	N	Feb 2025	42	AI Augmentative Perivascular Fat Analysis for Cardiac Risk		Cat III						☐		☐
1001T	YYY	N	May 2025	54	Autologous Cell Therapy, Anus		Cat III						☐		☐
1010T	YYY	N	May 2025	60	Eye Fixation Analysis		Cat III						☐		☐
1011T	YYY	N	May 2025	63	Intraoral Photobiomodulation Therapy		Cat III						☐		☐
1013T	YYY	N	May 2025	65	Neurostimulation of the Lower Esophageal Sphincter Revisions		Cat III						☐		☐
1014T	YYY	N	May 2025	65	Neurostimulation of the Lower Esophageal Sphincter Revisions		Cat III						☐		☐
1022T	YYY	N	May 2025	72	Tissue Displacement		Cat III						☐		☐
1023T	YYY	N	May 2025	72	Tissue Displacement		Cat III						☐		☐
1024T	YYY	N	May 2025	72	Tissue Displacement		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0999T	YYY	N	May 2025	73	Tissue Procurement for Cell Therapy		Cat III						☐		☐
1025T	YYY	N	May 2025	75	Tumor Treating Fields Dosimetry		Cat III						☐		☐
1000T	YYY	N	May 2025	76	Urethral Autologous Cell Therapy		Cat III						☐		☐
1020T	YYY	N	May 2025	69	Evaluation of Suspected Skin Car		Cat III						☐		☐
1012T	YYY	N	May 2025	64	Nasal Trabeculostomy		Cat III						☐		☐
1003T	YYY	N	May 2025	56	Carpometacarpal Joint Arthroplasty		Cat III						☐		☐
1021T	YYY	N	May 2025	71	Thoracic Irrigation		Cat III						☐		☐
1004T	YYY	N	May 2025	59	Continuous EEG Monitoring		Cat III						☐		☐
1005T	YYY	N	May 2025	59	Continuous EEG Monitoring		Cat III						☐		☐
1006T	YYY	N	May 2025	59	Continuous EEG Monitoring		Cat III						☐		☐
1007T	YYY	N	May 2025	59	Continuous EEG Monitoring		Cat III						☐		☐
1008T	YYY	N	May 2025	59	Continuous EEG Monitoring		Cat III						☐		☐
1009T	YYY	N	May 2025	59	Continuous EEG Monitoring		Cat III						☐		☐
1002T	YYY	N	May 2025	55	Body Composition Assessment		Cat III						☐		☐
1019T	YYY	N	May 2025	68	Robotic Lymphovenous and Lymph Node Procedures		Cat III						☐		☐
1015T	YYY	N	May 2025	65	Neurostimulation of the Lower Esophageal Sphincter Revisions		Cat III						☐		☐
1016T	YYY	N	May 2025	65	Neurostimulation of the Lower Esophageal Sphincter Revisions		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
1017T	YYY	N	May 2025	65	Neurostimulation of the Lower Esophageal Sphincter Revisions		Cat III						☐		☐
1018T	YYY	N	May 2025	65	Neurostimulation of the Lower Esophageal Sphincter Revisions		Cat III						☐		☐
0961T	YYY	N	Sep 2024	42	Surgical Pathology-Shortwave Infrared Examination		Cat III						☐		☐
0963T	YYY	N	Sep 2024	64	Anoscopy		Cat III						☐		☐
0950T	YYY	N	Sep 2024	66	Benign Prostate Ablation with HIFU		Cat III						☐		☐
0948T	YYY	N	Sep 2024	78	Remote Cardiac Contractility Modulation Services		Cat III						☐		☐
0949T	YYY	N	Sep 2024	78	Remote Cardiac Contractility Modulation Services		Cat III						☐		☐
0977T	YYY	N	Sep 2024	80	Upper GI Blood Detection		Cat III						☐		☐
0967T	YYY	N	Sep 2024	69	Colorectal Bypass Sheath Placement		Cat III						☐		☐
0956T	YYY	N	Sep 2024	35	Sub-Scalp Continuous EEG Monitoring		Cat III						☐		☐
0957T	YYY	N	Sep 2024	35	Sub-Scalp Continuous EEG Monitoring		Cat III						☐		☐
0958T	YYY	N	Sep 2024	35	Sub-Scalp Continuous EEG Monitoring		Cat III						☐		☐
0959T	YYY	N	Sep 2024	35	Sub-Scalp Continuous EEG Monitoring		Cat III						☐		☐
0970T	YYY	N	Sep 2024	74	Laser Ablation of Breast Tumor		Cat III						☐		☐
0997T	YYY	N	Feb 2025	52	Precuneus Magnetic Stimulation		Cat III						☐		☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	RUC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
0998T	YYY	N	Feb 2025	52	Precuneus Magnetic Stimulation		Cat III						☐		☐
0978T	YYY	N	Sep 2024	81	Cryolysis Therapy for Sleep Apnea		Cat III						☐		☐
0979T	YYY	N	Sep 2024	81	Cryolysis Therapy for Sleep Apnea		Cat III						☐		☐
0980T	YYY	N	Sep 2024	81	Cryolysis Therapy for Sleep Apnea		Cat III						☐		☐

RUC Recommendations for CMS Requests & Relativity Assessment Identified Code - January 2025

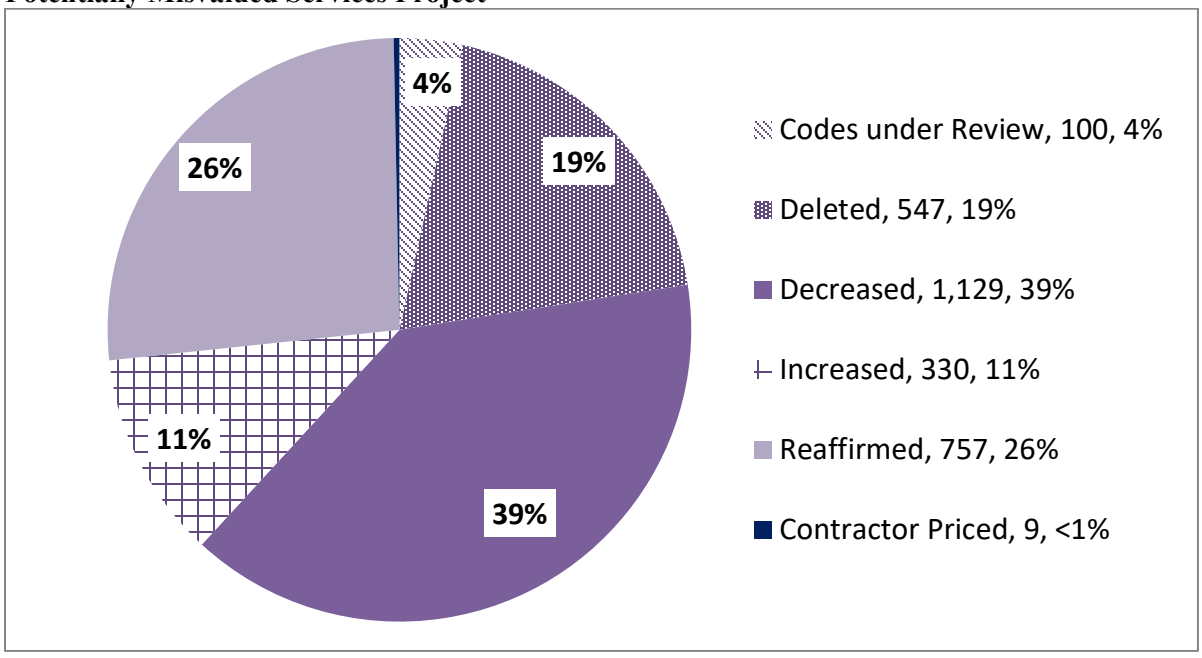
CPT Code	Long Descriptor	Issue	Tab	RUC Recommendation	CMS Request	Different Performing Specialty from Survey
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Osteotomy of Spine	21	Refer to CPT	X	
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Osteotomy of Spine	21	Refer to CPT	X	
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Osteotomy of Spine	21	Refer to CPT	X	
22216	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List	Osteotomy of Spine	21	Refer to CPT	X	
28750	Arthrodesis, great toe; metatarsophalangeal joint	Arthrodesis - Great Toe	22	8.75		X
28755	Arthrodesis, great toe; interphalangeal joint	Arthrodesis - Great Toe	22	7.50		X
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	Temporary Female Intraurethral Valve-Pump	23	2.43	X	
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	Temporary Female Intraurethral Valve-Pump	23	1.05	X	

The RUC Relativity Assessment Workgroup Progress Report

In 2006, the AMA/Specialty Society RVS Update Committee (RUC) established the Five-Year Identification Workgroup (now referred to as the Relativity Assessment Workgroup) to identify potentially misvalued services using objective mechanisms for reevaluation prior to the next Five-Year Review. Since the inception of the Relativity Assessment Workgroup, the Workgroup and the Centers for Medicare and Medicaid Services (CMS) have identified over 2,800 services through over 20 different screening criteria for further review by the RUC. Additionally, the RUC charged the Workgroup with maintaining the "new technology" list of services that will be re-reviewed by the RUC as reporting and cost data become available.

To provide Medicare with reliable data on how physician work has changed over time, the RUC, with more than 300 experts in medicine and research, has examined 2,872 potentially misvalued services. The RUC has reviewed approximately 95% of the Medicare Physician Payment Schedule allowed charges. Codes that have not been reviewed are low volume and represent a minimal amount of allowed charges. The RUC via its potentially misvalued services review has recommended reductions and deletions to over 1,600 services, redistributing $5 billion annually. Below are the outcomes of the committee's review.

Potentially Misvalued Services Project



Source: American Medical Association

New Technology

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

with the list, which currently contains 893 services. In September 2010, the re-review cycle began and since then the RUC has recommended 60 services to be re-examined. The remaining services are rarely performed (i.e., less than 500 times per year in the Medicare population) and will not be further examined. The Workgroup will continue to review the remaining 292 services every April after three years of Medicare claims data is available for each service.

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

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

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

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

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

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

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

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

The RUC will reassess the data each year going forward to determine if any new site of service anomalies arise. In 2015, the RUC identified three services in which the Medicare data from 2011-2013 indicated it was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation

and Management services within the global period. These services were referred to CPT and recommendations were submitted to CMS for the 2018 Medicare Physician Payment Schedule. In 2016, the RUC identified one site of service anomaly CPT code and submitted the recommendation to CMS for the 2019 Medicare Physician Payment Schedule. In 2017, the RUC identified one site of service anomaly CPT code which was revised at the CPT Editorial Panel and the RUC submitted recommendations for the 2020 Medicare Physician Payment Schedule.

In 2018, the RUC also performed a site-of-service anomaly screen based on the review of three years of data (2015, 2016 and 2017e) for services with utilization over 10,000 in which a service is typically performed in the inpatient hospital setting, yet only a half discharge day management (99238) is included. One service was identified via this screen and another identified for the outpatient site of service anomaly screen. The RUC submitted these recommendations for the 2021 and 2023 Medicare Physician Payment Schedules.

In 2019, the RUC lowered the threshold for site-of-service anomalies based on the review of three years of data (2016, 2017 and 2018e) for services with utilization over 5,000 in the outpatient setting more than 50% of the time but includes inpatient hospital Evaluation and Management services within the global period. The RUC identified nine services, expanding to 38 services to include the family of services. The CPT Editorial Panel deleted 13 services and the RUC submitted 24 recommendations for the 2021-2023 Medicare Physician Payment Schedule. The RUC will review one service to determine if educational coding guidance was effective.

In 2020, the RUC identified one code with Medicare data from 2017-2019e that was performed less than 50% of the time in the inpatient setting yet included inpatient hospital Evaluation and Management services within the global period and 2019e Medicare utilization over 10,000. The RUC submitted this recommendation for the 2021 Medicare Physician Payment Schedule.

In 2023, the RUC identified one code with Medicare data from 2019-2021 indicating it was performed less than 50% of the time in the inpatient setting, yet included inpatient hospital Evaluation and Management services within the global period and 2021 Medicare utilization over 10,000. This service was also identified as reported with another code 75% of the time or more, therefore, the RUC recommended that this service be surveyed after any code bundling solution occurs at CPT. The RUC also identified two services with Medicare data from 2019-2021 and utilization over 10,000 in which the service is typically performed in the inpatient hospital setting, yet only a half discharge day management (99238) is included. The RUC submitted one recommendation for the 2025 Medicare Physician Payment Schedule and will review it again in three years. The RUC will examine the remaining service for the 2027 Medicare Physician Payment Schedule.

High Volume Growth

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

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

In April 2013, the RUC assembled a list of all services with a total Medicare utilization of 10,000 or more that have increased by at least 100% from 2006 through 2011. The query resulted in the identification of 40 services and expanded to 62 services to include the appropriate family of services. The RUC recommended removing three services from the screen as the volume growth did not impact the resources required to provide these services. The CPT Editorial Panel deleted ten codes and the RUC submitted recommendations for 49 services for the 2015-2019, 2023 and 2026 Medicare Physician Payment Schedules. The RUC completed review of services under this second iteration of the high growth screen.

In October 2015, the RUC ran this screen again for services based on Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. The query resulted in the identification of 19 services and expanded to 31 services to include the appropriate family of services. The RUC recommended removing one service from the screen as the volume growth did not impact the resources required to provide these services. The RUC will review one service after additional utilization data is collected. The CPT Editorial Panel deleted 12 codes and the RUC submitted recommendations for 17 services for the 2017-2020 Medicare Physician Payment Schedules.

In October 2016, the RUC ran this screen for its fourth iteration and the query resulted in the identification of 12 services, which was expanded to 53 services. The RUC recommended removing two services from the screen as the volume growth did not impact the resources required to provide these services. The CPT Editorial Panel deleted five services. The RUC submitted recommendations for 46 services for the 2019-2022 Medicare Physician Payment Schedules. The RUC completed review of services under this fourth iteration of the high volume growth screen.

In October 2018, the RUC ran this query for its fifth iteration for services with 2017e Medicare utilization of 10,000 or more that has increased by at least 100% from 2012 through 2017. Eleven (11) codes were identified, which was expanded to 56 services. The RUC recommended removing one service from the screen as the volume growth was appropriate. The CPT Editorial Panel deleted three codes. The submitted recommendations for six services for the 2020-2021 Medicare Physician Payment Schedule and 46 services for the 2026 Medicare Physician Payment Schedule. The RUC completed review of services under this fourth iteration of the high volume growth screen.

In October 2019, the RUC completed its sixth iteration of this screen for services with 2018e Medicare utilization of over 10,000 that have increased by at least 100% from 2013 through 2018. The RUC identified 12 services. The RUC removed one service from the screen as the volume growth did not impact the resources required to provide this service. The RUC referred one service to the CPT Editorial Panel for revision. CPT deleted one service. The RUC submitted recommendations for nine services for the 2021-2023 Medicare Physician Payment Schedules.

In October 2020, the RUC completed its seventh iteration of this screen for services with 2019e Medicare utilization over 10,000 that have increased by at least 100% from 2014 through 2019. The RUC identified six services. The RUC removed four services as the growth was appropriate and submitted two recommendations for the 2023 and 2024 Medicare Physician Payment Schedules. The RUC completed review of services under this seventh iteration of the high volume growth screen.

In April 2022, the RUC completed its eighth iteration of this screen for services with 2020 Medicare utilization over 10,000 that have increased by at least 100% from 2015-2020. The RUC identified 10 services, which was expanded to 12 to include the appropriate family of services. The Relativity Assessment Workgroup removed three codes after additional utilization was reviewed. The Relativity Assessment Workgroup will review three services after additional data is available. The RUC submitted recommendations for six services for the 2024-2025 Physician Payment Schedules.

In April 2023, the RUC initiated its ninth iteration of this high volume screen with 2021 Medicare utilization over 10,000 that has increased by at least 100% from 2016-2021. The RUC identified two services, one was referred to CPT Assistant for clarification and the other service was referred to the CPT Editorial Panel for clarification.

In April 2024, the RUC initiated its 10th iteration of this high volume screen with 2022 Medicare utilization over 10,000 that has increased by at least 100% from 2017-2022. The RUC identified five services, one was removed from the screen as the grow was appropriate, three were referred to the CPT Editorial Panel for revisions and one will be reviewed for the 2027 Medicare Physician Payment Schedule.

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

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

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

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

In April 2013, the RUC queried the top two dominant specialties performing services based on Medicare utilization more than 1,000 and compared it to who originally surveyed the service. Two services were identified and the RUC recommended that one be removed from the screen since the specialty societies

currently performing this service indicated that the service is appropriate and recommended that the other code be referred to CPT® to be revised. The RUC completed review of services under this screen.
In October 2019, the RUC queried the top two dominant specialties performing services based on Medicare utilization of more than 10,000 and compared it to who originally surveyed the service. Two services were identified, one was deleted by CPT Editorial Panel and other was referred to develop a CPT Assistant article for education. The RUC completed review of services under this screen.

In April 2022, the RUC queried the top two dominant specialties performing services based on 2020 Medicare utilization of more than 10,000 and compared it to who originally surveyed the service. Six codes were identified, which were expanded to 24 codes to represent the family of services. One code was referred to CPT Assistant for clarification and four will be re-reviewed after additional data is available. The RUC will submit recommendations for 19 services for the 2026 Medicare Physician Payment Schedule.

In April 2023, the RUC queried the top two dominant specialties performing services based on 2021 Medicare utilization more than 10,000 and compared it to who originally surveyed the service. Four services were identified. The RUC recommended removing all four services from this screen. The RUC completed review of services under the fifth iteration of this screen.

In April 2024, the RUC queried the top two dominant specialties performing services based on 2022 Medicare utilization more than 10,000 and where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. Six services were identified that were expanded to 7 services to include those as part of a family. The RUC referred two codes to CPT Assistant for the creation of an article for clarification. The RUC submitted one recommendation for the 2026 Medicare Physician Payment Schedule, will review two services for the 2027 Medicare Physician Payment Schedule and will review two services after additional utilization data is available.

Harvard Valued

Utilization over 1 Million

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

Utilization over 100,000

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

Utilization over 30,000

In April 2011, the RUC continued to identify Harvard valued codes with utilization over 30,000, based on 2009 Medicare claims data. The RUC determined that the specialty societies should survey the remaining 36 Harvard codes with utilization over 30,000 for September 2011. The RUC expanded the screen to include the family of services, totaling 65 services. The CPT® Editorial Panel deleted 12 codes. The RUC

submitted recommendations for 53 services for the 2013-2014 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

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

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

In October 2019, the RUC reran this screen on Harvard valued services with 2018e Medicare utilization over 30,000. Three services were identified, which was expanded to five to include the family of services. The RUC submitted recommendations for these five services for the 2022-2023 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2020, the RUC ran this service on Harvard valued services with 2019e Medicare utilization over 30,000 and one service was identified. The RUC submitted a recommendation for this service for the 2023 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

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

CMS/Other
Utilization over 500,000
In April 2011, the RUC identified 410 codes with a source of "CMS/Other." CMS/Other codes are services which were not reviewed by the Harvard studies or the RUC and were either gap filled, most often via crosswalk by CMS or were part of a radiology fee schedule. "CMS/Other" source codes would not have been flagged in the Harvard only screens, therefore the RUC recommended that a list of all CMS/Other codes be developed and reviewed. The RUC established the threshold for CMS/Other source codes with Medicare utilization of 500,000 or more, which resulted in 19 codes. The RUC expanded this screen to 21 services to include the proper family of services. The RUC removed one service from the screen. The CPT® Editorial Panel deleted three services. The RUC submitted recommendations for 16 services for the 2013-2015 Medicare Physician Payment Schedules and one service for the 2023 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

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

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

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

In October 2018, the RUC reran this screen for CMS/Other source codes with 2017e Medicare utilization over 30,000, which resulted in seven services and expanded to 15 services. The CPT Editorial Panel deleted one code. The RUC submitted recommendations for 14 services for the 2020-2021 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

Utilization over 20,000
In October 2019, the RUC lowered the threshold for this screen of CMS/Other source codes with 2018e Medicare utilization over 20,000, which resulted in nine services and expanded to 16 to include the family of services. The RUC removed one code from the screen. The CPT Editorial Panel deleted five codes. The RUC submitted recommendations for 10 services for the 2021-2024 Medicare Physician Payment Schedules. The RUC completed review of services under this screen.

In October 2020, the RUC ran a second iteration of this screen of CMS/Other source codes with 2019e Medicare utilization over 20,000, which resulted in 10 codes. This was expanded to 22 services to include services that are part of a family. Three services were removed from this screen, 16 requested for deletion by CMS, one recommendation submitted for the 2026 Medicare Physician Payment Schedule and two will be reviewed after additional utilization data is available.

In April 2022, the RUC ran a third iteration of this screen of CMS/Other source codes with 2020 Medicare utilization over 20,000, which resulted in six codes. This was expanded to 27 services to include services that are part of a family. The RUC recommended that one service be deleted and one service maintained. The RUC submitted recommendations for 16 services for the 2026 Medicare Physician Payment Schedule and will review the remaining nine services after additional data is available.

Bundled CPT® Services

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

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

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

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

In October 2017 the Relativity Assessment Workgroup performed the fourth cycle analysis of code pairs reported together with 75% or greater frequency. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria four groups or 8 codes were identified. The Relativity Assessment Workgroup determined two groups totaling four codes require code bundling solutions. Of the 12 total codes under review, the CPT Editorial Panel deleted one service. The RUC submitted 11 code recommendations for the 2020 and 2021 Medicare Physician Payment Schedules. The RUC completed review of all services under this screen.

In April 2022, the Relativity Assessment Workgroup performed the fifth cycle analysis of code pairs reported together with 75% or greater frequency. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. Based on these criteria 19 code pairs were identified, which was expanded to 44 services to include creation of code bundling solutions. The RUC referred 19 services to the CPT Editorial Panel for

code bundling solutions, the Panel deleted two codes. The RUC submitted 23 code recommendations for the 2024-2026 Medicare Physician Payment Schedules.

In April 2023, the Relativity Assessment Workgroup performed the sixth cycle analysis of code pairs reported together with 75% or greater frequency based on 2021 Medicare claims data and identified three code pairs. This was expanded to 18 services to include the creation of code bundling solutions. The RUC removed one code from the screen as a code bundle was not necessary and will review four services after additional data is available. The CPT Editorial Panel deleted two codes and the RUC submitted 11 code recommendation for the 2025 and 2026 Medicare Physician Payment Schedules.

In April 2024, the Relativity Assessment Workgroup performed the seventh cycle analysis of code pairs reported together with 75% or greater frequency based on 2022 Medicare claims data and identified 18 code pairs. This was expanded to 27 services to include the creation of code bundling solutions. The RUC will review six services after additional data is available. The RUC submitted 13 code recommendations for the 2026 Medicare Physician Payment Schedule.

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

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

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

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

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

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

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

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

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

At the April 2023, the Relativity Assessment Workgroup recommended lowering the Medicare allowed charges threshold from $100,000 to $50,000 for the Services with Stand-Alone PE Procedure Time screen, for codes that have 0.00 work RVUs, including direct equipment inputs that total in direct expense to the individual code to $100 or more, and have PE procedure times (CA021) greater than five minutes. The RUC identified 16 services via this screen. The RUC removed 14 services as they appeared on the first CMS iteration of this screen and were validated in April 2013 or are currently referred to the CPT Editorial Panel for revision. In April 2024, the Relativity Assessment Workgroup examined two services further and removed them from this screen since they both were reviewed by the RUC recently and no changes have occurred. The RUC completed review of services under this screen.

Pre-Time Analysis
In January 2014, the RUC reviewed codes that were RUC reviewed prior to April 2008, with pre-time greater than pre-time package 4 *Facility - Difficult Patient/Difficult Procedure* (63 minutes) for services with 2012 Medicare Utilization over 10,000. The screen identified 19 services with more pre-service time than the longest standardized pre-service package and was expanded to 24 to include additional codes as part of the family. The RUC reviewed these services and referred three services to the CPT® Editorial Panel for revision. The CPT Editorial Panel deleted one service and will review three services for CPT 2018. The RUC reviewed 18 services and noted that they were all originally valued by magnitude estimation and therefore readjustments in pre-service time categories did not alter the work values.

Additionally, crosswalk references for each service were presented validating the pre-time adjustments. The RUC noted that this screen was useful, however did not reveal any large outliers and therefore the utilization threshold does not need to be lowered to identify more services. The RUC submitted 20 recommendations for the 2016 Medicare Physician Payment Schedule. The RUC completed review of services under this screen.

Post-Operative Visits

010-Day Global Codes

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

In October 2019, the identified five 010-day global period services more than one office visit based on 2018e Medicare utilization over 1,000, which was expanded to eight services to include the family of services. The RUC submitted eight recommendations for the 2021-2022 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

090-Day Global Codes

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

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

High Level E/M in Global Period

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

000-Day Global Services Reported with an E/M with Modifier 25

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

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

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

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

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

Contractor Priced with High Volume
In April 2018, the RUC identified five contractor-priced Category I CPT codes that have 2017 estimated Medicare utilization over 10,000. The CPT Editorial Panel deleted one code. The RUC submitted four recommendations for the 2020-2021 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

In April 2022, the RUC identified five contractor-priced Category I CPT codes that have 2020 Medicare utilization over 10,000. The RUC expanded the services identified to six services to include additional codes as part of the family. The RUC removed two services, maintained one service and requested that CMS delete one service. The RUC submitted two recommendations for the 2024 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

In April 2024, the RUC identified one contractor-priced Category I CPT code that has 2022 Medicare utilization over 10,000. The RUC recommended removing this service from this screen because the valuation process does not allow for inclusion of practice expense input included in this G-code. The RUC has completed review of the services under this screen.

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

Editorial Panel will be reexamining this list in February 2019. The RUC has completed review of the services under this screen.

High Volume Category III Codes
In October 2019, the RUC identified seven Category III codes with 2018 estimated Medicare utilization over 1,000. The RUC expanded the services identified in this screen to 10 to include additional codes as part of a family. The CPT Editorial Panel deleted two codes. The RUC recommended to maintain 3 codes as data collection was underway for obtaining Category I codes. The RUC submitted recommendations for three codes for the 2022 Medicare Physician Payment Schedule and will review two services in three years after additional utilization data is available.

In April 2022, the RUC identified five Category III codes with 2020 Medicare utilization over 1,000. The CPT Editorial Panel deleted one code. The RUC removed one code from the screen and will review the remaining three services after additional data is available.

In April 2023, the RUC identified five Category III codes with 2021 Medicare utilization over 1,000. The RUC recommended that two codes remain Category III codes, one code be removed and one code be reviewed after additional data is available. The CPT Editorial Panel deleted one code and the RUC submitted recommendations on three codes for the 2026 Medicare Physician Payment Schedule.

In April 2024, the RUC identified two Category III codes with 2022 Medicare utilization over 1,000. The RUC recommended that one code remains a Category III code and one code be reviewed after additional data is available.

PE Units Screen
In April 2020, the RUC identified seven services with more than one median unit of service reported and a direct practice expense supply item unit cost greater than $100 based on 2018 Medicare utilization. In October 2020, the Practice Expense Subcommittee reviewed the supplies and kits identified to determine if any duplication occurs when reported in multiple units. The RUC determined that three of the seven codes identified had duplicative supplies. The RUC submitted new direct practice expense inputs for the 2022 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

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

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

Final Rule for 2014
CMS did not receive any publicly nominated potentially misvalued codes for inclusion in the Proposed Rule for 2014. To broaden participation in the process of identifying potentially misvalued codes, CMS

sought the input of Medicare contractor medical directors (CMDs). The CMDs have identified over a dozen services which CMS is proposing as potentially misvalued. The RUC reviewed these services and appropriate families, totaling 90 services. The CPT® Editorial Panel deleted 11 services. The RUC submitted recommendations to CMS for 79 services for the 2015-2018 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

Final Rule for 2015
In the Final Rule for 2015 the public and CMS nominated 26 services as potentially misvalued, which the RUC expanded to 53 services to include additional codes as part of this family. The CPT Editorial Panel deleted 16 services. The RUC submitted 37 recommendations for the 2016-2019 Medicare Physician Payment Schedules. The RUC has completed review of the services under this screen.

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

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

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

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

Final Rule for 2020
In the Final Rule for 2020, the public and CMS nominated 10 services as potentially misvalued, which was expanded to 14 services as part of the family. The RUC submitted recommendations for 13 services for the 2021 and 2023 Medicare Physician Payment Schedules. The RUC could not submit a recommendation for one code as it was determined it was not adequately described to evaluate. The RUC has completed review of the services under this screen.

Final Rule for 2021
In the Final Rule for 2021, CMS received public nomination of two codes as potentially misvalued, which was expanded to 10 services to include the family. The RUC submitted 10 recommendations for the 2022-2023 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

Final Rule for 2022
In the Final Rule for 2022, CMS received public nomination on one code as potentially misvalued. The RUC reviewed and submitted a recommendation for the 2023 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

Final Rule for 2023
In the Final Rule for 2023, CMS received public nominations, however, did not nominate any codes for review as potentially misvalued.

Final Rule for 2024
In the Final Rule for 2024, CMS received public nominations on three code sets, totaling 23 services. The RUC reviewed and submitted recommendations for these services for the 2025 Medicare Physician Payment Schedule. The RUC has completed review of the services under this screen.

Final Rule for 2025
In the Final Rule for 2025, CMS received public nominations on two code sets, totaling six services. The RUC referred one issue to the CPT Editorial Panel for revision and submitted recommendations for two services for the 2026 Medicare Physician Payment Schedule.

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

Three additional code families were identified for re-examination from CPT 2018. One family, continuous glucose monitoring, was reviewed and the RUC determined the utilization is appropriate and the service valuation was appropriately decreased and no further changes are necessary. The second code family, psychiatric collaborative care management services, was removed from this screen because the assumptions used to calculate the work neutrality was based on the low utilized G codes and not on the specialty society estimated utilization. This family is work neutral when based on the correct specialty society estimates. Additionally, there was potential misreporting for these services and the RUC confirmed that these services are no longer being reported by one specific pediatric clinic in question. The remaining code family, home INR monitoring was reviewed after additional data was collected and the RUC agreed that incorrect assumptions were made initially and these services were actually work neutral. The RUC removed this family of codes from further examination under this screen. The RUC has completed review of the services under this screen.

The RUC identified two code families from CPT 2021 that have more than 10% increase in work RVUs from what was projected. In September 2023, the recommended that the growth was appropriate and these services be maintained and removed from this screen. The RUC has completed review of the services under this screen.

The RUC identified one code family from CPT 2022 that has more than a 10% increase in work RVUs from what was projected. The RUC recommended to maintain and review this issue in two years, April 2026, via the new technology/new services list review.

Gender Equity
In January 2022, the RUC, via the Relativity Assessment Workgroup, reviewed gender equity in the CPT coding and valuation process. The RUC analyzed data submitted by the American Urological Association and the American College of Obstetricians and Gynecologists comparing procedures typically performed for females compared to their counter male procedures and determined that there was no marked disparity in the value of the services performed on women that have similar male-specific procedures. The RUC requested that the specialty societies work on dissemination of this information through society communication and peer reviewed journal submission. The "Comparison of Work Relative Value Units Assigned to Urological and Gynecological Surgical Procedures" study appeared in the *Urological Practice Journal* in May 2024.

Separately, the Relativity Assessment Workgroup examined the potential misvaluation of preventive care codes (99381-99397) based on gender-related patient care. The Workgroup indicated that there may be additional resources associated with preventive services when a pelvic examination is performed. The RUC referred this issue to the CPT Editorial Panel. In September 2022, the CPT Editorial Panel created a new add-on code to report a pelvic exam. This service was reviewed by the RUC in January 2023 and CMS accepted the RUC recommendation for the 2024 Medicare Physician Payment Schedule.

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

CMS Requests and RUC Relativity Assessment Workgroup Code Status

Total Number of Codes Identified*	**2,872**
Codes Completed	**2,772**
Work and PE Maintained	757
Work Increased	330
Work Decreased	934
Direct Practice Expense Revised (beyond work changes)	195
Deleted from CPT®	524
Requested CMS delete G code	23
Contractor Priced	9
Codes Under Review	**100**
RUC to review for CPT 2027	1
Referred to CPT® Editorial Panel or CPT Assistant	36
RUC to review future review after additional data obtained	63

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

The RUC's efforts for 2009-2024 have resulted in more than $5 billion in annual redistribution within the Medicare Physician Payment Schedule.

Status Report: CMS Requests and Relativity Assessment Issues

0042T **Cerebral perfusion analysis using computed tomography with contrast administration, including post-processing of parametric maps with determination of cerebral blood flow, cerebral blood volume, and mean transit time**

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** High Volume Category III Codes 2022 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2022 **2023 Medicare Utilization:** 42,599

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2024 **Result:** Deleted from CPT

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

00534 **Anesthesia for transvenous insertion or replacement of pacing cardioverter-defibrillator**

Global: XXX **Issue:** RAW **Screen:** High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2023 Medicare Utilization:** 26,367

2025 Work RVU: 7.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

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

00537 **Anesthesia for cardiac electrophysiologic procedures including radiofrequency ablation**

Global: XXX **Issue:** Anesthesia for Cardiac Electrophysiologic Procedures **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 13 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2023 Medicare Utilization:** 113,270

2025 Work RVU: 10.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 12 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

0054T **Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic images (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** RAW **Screen:** High Volume Category III Codes 2022 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** April 2022 **2023 Medicare Utilization:** 7,102

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

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

0055T **Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on CT/MRI images (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** RAW **Screen:** High Volume Category III Codes 2022 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAOS, NASS **First Identified:** April 2022 **2023 Medicare Utilization:** 22,991

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

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

00560 **Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ASA **First Identified:** October 2018 **2023 Medicare Utilization:** 60,403

2025 Work RVU: 15.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

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

Status Report: CMS Requests and Relativity Assessment Issues

00731 **Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; not otherwise specified**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA

First Identified: September 2016

2023 Medicare Utilization: 1,026,775

2025 Work RVU: 5.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 5 base units

Referred to CPT September 2016

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

Result: Maintain

00732 **Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum; endoscopic retrograde cholangiopancreatography (ERCP)**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA

First Identified: September 2016

2023 Medicare Utilization: 90,204

2025 Work RVU: 6.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 6 base units

Referred to CPT September 2016

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

Result: Increase

00740 **Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum**

Global: **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA

First Identified: July 2015

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

00810 **Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum**

Global: **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

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

00811 **Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; not otherwise specified**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2023 Medicare Utilization:** 1,089,300

2025 Work RVU: 4.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 4 base units **Referred to CPT** September 2016 **Result:** Decrease

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

00812 **Anesthesia for lower intestinal endoscopic procedures, endoscope introduced distal to duodenum; screening colonoscopy**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2023 Medicare Utilization:** 566,678

2025 Work RVU: 3.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 3 base units **Referred to CPT** September 2016 **Result:** Decrease

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

00813 **Anesthesia for combined upper and lower gastrointestinal endoscopic procedures, endoscope introduced both proximal to and distal to the duodenum**

Global: XXX **Issue:** Anesthesia for Intestinal Endoscopic Procedures **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** September 2016 **2023 Medicare Utilization:** 481,233

2025 Work RVU: 5.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 5 base units **Referred to CPT** September 2016 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

00918 **Anesthesia for transurethral procedures (including urethrocystoscopy); with fragmentation, manipulation and/or removal of ureteral calculus**

Global: XXX **Issue:** Anesthesia for transurethral procedures **Screen:** High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: October 2020 **2023 Medicare Utilization:** 103,904

2025 Work RVU: 5.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain

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

Result: Remove from Screen

0101T **Extracorporeal shock wave involving musculoskeletal system, not otherwise specified**

Global: XXX **Issue:** RAW **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023 **2023 Medicare Utilization:** 9,915

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain

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

Result: Maintain

01916 **Anesthesia for diagnostic arteriography/venography**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: October 2019 **2023 Medicare Utilization:** 34,619

2025 Work RVU: 5.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain

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

Result: Maintain

0191T **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; initial insertion**

Global: XXX **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: October 2019 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

01930 **Anesthesia for therapeutic interventional radiological procedures involving the venous/lymphatic system (not to include access to the central circulation); not otherwise specified**

Global: XXX **Issue:** Anesthesia for Interventional Radiology **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASA **First Identified:** February 2008 **2023 Medicare Utilization:** 12,602

2025 Work RVU: 5.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

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

01935 **Anesthesia for percutaneous image guided procedures on the spine and spinal cord; diagnostic**

Global: XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** January 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

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

01936 **Anesthesia for percutaneous image guided procedures on the spine and spinal cord; therapeutic**

Global: XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA **First Identified:** October 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

01937 **Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic**

Global: XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA

First Identified: January 2021

2023 Medicare Utilization: 24,366

2025 Work RVU: 4.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 4

Referred to CPT October 2020

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

Result: Decrease

01938 **Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral**

Global: XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA

First Identified: January 2021

2023 Medicare Utilization: 91,030

2025 Work RVU: 4.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 4

Referred to CPT October 2020

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

Result: Decrease

01939 **Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic**

Global: XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA

First Identified: January 2021

2023 Medicare Utilization: 17,459

2025 Work RVU: 4.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 4

Referred to CPT October 2020

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

01940 **Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral**

Global: XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA

First Identified: January 2021

2023 Medicare Utilization: 53,408

2025 Work RVU: 4.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 4

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

01941 **Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic**

Global: XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA

First Identified: January 2021

2023 Medicare Utilization: 20,385

2025 Work RVU: 5.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 6

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

01942 **Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral**

Global: XXX **Issue:** Anesthesia Services for Image-Guided Spinal Procedures **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 04 **Specialty Developing Recommendation:** ASA

First Identified: January 2021

2023 Medicare Utilization: 39,102

2025 Work RVU: 5.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 6

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

0232T **Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed**

Global: XXX **Issue:** RAW **Screen:** High Volume Category III Codes 2022 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAPM&R, AAOS, ASA, ASIPP, NASS **First Identified:** April 2022 **2023 Medicare Utilization:** 947

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen

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

0275T **Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; lumbar**

Global: YYY **Issue:** **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2019 **2023 Medicare Utilization:** 12,787

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

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

0330T **Tear film imaging, unilateral or bilateral, with interpretation and report**

Global: YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2023 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2023 Medicare Utilization:** 1,315

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review in 3 years (Sept 2026) **Referred to CPT** **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

0358T **Bioelectrical impedance analysis whole body composition assessment, with interpretation and report**

Global: YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** April 2023 **2023 Medicare Utilization:** 2,811

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from screen

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

0376T **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, internal approach, into the trabecular meshwork; each additional device insertion (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** October 2019 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

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

0379T **Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** **Screen:** High Volume Category III Codes 2019 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2019 **2023 Medicare Utilization:** 53,208

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review in 3 years (Sept 2026) **Referred to CPT** **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

0394T **High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed**

Global: XXX **Issue:** Superficial Radiation Therapy **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** October 2019 **2023 Medicare Utilization:** 42,236

2025 Work RVU:
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

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

0421T **Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)**

Global: XXX **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA **First Identified:** April 2023 **2023 Medicare Utilization:** 5,521

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2024 **Result:** Deleted from CPT

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

0446T **Creation of subcutaneous pocket with insertion of implantable interstitial glucose sensor, including system activation and patient training**

Global: 000 **Issue:** Insertion/ Removal of Implantable Interstital Glucose Sensor System **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2023 Medicare Utilization:** 192

2025 Work RVU: 1.14
2025 NF PE RVU: 90.47
2025 Fac PE RVU: 0.47

RUC Recommendation: Contractor Price **Referred to CPT** February 2021 **Result:** Contractor Price

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

Status Report: CMS Requests and Relativity Assessment Issues

0447T **Removal of implantable interstitial glucose sensor from subcutaneous pocket via incision**

Global: 000 **Issue:** Insertion/ Removal of Implantable Interstital Glucose Sensor System **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2023 Medicare Utilization:** 56

2025 Work RVU: 1.34
2025 NF PE RVU: 1.54
2025 Fac PE RVU: 0.55

RUC Recommendation: Contractor Price **Referred to CPT** February 2021 **Result:** Contractor Price

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

0448T **Removal of implantable interstitial glucose sensor with creation of subcutaneous pocket at different anatomic site and insertion of new implantable sensor, including system activation**

Global: 000 **Issue:** Insertion/ Removal of Implantable Interstital Glucose Sensor System **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 33 **Specialty Developing Recommendation:** AACE, ES **First Identified:** November 2019 **2023 Medicare Utilization:** 111

2025 Work RVU: 1.91
2025 NF PE RVU: 84.86
2025 Fac PE RVU: 0.78

RUC Recommendation: Contractor Price **Referred to CPT** February 2021 **Result:** Contractor Price

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

0449T **Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device**

Global: YYY **Issue:** **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2023 Medicare Utilization:** 2,105

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

0474T **Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space**

Global: XXX **Issue:** **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

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

0507T **Near infrared dual imaging (ie, simultaneous reflective and transilluminated light) of meibomian glands, unilateral or bilateral, with interpretation and report**

Global: XXX **Issue:** RAW **Screen:** High Volume Category III Codes 2022 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** April 2022 **2023 Medicare Utilization:** 8,111

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

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

0509T **Electroretinography (ERG) with interpretation and report, pattern (PERG)**

Global: XXX **Issue:** Electroretinography **Screen:** Work Neutrality 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** October 2020 **2023 Medicare Utilization:** 11,523

2025 Work RVU: 0.40
2025 NF PE RVU: 1.84
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

0552T **Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional**

Global: YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2024 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ANA, APMA **First Identified:** April 2024 **2023 Medicare Utilization:** 377

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

0596T **Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement**

Global: YYY **Issue:** Temporary Female Intraurethral Valve-Pump **Screen:** CMS Request - Final Rule for 2025 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** July 2024 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 2.43 **Referred to CPT** **Result:** Maintain

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

0597T **Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement**

Global: YYY **Issue:** Temporary Female Intraurethral Valve-Pump **Screen:** CMS Request - Final Rule for 2025 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** July 2024 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 1.05 **Referred to CPT** **Result:** Maintain

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

0598T **Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; first anatomic site (eg, lower extremity)**

Global: YYY **Issue:** RAW **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2023 Medicare Utilization:** 44,838

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

0599T **Noncontact real-time fluorescence wound imaging, for bacterial presence, location, and load, per session; each additional anatomic site (eg, upper extremity) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** High Volume Category III Codes 2024 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ANA, APMA **First Identified:** April 2024 **2023 Medicare Utilization:** 9,989

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review in 2 years **Referred to CPT** **Result:**

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

0671T **Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more**

Global: YYY **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO **First Identified:** January 2021 **2023 Medicare Utilization:** 440

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price **Referred to CPT** October 2020 **Result:** Contractor Price

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

10004 **Fine needle aspiration biopsy, without imaging guidance; each additional lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** June 2017 **2023 Medicare Utilization:** 219

2025 Work RVU: 0.80
2025 NF PE RVU: 0.67
2025 Fac PE RVU: 0.37

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

10005 **Fine needle aspiration biopsy, including ultrasound guidance; first lesion**

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 21 **Specialty Developing Recommendation:**

First Identified: June 2017

2023 Medicare Utilization: 130,977

2025 Work RVU: 1.46
2025 NF PE RVU: 2.37
2025 Fac PE RVU: 0.55
Result: Decrease

RUC Recommendation: 1.63

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

10006 **Fine needle aspiration biopsy, including ultrasound guidance; each additional lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: June 2017

2023 Medicare Utilization: 29,889

2025 Work RVU: 1.00
2025 NF PE RVU: 0.70
2025 Fac PE RVU: 0.38
Result: Decrease

RUC Recommendation: 1.00

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

10007 **Fine needle aspiration biopsy, including fluoroscopic guidance; first lesion**

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: June 2017

2023 Medicare Utilization: 656

2025 Work RVU: 1.81
2025 NF PE RVU: 7.05
2025 Fac PE RVU: 0.62
Result: Decrease

RUC Recommendation: 1.81

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

Status Report: CMS Requests and Relativity Assessment Issues

10008 **Fine needle aspiration biopsy, including fluoroscopic guidance; each additional lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: June 2017 **2023 Medicare Utilization:** 14

2025 Work RVU: 1.18
2025 NF PE RVU: 2.91
2025 Fac PE RVU: 0.21
Result: Decrease

RUC Recommendation: 1.18

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

10009 **Fine needle aspiration biopsy, including CT guidance; first lesion**

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: June 2017 **2023 Medicare Utilization:** 1,911

2025 Work RVU: 2.26
2025 NF PE RVU: 10.06
2025 Fac PE RVU: 0.73
Result: Decrease

RUC Recommendation: 2.43

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

10010 **Fine needle aspiration biopsy, including CT guidance; each additional lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: June 2017 **2023 Medicare Utilization:** 31

2025 Work RVU: 1.65
2025 NF PE RVU: 5.18
2025 Fac PE RVU: 0.29
Result: Decrease

RUC Recommendation: 1.65

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

Status Report: CMS Requests and Relativity Assessment Issues

10011 **Fine needle aspiration biopsy, including MR guidance; first lesion**

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: June 2017

2023 Medicare Utilization: 77

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price

Referred to CPT

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

Result: Contractor Price

10012 **Fine needle aspiration biopsy, including MR guidance; each additional lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Fine Needle Aspiration **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: June 2017

2023 Medicare Utilization: 65

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price

Referred to CPT

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

Result: Contractor Price

10021 **Fine needle aspiration biopsy, without imaging guidance; first lesion**

Global: XXX **Issue:** Fine Needle Aspiration **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 21 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, AAOHNS, ACS

First Identified: July 2015

2023 Medicare Utilization: 10,386

2025 Work RVU: 1.03
2025 NF PE RVU: 1.84
2025 Fac PE RVU: 0.47

RUC Recommendation: 1.20

Referred to CPT June 2017

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

10022 **Fine needle aspiration; with imaging guidance**

Global: **Issue:** Fine Needle Aspiration **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 04 **Specialty Developing Recommendation:** AACE, ASBS, ASC, CAP, ES, ACR, SIR **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

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

10030 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst), soft tissue (eg, extremity, abdominal wall, neck), percutaneous**

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

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2023 Medicare Utilization:** 7,452

2025 Work RVU: 2.75
2025 NF PE RVU: 15.52
2025 Fac PE RVU: 0.95

RUC Recommendation: 3.00 **Referred to CPT** October 2012 **Result:** Decrease

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

10040 **Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)**

Global: 010 **Issue:** Acne Surgery **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 13 **Specialty Developing Recommendation:** AAD **First Identified:** October 2015 **2023 Medicare Utilization:** 45,579

2025 Work RVU: 0.91
2025 NF PE RVU: 2.47
2025 Fac PE RVU: 0.55

RUC Recommendation: 0.91 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 010 **Issue:** Incision and Drainage of Abscess **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 07 **Specialty Developing Recommendation:** APMA

First Identified: February 2010

2023 Medicare Utilization: 278,408

2025 Work RVU: 1.22
2025 NF PE RVU: 2.49
2025 Fac PE RVU: 1.89

RUC Recommendation: 1.50

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

Result: Increase

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

Global: 010 **Issue:** Incision and Drainage of Abscess **Screen:** Harvard Valued - Utilization over 100,000 / 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** APMA

First Identified: October 2009

2023 Medicare Utilization: 92,801

2025 Work RVU: 2.45
2025 NF PE RVU: 3.69
2025 Fac PE RVU: 2.81

RUC Recommendation: Maintain. 2.45

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

Result: Maintain

10120 **Incision and removal of foreign body, subcutaneous tissues; simple**

Global: 010 **Issue:** **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 12 **Specialty Developing Recommendation:** APMA, AAFP

First Identified: April 2011

2023 Medicare Utilization: 37,789

2025 Work RVU: 1.22
2025 NF PE RVU: 3.18
2025 Fac PE RVU: 1.83

RUC Recommendation: 1.25

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

10180 **Incision and drainage, complex, postoperative wound infection**

Global: 010 **Issue:** **Screen:** RUC identified when reviewing comparison codes **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: January 2013 **2023 Medicare Utilization:** 6,411

2025 Work RVU: 2.30
2025 NF PE RVU: 5.09
2025 Fac PE RVU: 2.62

RUC Recommendation: Remove from re-review

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

Result: Maintain

11040 **Deleted from CPT**

Global: **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

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

First Identified: September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

11041 **Deleted from CPT**

Global: **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

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

First Identified: September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

11042 **Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); first 20 sq cm or less**

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

Most Recent RUC Meeting: February 2010 **Tab:** 04 **Specialty Developing Recommendation:** APMA, APTA

First Identified: September 2007 **2023 Medicare Utilization:** 1,968,984

2025 Work RVU: 1.01
2025 NF PE RVU: 2.73
2025 Fac PE RVU: 0.68

RUC Recommendation: 1.12

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

11043 **Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); first 20 sq cm or less**

Global: 000 **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2023 Medicare Utilization:** 501,856

2025 Work RVU: 2.70
2025 NF PE RVU: 3.85
2025 Fac PE RVU: 1.50

RUC Recommendation: 3.00 **Referred to CPT** October 2009 **Result:** Decrease

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

11044 **Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less**

Global: 000 **Issue:** Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 04 **Specialty Developing Recommendation:** APMA, APTA **First Identified:** September 2007 **2023 Medicare Utilization:** 100,601

2025 Work RVU: 4.10
2025 NF PE RVU: 4.57
2025 Fac PE RVU: 1.99

RUC Recommendation: 4.56 **Referred to CPT** October 2009 **Result:** Increase

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

11045 **Debridement, subcutaneous tissue (includes epidermis and dermis, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Excision and Debridement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 595,289

2025 Work RVU: 0.50
2025 NF PE RVU: 0.62
2025 Fac PE RVU: 0.17

RUC Recommendation: 0.69 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

11046 **Debridement, muscle and/or fascia (includes epidermis, dermis, and subcutaneous tissue, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Debridement **Screen:** Site of Service Anomaly / High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAFP, ACS, ANA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:** 306,373

2025 Work RVU: 1.03
2025 NF PE RVU: 0.97
2025 Fac PE RVU: 0.41

RUC Recommendation: 1.29 **Referred to CPT** **Result:** Decrease

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

11047 **Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Debridement **Screen:** Site of Service Anomaly / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** ACS, APMA, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 93,968

2025 Work RVU: 1.80
2025 NF PE RVU: 1.48
2025 Fac PE RVU: 0.74

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

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

11055 **Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion**

Global: 000 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2023 Medicare Utilization:** 774,024

2025 Work RVU: 0.35
2025 NF PE RVU: 1.72
2025 Fac PE RVU: 0.08

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

11056 **Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions**

Global: 000 **Issue:** Trim Skin Lesions **Screen:** MPC List / CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2023 Medicare Utilization:** 1,797,432

2025 Work RVU: 0.50
2025 NF PE RVU: 1.90
2025 Fac PE RVU: 0.12

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

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

11057 **Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions**

Global: 000 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** APMA **First Identified:** November 2011 **2023 Medicare Utilization:** 305,280

2025 Work RVU: 0.65
2025 NF PE RVU: 1.97
2025 Fac PE RVU: 0.15

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

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

11100 **Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; single lesion**

Global: **Issue:** Biopsy of Skin Lesion **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2017 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

11101 **Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed; each separate/additional lesion (List separately in addition to code for primary procedure)**

Global: **Issue:** Biopsy of Skin Lesion **Screen:** Low Value Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2017 **Result:** Deleted from CPT

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

11102 **Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); single lesion**

Global: 000 **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2023 Medicare Utilization:** 3,391,157

2025 Work RVU: 0.66
2025 NF PE RVU: 2.24
2025 Fac PE RVU: 0.40

RUC Recommendation: 0.66 **Referred to CPT** February 2017 **Result:** Decrease

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

11103 **Tangential biopsy of skin (eg, shave, scoop, saucerize, curette); each separate/additional lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** February 2017 **2023 Medicare Utilization:** 1,443,613

2025 Work RVU: 0.38
2025 NF PE RVU: 1.06
2025 Fac PE RVU: 0.23

RUC Recommendation: 0.38 **Referred to CPT** February 2017 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

11104 **Punch biopsy of skin (including simple closure, when performed); single lesion** **Global:** 000 **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

First Identified: February 2017 **2023 Medicare Utilization:** 295,911

2025 Work RVU: 0.83
2025 NF PE RVU: 2.76
2025 Fac PE RVU: 0.47

RUC Recommendation: 0.83 **Referred to CPT** February 2017 **Result:** Decrease

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

11105 **Punch biopsy of skin (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

First Identified: February 2017 **2023 Medicare Utilization:** 78,806

2025 Work RVU: 0.45
2025 NF PE RVU: 1.27
2025 Fac PE RVU: 0.25

RUC Recommendation: 0.45 **Referred to CPT** February 2017 **Result:** Decrease

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

11106 **Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); single lesion** **Global:** 000 **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

First Identified: February 2017 **2023 Medicare Utilization:** 30,395

2025 Work RVU: 1.01
2025 NF PE RVU: 3.45
2025 Fac PE RVU: 0.55

RUC Recommendation: 1.01 **Referred to CPT** February 2017 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

11107 **Incisional biopsy of skin (eg, wedge) (including simple closure, when performed); each separate/additional lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Skin Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

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

First Identified: February 2017 **2023 Medicare Utilization:** 6,205

2025 Work RVU: 0.54
2025 NF PE RVU: 1.50
2025 Fac PE RVU: 0.31

RUC Recommendation: 0.54

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

Result: Decrease

11300 **Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

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

First Identified: January 2012 **2023 Medicare Utilization:** 96,456

2025 Work RVU: 0.60
2025 NF PE RVU: 2.29
2025 Fac PE RVU: 0.35

RUC Recommendation: 0.60

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

Result: Increase

11301 **Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

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

First Identified: January 2012 **2023 Medicare Utilization:** 195,446

2025 Work RVU: 0.90
2025 NF PE RVU: 2.59
2025 Fac PE RVU: 0.54

RUC Recommendation: 0.90

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

11302 **Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 100,707

2025 Work RVU: 1.05
2025 NF PE RVU: 2.90
2025 Fac PE RVU: 0.62

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Increase

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

11303 **Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 16,615

2025 Work RVU: 1.25
2025 NF PE RVU: 3.12
2025 Fac PE RVU: 0.74

RUC Recommendation: 1.25 **Referred to CPT** **Result:** Increase

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

11305 **Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 / Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 82,089

2025 Work RVU: 0.80
2025 NF PE RVU: 2.24
2025 Fac PE RVU: 0.25

RUC Recommendation: Refer to CPT Assistant. 0.80 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

11306 **Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 98,427

2025 Work RVU: 0.96
2025 NF PE RVU: 2.57
2025 Fac PE RVU: 0.41
Result: Increase

RUC Recommendation: 1.18

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

11307 **Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 53,372

2025 Work RVU: 1.20
2025 NF PE RVU: 2.76
2025 Fac PE RVU: 0.52
Result: Increase

RUC Recommendation: 1.20

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

11308 **Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 / Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 19,986

2025 Work RVU: 1.46
2025 NF PE RVU: 2.71
2025 Fac PE RVU: 0.47
Result: Increase

RUC Recommendation: Refer to CPT Assistant. 1.46

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

Status Report: CMS Requests and Relativity Assessment Issues

11310 **Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 58,089

2025 Work RVU: 0.80
2025 NF PE RVU: 2.53
2025 Fac PE RVU: 0.47

RUC Recommendation: 1.19 **Referred to CPT** **Result:** Increase

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

11311 **Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 83,474

2025 Work RVU: 1.10
2025 NF PE RVU: 2.84
2025 Fac PE RVU: 0.65

RUC Recommendation: 1.43 **Referred to CPT** **Result:** Increase

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

11312 **Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 37,944

2025 Work RVU: 1.30
2025 NF PE RVU: 3.18
2025 Fac PE RVU: 0.78

RUC Recommendation: 1.80 **Referred to CPT** **Result:** Increase

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

11313 **Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm**

Global: 000 **Issue:** Shaving of Epidermal or Dermal Lesions **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 38 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 6,538

2025 Work RVU: 1.68
2025 NF PE RVU: 3.53
2025 Fac PE RVU: 1.00

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

11719 **Trimming of nondystrophic nails, any number** **Global:** 000 **Issue:** Debridement of Nail **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 32 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2023 Medicare Utilization:** 562,353

2025 Work RVU: 0.17
2025 NF PE RVU: 0.25
2025 Fac PE RVU: 0.04

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

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

11720 **Debridement of nail(s) by any method(s); 1 to 5** **Global:** 000 **Issue:** Debridement of Nail **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 53 **Specialty Developing Recommendation:** APMA **First Identified:** Septemer 2011 **2023 Medicare Utilization:** 1,886,100

2025 Work RVU: 0.32
2025 NF PE RVU: 0.64
2025 Fac PE RVU: 0.08

RUC Recommendation: 0.32 (Interim) **Referred to CPT** **Result:** Maintain

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

11721 **Debridement of nail(s) by any method(s); 6 or more** **Global:** 000 **Issue:** Debridement of Nail **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 53 **Specialty Developing Recommendation:** APMA **First Identified:** October 2010 **2023 Medicare Utilization:** 5,416,583

2025 Work RVU: 0.54
2025 NF PE RVU: 0.77
2025 Fac PE RVU: 0.13

RUC Recommendation: 0.54 (Interim) **Referred to CPT** **Result:** Maintain

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

11730 **Avulsion of nail plate, partial or complete, simple; single** **Global:** 000 **Issue:** Removal of Nail Plate **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 56 **Specialty Developing Recommendation:** APMA **First Identified:** July 2015 **2023 Medicare Utilization:** 221,857

2025 Work RVU: 1.05
2025 NF PE RVU: 2.29
2025 Fac PE RVU: 0.48

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

11750 **Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal**

Global: 010 **Issue:** Excision of Nail Bed - HCPAC **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 26 **Specialty Developing Recommendation:**

First Identified: January 2014 **2023 Medicare Utilization:** 148,449

2025 Work RVU: 1.58
2025 NF PE RVU: 3.09
2025 Fac PE RVU: 1.36

RUC Recommendation: 1.99 **Referred to CPT** **Result:** Decrease

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

11752 **Excision of nail and nail matrix, partial or complete (eg, ingrown or deformed nail), for permanent removal; with amputation of tuft of distal phalanx**

Global: **Issue:** Excision of Nail Bed - HCPAC **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 28 **Specialty Developing Recommendation:**

First Identified: January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

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

11755 **Biopsy of nail unit (eg, plate, bed, matrix, hyponychium, proximal and lateral nail folds) (separate procedure)**

Global: 000 **Issue:** Biopsy of Nail **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

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

First Identified: July 2016 **2023 Medicare Utilization:** 54,948

2025 Work RVU: 1.25
2025 NF PE RVU: 2.29
2025 Fac PE RVU: 0.46

RUC Recommendation: 1.25 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

11900 **Injection, intralesional; up to and including 7 lesions**

Global: 000 **Issue:** Skin Injection Services **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

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

First Identified: October 2009

2023 Medicare Utilization: 255,998

2025 Work RVU: 0.52
2025 NF PE RVU: 1.15
2025 Fac PE RVU: 0.31

RUC Recommendation: 0.52

Referred to CPT

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

Result: Maintain

11901 **Injection, intralesional; more than 7 lesions**

Global: 000 **Issue:** Skin Injection Services **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

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

First Identified: February 2010

2023 Medicare Utilization: 64,313

2025 Work RVU: 0.80
2025 NF PE RVU: 1.23
2025 Fac PE RVU: 0.48

RUC Recommendation: 0.80

Referred to CPT

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

Result: Maintain

11980 **Subcutaneous hormone pellet implantation (implantation of estradiol and/or testosterone pellets beneath the skin)**

Global: 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth2 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA

First Identified: April 2013

2023 Medicare Utilization: 26,223

2025 Work RVU: 1.10
2025 NF PE RVU: 1.58
2025 Fac PE RVU: 0.40

RUC Recommendation: 1.10

Referred to CPT May 2018

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

11981 **Insertion, drug-delivery implant (ie, bioresorbable, biodegradable, non-biodegradable)**

Global: 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth1 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** June 2008 **2023 Medicare Utilization:** 7,979

2025 Work RVU: 1.14
2025 NF PE RVU: 1.68
2025 Fac PE RVU: 0.54

RUC Recommendation: 1.30 **Referred to CPT** May 2018 **Result:** Decrease

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

11982 **Removal, non-biodegradable drug delivery implant**

Global: 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth1 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** February 2008 **2023 Medicare Utilization:** 1,823

2025 Work RVU: 1.34
2025 NF PE RVU: 1.74
2025 Fac PE RVU: 0.61

RUC Recommendation: 1.70 **Referred to CPT** May 2018 **Result:** Decrease

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

11983 **Removal with reinsertion, non-biodegradable drug delivery implant**

Global: 000 **Issue:** Drug Delivery Implant Procedures **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, ACOG, AUA **First Identified:** June 2008 **2023 Medicare Utilization:** 970

2025 Work RVU: 1.91
2025 NF PE RVU: 2.00
2025 Fac PE RVU: 0.85

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

12001 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2023 Medicare Utilization:** 148,478

2025 Work RVU: 0.84
2025 NF PE RVU: 1.82
2025 Fac PE RVU: 0.34
Result: Decrease

RUC Recommendation: 0.84

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

12002 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.6 cm to 7.5 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** October 2009 **2023 Medicare Utilization:** 123,416

2025 Work RVU: 1.14
2025 NF PE RVU: 2.07
2025 Fac PE RVU: 0.40
Result: Decrease

RUC Recommendation: 1.14

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

12004 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 7.6 cm to 12.5 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 19,335

2025 Work RVU: 1.44
2025 NF PE RVU: 2.27
2025 Fac PE RVU: 0.47
Result: Decrease

RUC Recommendation: 1.44

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

12005 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 5,269

2025 Work RVU: 1.97
2025 NF PE RVU: 2.95
2025 Fac PE RVU: 0.46
Result: Decrease

RUC Recommendation: 1.97

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

Status Report: CMS Requests and Relativity Assessment Issues

12006 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 924

2025 Work RVU: 2.39
2025 NF PE RVU: 3.28
2025 Fac PE RVU: 0.60

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Decrease

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

12007 **Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 345

2025 Work RVU: 2.90
2025 NF PE RVU: 3.39
2025 Fac PE RVU: 0.84

RUC Recommendation: 2.90 **Referred to CPT** **Result:** Decrease

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

12011 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 79,735

2025 Work RVU: 1.07
2025 NF PE RVU: 2.09
2025 Fac PE RVU: 0.39

RUC Recommendation: 1.07 **Referred to CPT** **Result:** Decrease

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

12013 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 47,327

2025 Work RVU: 1.22
2025 NF PE RVU: 2.05
2025 Fac PE RVU: 0.27

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

12014 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 6,449

2025 Work RVU: 1.57
2025 NF PE RVU: 2.39
2025 Fac PE RVU: 0.35

RUC Recommendation: 1.57 **Referred to CPT** **Result:** Decrease

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

12015 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 3,092

2025 Work RVU: 1.98
2025 NF PE RVU: 2.81
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.98 **Referred to CPT** **Result:** Decrease

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

12016 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 472

2025 Work RVU: 2.68
2025 NF PE RVU: 3.40
2025 Fac PE RVU: 0.58

RUC Recommendation: 2.68 **Referred to CPT** **Result:** Decrease

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

12017 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 49

2025 Work RVU: 3.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.75

RUC Recommendation: 3.18 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

12018 **Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm**

Global: 000 **Issue:** Repair of Superficial Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 32 **Specialty Developing Recommendation:** ACEP, AAFP **First Identified:** April 2010 **2023 Medicare Utilization:** 21

2025 Work RVU: 3.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.83

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

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12031 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.5 cm or less**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 62,162

2025 Work RVU: 2.00
2025 NF PE RVU: 5.58
2025 Fac PE RVU: 2.33

RUC Recommendation: 2.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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12032 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** October 2009 **2023 Medicare Utilization:** 341,859

2025 Work RVU: 2.52
2025 NF PE RVU: 6.28
2025 Fac PE RVU: 2.94

RUC Recommendation: 2.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

12034 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 34,157

2025 Work RVU: 2.97
2025 NF PE RVU: 6.63
2025 Fac PE RVU: 2.83

RUC Recommendation: 2.97 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

12035 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 5,583

2025 Work RVU: 3.50
2025 NF PE RVU: 7.55
2025 Fac PE RVU: 3.17

RUC Recommendation: 3.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

12036 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 1,086

2025 Work RVU: 4.23
2025 NF PE RVU: 7.98
2025 Fac PE RVU: 3.45

RUC Recommendation: 4.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12037 **Repair, intermediate, wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 489

2025 Work RVU: 5.00
2025 NF PE RVU: 8.62
2025 Fac PE RVU: 3.85

RUC Recommendation: 5.25 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

12041 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 20,316

2025 Work RVU: 2.10
2025 NF PE RVU: 5.49
2025 Fac PE RVU: 2.03

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

12042 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 65,352

2025 Work RVU: 2.79
2025 NF PE RVU: 6.14
2025 Fac PE RVU: 2.79

RUC Recommendation: 2.79 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12044 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 3,182

2025 Work RVU: 3.19
2025 NF PE RVU: 7.78
2025 Fac PE RVU: 2.82

RUC Recommendation: 3.19 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

12045 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 345

2025 Work RVU: 3.75
2025 NF PE RVU: 7.97
2025 Fac PE RVU: 3.82

RUC Recommendation: 3.90 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

12046 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 79

2025 Work RVU: 4.30
2025 NF PE RVU: 9.63
2025 Fac PE RVU: 4.24

RUC Recommendation: 4.60 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12047 **Repair, intermediate, wounds of neck, hands, feet and/or external genitalia; over 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 46

2025 Work RVU: 4.95
2025 NF PE RVU: 10.27
2025 Fac PE RVU: 4.47

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Increase

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

12051 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 50,441

2025 Work RVU: 2.33
2025 NF PE RVU: 5.81
2025 Fac PE RVU: 2.48

RUC Recommendation: 2.33 **Referred to CPT** **Result:** Decrease

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

12052 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.6 cm to 5.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 98,459

2025 Work RVU: 2.87
2025 NF PE RVU: 6.20
2025 Fac PE RVU: 2.80

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

12053 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 5.1 cm to 7.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 15,870

2025 Work RVU: 3.17
2025 NF PE RVU: 7.27
2025 Fac PE RVU: 2.93

RUC Recommendation: 3.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

12054 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 3,816

2025 Work RVU: 3.50
2025 NF PE RVU: 7.39
2025 Fac PE RVU: 2.62

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

12055 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 287

2025 Work RVU: 4.50
2025 NF PE RVU: 9.69
2025 Fac PE RVU: 3.77

RUC Recommendation: 4.65 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

12056 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 31

2025 Work RVU: 5.30
2025 NF PE RVU: 11.10
2025 Fac PE RVU: 5.36

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

12057 **Repair, intermediate, wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm**

Global: 010 **Issue:** Repair of Intermediate Wounds **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 22 **Specialty Developing Recommendation:** AAO-HNS, AAD, AAP, ACEP, ASPS, AAFP, ACS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 29

2025 Work RVU: 6.00
2025 NF PE RVU: 11.02
2025 Fac PE RVU: 5.59

RUC Recommendation: 6.28 **Referred to CPT** **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

13100 **Repair, complex, trunk; 1.1 cm to 2.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2023 Medicare Utilization:** 4,904

2025 Work RVU: 3.00
2025 NF PE RVU: 6.76
2025 Fac PE RVU: 2.65

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

13101 **Repair, complex, trunk; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2023 Medicare Utilization:** 90,990

2025 Work RVU: 3.50
2025 NF PE RVU: 7.86
2025 Fac PE RVU: 3.47

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

13102 **Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2023 Medicare Utilization:** 21,515

2025 Work RVU: 1.24
2025 NF PE RVU: 2.03
2025 Fac PE RVU: 0.70

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain

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

13120 **Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2023 Medicare Utilization:** 11,362

2025 Work RVU: 3.23
2025 NF PE RVU: 6.94
2025 Fac PE RVU: 3.30

RUC Recommendation: 3.23 **Referred to CPT** September 2018 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.

13121 **Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2023 Medicare Utilization:** 201,068

2025 Work RVU: 4.00
2025 NF PE RVU: 8.17
2025 Fac PE RVU: 3.26

RUC Recommendation: 4.00 **Referred to CPT** September 2018 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.

Status Report: CMS Requests and Relativity Assessment Issues

13122 **Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** October 2008 **2023 Medicare Utilization:** 27,096

2025 Work RVU: 1.44
2025 NF PE RVU: 2.12
2025 Fac PE RVU: 0.80

RUC Recommendation: 1.44 **Referred to CPT** September 2018 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** 1st article: May 2011; 2nd article July 2016; Sept 2018 CPT Editorial Meeting Tab 9, specialties submitted revisions to the guidelines.

13131 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 34,352

2025 Work RVU: 3.73
2025 NF PE RVU: 7.37
2025 Fac PE RVU: 3.07

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Decrease

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

13132 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2023 Medicare Utilization:** 268,017

2025 Work RVU: 4.78
2025 NF PE RVU: 8.69
2025 Fac PE RVU: 3.73

RUC Recommendation: 4.78 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

13133 **Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2023 Medicare Utilization:** 13,530

2025 Work RVU: 2.19
2025 NF PE RVU: 2.56
2025 Fac PE RVU: 1.26

RUC Recommendation: 2.19 **Referred to CPT** **Result:** Maintain

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

13150 **Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less**

Global: **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

13151 **Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm**

Global: 010 **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** September 2011 **2023 Medicare Utilization:** 28,639

2025 Work RVU: 4.34
2025 NF PE RVU: 7.73
2025 Fac PE RVU: 3.46

RUC Recommendation: 4.34 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

13152 **Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm** **Global:** 010 **Issue:** Complex Wound Repair **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued with Annual Allowed Charges over $10 million / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 49,576

2025 Work RVU: 5.34
2025 NF PE RVU: 8.81
2025 Fac PE RVU: 4.05

RUC Recommendation: Reviewin 1 year. 5.34 **Referred to CPT** **Result:** Decrease

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

13153 **Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Complex Wound Repair **Screen:** CMS Request **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 37 **Specialty Developing Recommendation:** AAD, AAO-HNS, ASPS **First Identified:** July 2011 **2023 Medicare Utilization:** 692

2025 Work RVU: 2.38
2025 NF PE RVU: 2.80
2025 Fac PE RVU: 1.34

RUC Recommendation: 2.38 **Referred to CPT** **Result:** Maintain

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

14000 **Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** April 2008 **2023 Medicare Utilization:** 5,485

2025 Work RVU: 6.37
2025 NF PE RVU: 11.78
2025 Fac PE RVU: 7.84

RUC Recommendation: 6.19 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

14001 **Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** ACS, AAD, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 7,985

2025 Work RVU: 8.78
2025 NF PE RVU: 14.14
2025 Fac PE RVU: 9.39

RUC Recommendation: 8.58 **Referred to CPT** **Result:** Decrease

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

14020 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** April 2008 **2023 Medicare Utilization:** 15,513

2025 Work RVU: 7.22
2025 NF PE RVU: 13.05
2025 Fac PE RVU: 8.96

RUC Recommendation: 7.02 **Referred to CPT** **Result:** Decrease

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

14021 **Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 18,582

2025 Work RVU: 9.72
2025 NF PE RVU: 15.22
2025 Fac PE RVU: 10.39

RUC Recommendation: 9.52 **Referred to CPT** **Result:** Decrease

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

14040 **Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less** **Global:** 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2023 Medicare Utilization:** 56,749

2025 Work RVU: 8.60
2025 NF PE RVU: 13.31
2025 Fac PE RVU: 9.19

RUC Recommendation: 8.44 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

14041 **Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 44,021

2025 Work RVU: 10.83
2025 NF PE RVU: 15.80
2025 Fac PE RVU: 10.88

RUC Recommendation: 10.63 **Referred to CPT** **Result:** Decrease

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

14060 **Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** April 2008 **2023 Medicare Utilization:** 78,850

2025 Work RVU: 9.23
2025 NF PE RVU: 12.89
2025 Fac PE RVU: 9.77

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

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

14061 **Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm**

Global: 090 **Issue:** Skin Tissue Rearrangement **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 9 **Specialty Developing Recommendation:** AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 30,201

2025 Work RVU: 11.48
2025 NF PE RVU: 17.27
2025 Fac PE RVU: 11.82

RUC Recommendation: 11.25 **Referred to CPT** **Result:** Decrease

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

14300 **Deleted from CPT**

Global: **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACS, AAD, ASPS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

14301 **Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm**

Global: 090 **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 42,545

2025 Work RVU: 12.65
2025 NF PE RVU: 17.94
2025 Fac PE RVU: 11.54

RUC Recommendation: 12.47 **Referred to CPT** February 2009 **Result:** Decrease

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

14302 **Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Adjacent Tissue Transfer **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACS, AAO-HNS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 55,376

2025 Work RVU: 3.73
2025 NF PE RVU: 2.04
2025 Fac PE RVU: 2.04

RUC Recommendation: 3.73 **Referred to CPT** February 2009 **Result:** Decrease

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

15002 **Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2023 Medicare Utilization:** 26,604

2025 Work RVU: 3.65
2025 NF PE RVU: 5.94
2025 Fac PE RVU: 2.30

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

15004 **Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children**

Global: 000 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS, APMA **First Identified:** January 2014 **2023 Medicare Utilization:** 35,593

2025 Work RVU: 4.58
2025 NF PE RVU: 6.54
2025 Fac PE RVU: 2.60
Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT

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

15100 **Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2014 **2023 Medicare Utilization:** 9,709

2025 Work RVU: 9.90
2025 NF PE RVU: 14.34
2025 Fac PE RVU: 9.86
Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT

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

15120 **Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)**

Global: 090 **Issue:** Autograft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 6,734

2025 Work RVU: 10.15
2025 NF PE RVU: 13.69
2025 Fac PE RVU: 9.09
Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15170 **Acellular dermal replacement, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**

Global: **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

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

15171 **Acellular dermal replacement, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

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

15175 **Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children**

Global: **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15176 **Acellular dermal replacement, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: **Issue:** Acellular Dermal Replacement **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

15220 **Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less**

Global: 090 **Issue:** Skin Graft **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 8,779

2025 Work RVU: 8.09
2025 NF PE RVU: 13.98
2025 Fac PE RVU: 9.21

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

15240 **Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ASPS, AAD **First Identified:** January 2014 **2023 Medicare Utilization:** 11,765

2025 Work RVU: 10.41
2025 NF PE RVU: 16.25
2025 Fac PE RVU: 12.27

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

15271 **Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 217,251

2025 Work RVU: 1.50
2025 NF PE RVU: 2.88
2025 Fac PE RVU: 0.81

RUC Recommendation: 1.50 **Referred to CPT** February 2011 **Result:** Decrease

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

15272 **Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey / High Volume Growth10 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 38,261

2025 Work RVU: 0.33
2025 NF PE RVU: 0.36
2025 Fac PE RVU: 0.13

RUC Recommendation: Remove from screen. 0.59 **Referred to CPT** February 2011 **Result:** Decrease

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

15273 **Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 9,471

2025 Work RVU: 3.50
2025 NF PE RVU: 4.99
2025 Fac PE RVU: 1.66

RUC Recommendation: 3.50 **Referred to CPT** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

15274 **Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 33,387

2025 Work RVU: 0.80
2025 NF PE RVU: 1.42
2025 Fac PE RVU: 0.35

RUC Recommendation: 0.80 **Referred to CPT** February 2011 **Result:** Decrease

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

15275 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 177,533

2025 Work RVU: 1.83
2025 NF PE RVU: 2.75
2025 Fac PE RVU: 0.79

RUC Recommendation: 1.83 **Referred to CPT** February 2011 **Result:** Decrease

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

15276 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 9,104

2025 Work RVU: 0.50
2025 NF PE RVU: 0.42
2025 Fac PE RVU: 0.18

RUC Recommendation: 0.59 **Referred to CPT** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

15277 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children**

Global: 000 **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 1,615

2025 Work RVU: 4.00
2025 NF PE RVU: 5.49
2025 Fac PE RVU: 1.96

RUC Recommendation: 4.00 **Referred to CPT** February 2011 **Result:** Decrease

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

15278 **Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 2,818

2025 Work RVU: 1.00
2025 NF PE RVU: 1.61
2025 Fac PE RVU: 0.46

RUC Recommendation: 1.00 **Referred to CPT** February 2011 **Result:** Decrease

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

15320 **Deleted from CPT**

Global: **Issue:** Skin Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15321 **Deleted from CPT**

Global: **Issue:** Skin Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

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

15330 **Acellular dermal allograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children**

Global: **Issue:** Allograft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASPS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

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

15331 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

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

15335 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15336 **Deleted from CPT** **Global:** **Issue:** Acellular Dermal Allograft **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAO-HNS, APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15360 **Deleted from CPT** **Global:** **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15361 **Deleted from CPT** **Global:** **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15365 **Deleted from CPT** **Global:** **Issue:** Tissue Cultured Allogeneic Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15366 **Deleted from CPT**

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

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15400 **Deleted from CPT**

Global: **Issue:** Xenograft **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAO-HNS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

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

15401 **Deleted from CPT**

Global: **Issue:** Xenograft **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACS, ASPS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

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

15420 **Deleted from CPT**

Global: **Issue:** Xenograft Skin **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

15421 **Deleted from CPT**

Global: **Issue:** Xenograft Skin **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** APMA, ASPS, AAD **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

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

15570 **Formation of direct or tubed pedicle, with or without transfer; trunk**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 197

2025 Work RVU: 10.21
2025 NF PE RVU: 15.18
2025 Fac PE RVU: 9.87

RUC Recommendation: 10.00 **Referred to CPT** **Result:** Maintain

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

15572 **Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ACS, ASPS, AAO-HNS **First Identified:** April 2008 **2023 Medicare Utilization:** 499

2025 Work RVU: 10.12
2025 NF PE RVU: 14.78
2025 Fac PE RVU: 10.42

RUC Recommendation: 9.94 **Referred to CPT** **Result:** Maintain

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

15574 **Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 2,231

2025 Work RVU: 10.70
2025 NF PE RVU: 13.69
2025 Fac PE RVU: 9.60

RUC Recommendation: 10.52 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

15576 **Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral**

Global: 090 **Issue:** Skin Pedicle Flaps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 10 **Specialty Developing Recommendation:** ASPS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 4,359

2025 Work RVU: 9.37
2025 NF PE RVU: 13.13
2025 Fac PE RVU: 9.11

RUC Recommendation: 9.24 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** AAO **First Identified:** January 2017 **2023 Medicare Utilization:** 1,705

2025 Work RVU: 13.50
2025 NF PE RVU: 26.99
2025 Fac PE RVU: 12.42

RUC Recommendation: 13.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2023 Medicare Utilization:** 2,110

2025 Work RVU: 14.38
2025 NF PE RVU: 17.32
2025 Fac PE RVU: 13.56

RUC Recommendation: Not part of family **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Not Part of RAW

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

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

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

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 05 **Specialty Developing Recommendation:** ASPS **First Identified:** January 2017 **2023 Medicare Utilization:** 4,445

2025 Work RVU: 15.68
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.79

RUC Recommendation: 15.68 **Referred to CPT** **Result:** Decrease

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

15734 **Muscle, myocutaneous, or fasciocutaneous flap; trunk**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 14 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2023 Medicare Utilization:** 22,830

2025 Work RVU: 23.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.39

RUC Recommendation: 23.00 **Referred to CPT** September 2016 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

15736 **Muscle, myocutaneous, or fasciocutaneous flap; upper extremity**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

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

First Identified: January 2016 **2023 Medicare Utilization:** 1,399

2025 Work RVU: 17.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.44

RUC Recommendation: 17.04

Referred to CPT September 2016

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

Result: Maintain

15738 **Muscle, myocutaneous, or fasciocutaneous flap; lower extremity**

Global: 090 **Issue:** Muscle Flaps **Screen:** High Level E/M in Global Period **Complete?** Yes

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

First Identified: January 2016 **2023 Medicare Utilization:** 5,130

2025 Work RVU: 19.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.43

RUC Recommendation: 19.04

Referred to CPT September 2016

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

Result: Maintain

15740 **Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel**

Global: 090 **Issue:** Dermatology and Plastic Surgery Procedures **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 28 **Specialty Developing Recommendation:** AAD, ASPS

First Identified: September 2007 **2023 Medicare Utilization:** 1,863

2025 Work RVU: 11.80
2025 NF PE RVU: 17.05
2025 Fac PE RVU: 11.85

RUC Recommendation: 11.57

Referred to CPT February 2009 & February 2012

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

15769 **Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)** **Global:** 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOHNS, ASPS **First Identified:** May 2018 **2023 Medicare Utilization:** 5,088

2025 Work RVU: 6.68
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.67

RUC Recommendation: 6.68 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2023

15771 **Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate** **Global:** 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2023 Medicare Utilization:** 3,321

2025 Work RVU: 6.73
2025 NF PE RVU: 10.57
2025 Fac PE RVU: 7.63

RUC Recommendation: 6.73 **Referred to CPT** **Result:** Increase

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

15772 **Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2023 Medicare Utilization:** 7,642

2025 Work RVU: 2.50
2025 NF PE RVU: 2.83
2025 Fac PE RVU: 1.49

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

15773 **Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate**

Global: 090 **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2023 Medicare Utilization:** 478

2025 Work RVU: 6.83
2025 NF PE RVU: 10.12
2025 Fac PE RVU: 7.29

RUC Recommendation: 6.83 **Referred to CPT** **Result:** Increase

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

15774 **Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Tissue Grafting Procedures **Screen:** Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** ASPS **First Identified:** May 2018 **2023 Medicare Utilization:** 99

2025 Work RVU: 2.41
2025 NF PE RVU: 2.79
2025 Fac PE RVU: 1.45

RUC Recommendation: 2.41 **Referred to CPT** **Result:** Increase

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

15777 **Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chronic Wound Dermal Substitute **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACS, APMA, ASPS **First Identified:** April 2011 **2023 Medicare Utilization:** 6,711

2025 Work RVU: 3.65
2025 NF PE RVU: 2.08
2025 Fac PE RVU: 2.08

RUC Recommendation: 3.65 **Referred to CPT** February 2011 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

15778 **Implantation of absorbable mesh or other prosthesis for delayed closure of defect(s) (ie, external genitalia, perineum, abdominal wall) due to soft tissue infection or trauma**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 352

2025 Work RVU: 7.05
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.99

RUC Recommendation: 8.00 **Referred to CPT** February 2021 **Result:** Decrease

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

15823 **Blepharoplasty, upper eyelid; with excessive skin weighting down lid**

Global: 090 **Issue:** Upper Eyelid Blepharoplasty **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 33 **Specialty Developing Recommendation:** AAO **First Identified:** October 2009 **2023 Medicare Utilization:** 89,497

2025 Work RVU: 6.81
2025 NF PE RVU: 11.18
2025 Fac PE RVU: 9.07

RUC Recommendation: 6.81 **Referred to CPT** **Result:** Decrease

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

16020 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; small (less than 5% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2023 Medicare Utilization:** 10,823

2025 Work RVU: 0.71
2025 NF PE RVU: 1.74
2025 Fac PE RVU: 0.85

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

16025 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; medium (eg, whole face or whole extremity, or 5% to 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 08 **Specialty Developing Recommendation:** ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** October 2009 **2023 Medicare Utilization:** 1,601

2025 Work RVU: 1.74
2025 NF PE RVU: 2.67
2025 Fac PE RVU: 1.31

RUC Recommendation: 1.85

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

Result: Maintain

16030 **Dressings and/or debridement of partial-thickness burns, initial or subsequent; large (eg, more than 1 extremity, or greater than 10% total body surface area)**

Global: 000 **Issue:** Dressings/ Debridement of Partial-Thickness Burns **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACEP, ASPS, AAFP, AAPMR, ACS, AAP **First Identified:** February 2010 **2023 Medicare Utilization:** 891

2025 Work RVU: 2.08
2025 NF PE RVU: 3.44
2025 Fac PE RVU: 1.45

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2012

Result: Maintain

17000 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 17 **Specialty Developing Recommendation:** AAD **First Identified:** October 2010 **2023 Medicare Utilization:** 6,114,060

2025 Work RVU: 0.61
2025 NF PE RVU: 1.39
2025 Fac PE RVU: 1.00

RUC Recommendation: 0.61

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

17003 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)**

Global: ZZZ **Issue:** Destruction of Premalignant Lesions **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 17 **Specialty Developing Recommendation:** AAD

First Identified: October 2010 **2023 Medicare Utilization:** 19,436,161

2025 Work RVU: 0.04
2025 NF PE RVU: 0.16
2025 Fac PE RVU: 0.02

RUC Recommendation: 0.04

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

Result: Decrease

17004 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions**

Global: 010 **Issue:** Destruction of Premalignant Lesions **Screen:** CMS High Expenditure Procedural Codes1 / Modifer -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 17 **Specialty Developing Recommendation:** AAD

First Identified: September 2011 **2023 Medicare Utilization:** 845,558

2025 Work RVU: 1.37
2025 NF PE RVU: 3.47
2025 Fac PE RVU: 1.45

RUC Recommendation: Remove from Modifier -51 Exempt List. 1.37

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

Result: Decrease

17106 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 11 **Specialty Developing Recommendation:** AAD

First Identified: February 2008 **2023 Medicare Utilization:** 3,535

2025 Work RVU: 3.69
2025 NF PE RVU: 6.31
2025 Fac PE RVU: 4.26

RUC Recommendation: 3.61

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

17107 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2023 Medicare Utilization:** 2,125

2025 Work RVU: 4.79
2025 NF PE RVU: 8.25
2025 Fac PE RVU: 5.62

RUC Recommendation: 4.68 **Referred to CPT** **Result:** Decrease

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

17108 **Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm**

Global: 090 **Issue:** Destruction of Skin Lesions **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 11 **Specialty Developing Recommendation:** AAD **First Identified:** February 2008 **2023 Medicare Utilization:** 6,107

2025 Work RVU: 7.49
2025 NF PE RVU: 10.76
2025 Fac PE RVU: 7.50

RUC Recommendation: 6.37 **Referred to CPT** **Result:** Decrease

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

17110 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2023 Medicare Utilization:** 3,037,430

2025 Work RVU: 0.70
2025 NF PE RVU: 2.64
2025 Fac PE RVU: 1.33

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

17111 **Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions**

Global: 010 **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: April 2013

2023 Medicare Utilization: 147,647

2025 Work RVU: 0.97
2025 NF PE RVU: 2.92
2025 Fac PE RVU: 1.48

RUC Recommendation: Remove from screen

Referred to CPT

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

Result: Remove from Screen

17250 **Chemical cauterization of granulation tissue (ie, proud flesh)**

Global: 000 **Issue:** Chemical Cauterization of Granulation Tissue **Screen:** High Volume Growth3 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** AAFP, ACS, APMA

First Identified: October 2015

2023 Medicare Utilization: 227,314

2025 Work RVU: 0.50
2025 NF PE RVU: 1.97
2025 Fac PE RVU: 0.56

RUC Recommendation: Review in 2 years (Jan 2027).

Referred to CPT September 2016

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result:

17261 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP

First Identified: October 2009

2023 Medicare Utilization: 129,978

2025 Work RVU: 1.22
2025 NF PE RVU: 3.11
2025 Fac PE RVU: 1.31

RUC Recommendation: 1.22

Referred to CPT

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

17262 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2023 Medicare Utilization:** 301,342

2025 Work RVU: 1.63
2025 NF PE RVU: 3.56
2025 Fac PE RVU: 1.55
Result: Maintain

RUC Recommendation: 1.63

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

17271 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2023 Medicare Utilization:** 43,715

2025 Work RVU: 1.54
2025 NF PE RVU: 3.31
2025 Fac PE RVU: 1.49
Result: Maintain

RUC Recommendation: 1.54

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

17272 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2023 Medicare Utilization:** 75,364

2025 Work RVU: 1.82
2025 NF PE RVU: 3.66
2025 Fac PE RVU: 1.66
Result: Maintain

RUC Recommendation: 1.82

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

Status Report: CMS Requests and Relativity Assessment Issues

17281 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** February 2010 **2023 Medicare Utilization:** 60,552

2025 Work RVU: 1.77
2025 NF PE RVU: 3.46
2025 Fac PE RVU: 1.63
Result: Maintain

RUC Recommendation: 1.77

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

17282 **Destruction, malignant lesion (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm**

Global: 010 **Issue:** Destruction of Malignant Lesion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 26 **Specialty Developing Recommendation:** AAD, AAFP **First Identified:** October 2009 **2023 Medicare Utilization:** 63,118

2025 Work RVU: 2.09
2025 NF PE RVU: 3.88
2025 Fac PE RVU: 1.82
Result: Maintain

RUC Recommendation: 2.09

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

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

Global: 000 **Issue:** Mohs Surgery **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAD **First Identified:** September 2011 **2023 Medicare Utilization:** 893,458

2025 Work RVU: 6.20
2025 NF PE RVU: 13.60
2025 Fac PE RVU: 3.76
Result: Maintain

RUC Recommendation: Review in 1 year. 6.20

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD

First Identified: September 2011 **2023 Medicare Utilization:** 497,539

2025 Work RVU: 3.30
2025 NF PE RVU: 8.70
2025 Fac PE RVU: 2.00
Result: Maintain

RUC Recommendation: 3.30

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

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

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

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD

First Identified: January 2012 **2023 Medicare Utilization:** 187,048

2025 Work RVU: 5.56
2025 NF PE RVU: 13.06
2025 Fac PE RVU: 3.37
Result: Maintain

RUC Recommendation: 5.56

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

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

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

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD

First Identified: January 2012 **2023 Medicare Utilization:** 66,589

2025 Work RVU: 3.06
2025 NF PE RVU: 8.46
2025 Fac PE RVU: 1.85
Result: Maintain

RUC Recommendation: 3.06

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAD **First Identified:** January 2012 **2023 Medicare Utilization:** 19,566

2025 Work RVU: 0.87
2025 NF PE RVU: 1.47
2025 Fac PE RVU: 0.53
Result: Maintain

RUC Recommendation: 0.87

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

19020 **Mastotomy with exploration or drainage of abscess, deep**

Global: 090 **Issue:** Mastotomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2023 Medicare Utilization:** 935

2025 Work RVU: 3.83
2025 NF PE RVU: 9.11
2025 Fac PE RVU: 4.83
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5, remove hospital visits

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

19081 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 56,278

2025 Work RVU: 3.29
2025 NF PE RVU: 10.94
2025 Fac PE RVU: 1.20
Result: Decrease

RUC Recommendation: 3.29

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19082 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 4,273

2025 Work RVU: 1.65
2025 NF PE RVU: 9.27
2025 Fac PE RVU: 0.60
Result: Decrease

RUC Recommendation: 1.65 **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

19083 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 108,894

2025 Work RVU: 3.10
2025 NF PE RVU: 11.00
2025 Fac PE RVU: 1.13
Result: Decrease

RUC Recommendation: 3.10 **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

19084 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 14,173

2025 Work RVU: 1.55
2025 NF PE RVU: 9.16
2025 Fac PE RVU: 0.57
Result: Decrease

RUC Recommendation: 1.55 **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

19085 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 7,373

2025 Work RVU: 3.64
2025 NF PE RVU: 18.04
2025 Fac PE RVU: 1.33

RUC Recommendation: 3.64 **Referred to CPT** October 2012 **Result:** Decrease

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

19086 **Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 1,562

2025 Work RVU: 1.82
2025 NF PE RVU: 14.95
2025 Fac PE RVU: 0.66

RUC Recommendation: 1.82 **Referred to CPT** October 2012 **Result:** Decrease

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

19102 **Biopsy of breast; percutaneous, needle core, using imaging guidance**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

19103 **Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

19281 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including mammographic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 22,738

2025 Work RVU: 2.00
2025 NF PE RVU: 5.00
2025 Fac PE RVU: 0.73

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

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

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

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 3,362

2025 Work RVU: 1.00
2025 NF PE RVU: 3.95
2025 Fac PE RVU: 0.37

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19283 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including stereotactic guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 3,603

2025 Work RVU: 2.00
2025 NF PE RVU: 5.44
2025 Fac PE RVU: 0.73

RUC Recommendation: 2.00 **Referred to CPT** October 2012 **Result:** Decrease

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

19284 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including stereotactic guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 465

2025 Work RVU: 1.00
2025 NF PE RVU: 4.40
2025 Fac PE RVU: 0.36

RUC Recommendation: 1.00 **Referred to CPT** October 2012 **Result:** Decrease

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

19285 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including ultrasound guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 28,449

2025 Work RVU: 1.70
2025 NF PE RVU: 8.74
2025 Fac PE RVU: 0.62

RUC Recommendation: 1.70 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19286 **Placement of breast localization device(s) (eg, clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including ultrasound guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 2,422

2025 Work RVU: 0.85
2025 NF PE RVU: 7.67
2025 Fac PE RVU: 0.31

RUC Recommendation: 0.85 **Referred to CPT** October 2012 **Result:** Decrease

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

19287 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; first lesion, including magnetic resonance guidance**

Global: 000 **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 289

2025 Work RVU: 2.55
2025 NF PE RVU: 15.48
2025 Fac PE RVU: 0.93

RUC Recommendation: 3.02 **Referred to CPT** October 2012 **Result:** Decrease

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

19288 **Placement of breast localization device(s) (eg clip, metallic pellet, wire/needle, radioactive seeds), percutaneous; each additional lesion, including magnetic resonance guidance (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:** 96

2025 Work RVU: 1.28
2025 NF PE RVU: 12.59
2025 Fac PE RVU: 0.47

RUC Recommendation: 1.51 **Referred to CPT** October 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

19290 **Preoperative placement of needle localization wire, breast;**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

19291 **Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

19295 **Image guided placement, metallic localization clip, percutaneous, during breast biopsy/aspiration (List separately in addition to code for primary procedure)**

Global: **Issue:** Breast Biopsy **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, ACS, ASBS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

19303 **Mastectomy, simple, complete**

Global: 090 **Issue:** Mastectomy **Screen:** Site of Service Anomaly - 2015 / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACS, ASBS **First Identified:** October 2015 **2023 Medicare Utilization:** 22,981

2025 Work RVU: 15.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.33
Result: Decrease

RUC Recommendation: 15.00

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

19307 **Mastectomy, modified radical, including axillary lymph nodes, with or without pectoralis minor muscle, but excluding pectoralis major muscle**

Global: 090 **Issue:** Modified Radical Mastectomy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2023 Medicare Utilization:** 3,391

2025 Work RVU: 17.99
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.22
Result: Decrease

RUC Recommendation: 17.99

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

19318 **Breast reduction**

Global: 090 **Issue:** Mammaplasty **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 7,306

2025 Work RVU: 16.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.13
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

Status Report: CMS Requests and Relativity Assessment Issues

19340 **Insertion of breast implant on same day of mastectomy (ie, immediate)**

Global: 090 **Issue:** Breast Implant/Expander Placement **Screen:** CMS Request / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 05 **Specialty Developing Recommendation:** ASPS

First Identified: October 2009 **2023 Medicare Utilization:** 2,243

2025 Work RVU: 10.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.56

RUC Recommendation: 11.00

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

Result: Decrease

19357 **Tissue expander placement in breast reconstruction, including subsequent expansion(s)**

Global: 090 **Issue:** Breast Implant/Expander Placement **Screen:** Site of Service Anomaly / 090-Day Global Post-Operative Visits / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 05 **Specialty Developing Recommendation:** ASPS

First Identified: September 2007 **2023 Medicare Utilization:** 5,304

2025 Work RVU: 14.84
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.67

RUC Recommendation: 15.36

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

Result: Decrease

20000 **Deleted from CPT**

Global: **Issue:** Incision of Abcess **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

20005 **Incision and drainage of soft tissue abscess, subfascial (ie, involves the soft tissue below the deep fascia)**

Global: **Issue:** Incision of Deep Abscess **Screen:** Site of Service Anomaly / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT

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

20220 **Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)**

Global: 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2018 **2023 Medicare Utilization:** 11,180

2025 Work RVU: 1.65
2025 NF PE RVU: 4.99
2025 Fac PE RVU: 0.78

RUC Recommendation: 1.93 **Referred to CPT** **Result:** Increase

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

20225 **Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)**

Global: 000 **Issue:** Bone Biopsy Trocar/Needle **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2017 **2023 Medicare Utilization:** 11,992

2025 Work RVU: 2.45
2025 NF PE RVU: 8.38
2025 Fac PE RVU: 1.15

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Increase

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

20240 **Biopsy, bone, open; superficial (eg, sternum, spinous process, rib, patella, olecranon process, calcaneus, tarsal, metatarsal, carpal, metacarpal, phalanx)**

Global: 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** April 2014 **2023 Medicare Utilization:** 6,447

2025 Work RVU: 2.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.30

RUC Recommendation: 3.73 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

20245 **Biopsy, bone, open; deep (eg, humeral shaft, ischium, femoral shaft)** **Global:** 000 **Issue:** Bone Biopsy Excisional **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 04 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2023 Medicare Utilization:** 4,220

2025 Work RVU: 6.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.28

RUC Recommendation: 6.50 **Referred to CPT** October 2015 **Result:** Decrease

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

20525 **Removal of foreign body in muscle or tendon sheath; deep or complicated** **Global:** 010 **Issue:** Removal of Foreign Body **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,221

2025 Work RVU: 3.54
2025 NF PE RVU: 9.79
2025 Fac PE RVU: 3.37

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

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

20526 **Injection, therapeutic (eg, local anesthetic, corticosteroid), carpal tunnel** **Global:** 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2023 Medicare Utilization:** 99,085

2025 Work RVU: 0.94
2025 NF PE RVU: 1.40
2025 Fac PE RVU: 0.61

RUC Recommendation: Remove fromm screen **Referred to CPT** **Result:** Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

20550 **Injection(s); single tendon sheath, or ligament, aponeurosis (eg, plantar "fascia")** **Global:** 000 **Issue:** Injection of Tendon **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, AAPM&R, ACRh, APMA, ASSH **First Identified:** October 2008 **2023 Medicare Utilization:** 807,717

2025 Work RVU: 0.75
2025 NF PE RVU: 0.90
2025 Fac PE RVU: 0.32

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

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

20551 **Injection(s); single tendon origin/insertion** **Global:** 000 **Issue:** Therapeutic Injection Carpal Tunnel **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 10 **Specialty Developing Recommendation:** AAPMR, AAOS, ACRh, APMA, ASSH **First Identified:** October 2008 **2023 Medicare Utilization:** 121,736

2025 Work RVU: 0.75
2025 NF PE RVU: 0.90
2025 Fac PE RVU: 0.32

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

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

20552 **Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)** **Global:** 000 **Issue:** **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2023 Medicare Utilization:** 271,998

2025 Work RVU: 0.66
2025 NF PE RVU: 0.84
2025 Fac PE RVU: 0.36

RUC Recommendation: 0.66 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

20553 **Injection(s); single or multiple trigger point(s), 3 or more muscles**

Global: 000 **Issue:**

Screen: CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 28 **Specialty Developing Recommendation:** AAPM&R, ACRh, ASA **First Identified:** July 2015 **2023 Medicare Utilization:** 354,841

2025 Work RVU: 0.75
2025 NF PE RVU: 0.98
2025 Fac PE RVU: 0.41

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

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

20600 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis

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

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2023 Medicare Utilization:** 465,696

2025 Work RVU: 0.66
2025 NF PE RVU: 0.88
2025 Fac PE RVU: 0.33

RUC Recommendation: 0.66 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

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

20604 **Arthrocentesis, aspiration and/or injection, small joint or bursa (eg, fingers, toes); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis

Screen: CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2023 Medicare Utilization:** 60,484

2025 Work RVU: 0.89
2025 NF PE RVU: 1.49
2025 Fac PE RVU: 0.38

RUC Recommendation: 0.89 **Referred to CPT** October 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

20605 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); without ultrasound guidance**

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

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** October 2009 **2023 Medicare Utilization:** 389,364

2025 Work RVU: 0.68
2025 NF PE RVU: 0.89
2025 Fac PE RVU: 0.34

RUC Recommendation: 0.68 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

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

20606 **Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2023 Medicare Utilization:** 61,560

2025 Work RVU: 1.00
2025 NF PE RVU: 1.57
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.00 **Referred to CPT** October 2013 **Result:** Decrease

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

20610 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance**

Global: 000 **Issue:** Arthrocentesis **Screen:** Harvard Valued - Utilization over 100,000 / MPC List / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** February 2010 **2023 Medicare Utilization:** 5,969,253

2025 Work RVU: 0.79
2025 NF PE RVU: 1.04
2025 Fac PE RVU: 0.44

RUC Recommendation: 0.79 and new PE inputs **Referred to CPT** October 2013 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

20611 **Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting**

Global: 000 **Issue:** Arthrocentesis **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 04 **Specialty Developing Recommendation:** AAFP, AAOS, ACR, ACRh, APMA, ASSH **First Identified:** July 2013 **2023 Medicare Utilization:** 1,200,510

2025 Work RVU: 1.10
2025 NF PE RVU: 1.72
2025 Fac PE RVU: 0.51

RUC Recommendation: 1.10 **Referred to CPT** October 2013 **Result:** Decrease

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

20612 **Aspiration and/or injection of ganglion cyst(s) any location**

Global: 000 **Issue:** RAW **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** July 2016 **2023 Medicare Utilization:** 25,738

2025 Work RVU: 0.70
2025 NF PE RVU: 1.17
2025 Fac PE RVU: 0.44

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

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

20680 **Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, APMA **First Identified:** January 2014 **2023 Medicare Utilization:** 46,117

2025 Work RVU: 5.96
2025 NF PE RVU: 11.03
2025 Fac PE RVU: 5.81

RUC Recommendation: 5.96 and adjustments to pre-service time package 3. **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

20692 **Application of a multiplane (pins or wires in more than 1 plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)**

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

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

First Identified: January 2014 **2023 Medicare Utilization:** 2,834

2025 Work RVU: 16.27
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.29

RUC Recommendation: Maintain

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

Result: Maintain

20694 **Removal, under anesthesia, of external fixation system**

Global: 090 **Issue:** External Fixation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2023 Medicare Utilization:** 5,191

2025 Work RVU: 4.28
2025 NF PE RVU: 8.09
2025 Fac PE RVU: 5.48

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

20700 **Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

First Identified: May 2018 **2023 Medicare Utilization:** 1,227

2025 Work RVU: 1.50
2025 NF PE RVU: 0.73
2025 Fac PE RVU: 0.73

RUC Recommendation: 1.50

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

Result: Increase

20701 **Removal of drug-delivery device(s), deep (eg, subfascial) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA

First Identified: May 2018 **2023 Medicare Utilization:** 164

2025 Work RVU: 1.13
2025 NF PE RVU: 0.57
2025 Fac PE RVU: 0.57

RUC Recommendation: 1.13

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

20702 **Manual preparation and insertion of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2023 Medicare Utilization:** 633

2025 Work RVU: 2.50
2025 NF PE RVU: 1.28
2025 Fac PE RVU: 1.28

RUC Recommendation: 2.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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20703 **Removal of drug-delivery device(s), intramedullary (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2023 Medicare Utilization:** 41

2025 Work RVU: 1.80
2025 NF PE RVU: 0.96
2025 Fac PE RVU: 0.96

RUC Recommendation: 1.80 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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20704 **Manual preparation and insertion of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2023 Medicare Utilization:** 912

2025 Work RVU: 2.60
2025 NF PE RVU: 1.38
2025 Fac PE RVU: 1.38

RUC Recommendation: 2.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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20705 **Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Drug Delivery Implant Procedures **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAOS, AUA **First Identified:** May 2018 **2023 Medicare Utilization:** 226

2025 Work RVU: 2.15
2025 NF PE RVU: 1.13
2025 Fac PE RVU: 1.13

RUC Recommendation: 2.15 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

20900 **Bone graft, any donor area; minor or small (eg, dowel or button)** **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 5,031

2025 Work RVU: 3.00
2025 NF PE RVU: 7.90
2025 Fac PE RVU: 1.92

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease

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

20902 **Bone graft, any donor area; major or large** **Global:** 000 **Issue:** Bone Graft Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 29 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** April 2008 **2023 Medicare Utilization:** 4,446

2025 Work RVU: 4.58
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.83

RUC Recommendation: 4.58 **Referred to CPT** **Result:** Decrease

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

20926 **Tissue grafts, other (eg, paratenon, fat, dermis)** **Global:** **Issue:** Tissue Grafting Procedures **Screen:** CMS Fastest Growing / Site of Service Anomaly - 2017 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, AANS, CNS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted for 2020

20985 **Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** RAW **Screen:** High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2024 **2023 Medicare Utilization:** 71,832

2025 Work RVU: 2.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.32

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

21015 **Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS, AAO-HNS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 303

2025 Work RVU: 9.89
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.67

RUC Recommendation: 9.71 **Referred to CPT** June 2008 **Result:** Increase

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

21025 **Excision of bone (eg, for osteomyelitis or bone abscess); mandible** **Global:** 090 **Issue:** Excision of Bone – Mandible **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 61 **Specialty Developing Recommendation:** AAOMS **First Identified:** September 2007 **2023 Medicare Utilization:** 2,506

2025 Work RVU: 10.03
2025 NF PE RVU: 13.18
2025 Fac PE RVU: 9.18

RUC Recommendation: 10.03 **Referred to CPT** **Result:** Decrease

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

21495 **Open treatment of hyoid fracture** **Global:** **Issue:** Laryngoplasty **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

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

21557 **Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 360

2025 Work RVU: 14.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.06

RUC Recommendation: 14.57 **Referred to CPT** June 2008 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

21800 **Closed treatment of rib fracture, uncomplicated, each**

Global: **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** July 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

21805 **Open treatment of rib fracture without fixation, each**

Global: **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

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

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

Global: **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

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

21811 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2023 Medicare Utilization:** 504

2025 Work RVU: 10.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.36

RUC Recommendation: 19.55 **Referred to CPT** October 2013 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

21812 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2023 Medicare Utilization:** 537

2025 Work RVU: 13.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.40

RUC Recommendation: 25.00 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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21813 **Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs**

Global: 000 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2023 Medicare Utilization:** 85

2025 Work RVU: 17.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.26

RUC Recommendation: 35.00 **Referred to CPT** October 2013 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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21820 **Closed treatment of sternum fracture**

Global: 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** January 2014 **2023 Medicare Utilization:** 120

2025 Work RVU: 1.36
2025 NF PE RVU: 3.11
2025 Fac PE RVU: 3.07

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** October 2013 **Referred to CPT Asst** ☑ **Published in CPT Asst:** Jan 2018 **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

21825 **Open treatment of sternum fracture with or without skeletal fixation** **Global:** 090 **Issue:** Internal Fixation of Rib Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 05 **Specialty Developing Recommendation:** STS, ACS **First Identified:** January 2014 **2023 Medicare Utilization:** 434

2025 Work RVU: 7.76
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.25

RUC Recommendation: Unrelated to the family **Referred to CPT** October 2013 **Result:** Remove from Screen

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

21935 **Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm** **Global:** 090 **Issue:** Radical Resection of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 166

2025 Work RVU: 15.72
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.46

RUC Recommendation: 15.54 **Referred to CPT** June 2008 **Result:** Decrease

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

22210 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical** **Global:** 090 **Issue:** Osteotomy of Spine **Screen:** CMS Request - Final Rule for 2025 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 21 **Specialty Developing Recommendation:** AANS, AAOS, CNS, NASS **First Identified:** July 2024 **2023 Medicare Utilization:** 431

2025 Work RVU: 25.38
2025 NF PE RVU: NA
2025 Fac PE RVU: 21.31

RUC Recommendation: Refer to CPT **Referred to CPT** September 2025 **Result:**

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

22212 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic** **Global:** 090 **Issue:** Osteotomy of Spine **Screen:** CMS Request - Final Rule for 2025 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 21 **Specialty Developing Recommendation:** AANS, AAOS, CNS, NASS **First Identified:** July 2024 **2023 Medicare Utilization:** 1,463

2025 Work RVU: 20.99
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.11

RUC Recommendation: Refer to CPT **Referred to CPT** September 2025 **Result:**

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

Status Report: CMS Requests and Relativity Assessment Issues

22214 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar**

Global: 090 **Issue:** Osteotomy of Spine **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2025 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 21 **Specialty Developing Recommendation:** AANS, AAOS, CNS, NASS **First Identified:** October 2008 **2023 Medicare Utilization:** 6,962

2025 Work RVU: 21.02
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.07

RUC Recommendation: Refer to CPT **Referred to CPT** September 2025 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

22216 **Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)**

Global: ZZZ **Issue:** Osteotomy of Spine **Screen:** CMS Request - Final Rule for 2025 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 21 **Specialty Developing Recommendation:** AANS, AAOS, CNS, NASS **First Identified:** July 2024 **2023 Medicare Utilization:** 11,400

2025 Work RVU: 6.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.09

RUC Recommendation: Refer to CPT **Referred to CPT** September 2025 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

22305 **Closed treatment of vertebral process fracture(s)**

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

Most Recent RUC Meeting: April 2015 **Tab:** 23 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** July 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

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

Status Report: CMS Requests and Relativity Assessment Issues

22310 **Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing**

Global: 090 **Issue:** Closed Treatment Vertebral Fracture **Screen:** Negative IWPUT / Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2017 **2023 Medicare Utilization:** 4,970

2025 Work RVU: 3.45
2025 NF PE RVU: 5.38
2025 Fac PE RVU: 4.96

RUC Recommendation: CPT Assistant article published. 3.45.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2024

Result: Decrease

22510 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:** 1,906

2025 Work RVU: 7.90
2025 NF PE RVU: 42.85
2025 Fac PE RVU: 3.89

RUC Recommendation: 8.15

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

22511 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:** 2,438

2025 Work RVU: 7.33
2025 NF PE RVU: 43.46
2025 Fac PE RVU: 3.80

RUC Recommendation: 8.05

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

22512 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:** 1,465

2025 Work RVU: 4.00
2025 NF PE RVU: 16.37
2025 Fac PE RVU: 1.45

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease

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

22513 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:** 18,935

2025 Work RVU: 8.65
2025 NF PE RVU: 150.73
2025 Fac PE RVU: 5.02

RUC Recommendation: 8.90 **Referred to CPT** February 2014 **Result:** Decrease

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

22514 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar**

Global: 010 **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:** 21,428

2025 Work RVU: 7.99
2025 NF PE RVU: 150.75
2025 Fac PE RVU: 4.79

RUC Recommendation: 8.24 **Referred to CPT** February 2014 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

22515 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:** 12,989

2025 Work RVU: 4.00
2025 NF PE RVU: 77.33
2025 Fac PE RVU: 1.68

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Decrease

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

22520 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; thoracic**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** February 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

22521 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; lumbar**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Site of Service Anomaly (99238-Only); CMS Request - PE Inputs / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

22522 **Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Vertebroplasty and Augementation **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

22523 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); thoracic**

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

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

22524 **Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device, 1 vertebral body, unilateral or bilateral cannulation (eg, kyphoplasty); lumbar**

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

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

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

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** AANS, CNS, AAOS, NASS, ACR, SIR, ASNR **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

22533 **Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Arthrodesis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2023 Medicare Utilization:** 519

2025 Work RVU: 24.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.31

RUC Recommendation: Remove from screen. CPT Assistant article published. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

22551 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **2023 Medicare Utilization:** 31,110

2025 Work RVU: 25.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 18.55

RUC Recommendation: 24.50 **Referred to CPT** October 2009 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

22552 **Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAOS **First Identified:** February 2010 **2023 Medicare Utilization:** 28,515

2025 Work RVU: 6.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.29

RUC Recommendation: 6.50 **Referred to CPT** October 2009 **Result:** Maintain

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

22554 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2**

Global: 090 **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** February 2008 **2023 Medicare Utilization:** 3,039

2025 Work RVU: 17.69
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.12

RUC Recommendation: CPT Assistant article published. 17.69 **Referred to CPT** October 2009 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

22558 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** High Volume Growth2 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** April 2013 **2023 Medicare Utilization:** 20,385

2025 Work RVU: 23.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.33

RUC Recommendation: Maintain **Referred to CPT** September 2016 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

22585 **Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 05 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2010 **2023 Medicare Utilization:** 15,250

2025 Work RVU: 5.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.60

RUC Recommendation: Remove from screen

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

Result: Maintain

22612 **Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2023 Medicare Utilization:** 41,532

2025 Work RVU: 23.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.86

RUC Recommendation: Review utilization data October 2015. 23.53. Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

22614 **Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2023 Medicare Utilization:** 144,992

2025 Work RVU: 6.43
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.26

RUC Recommendation: 6.43

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

22630 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar;**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2023 Medicare Utilization:** 4,225

2025 Work RVU: 22.09
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.80

RUC Recommendation: 22.09 **Referred to CPT** October 2010 **Result:** Maintain

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

22632 **Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2023 Medicare Utilization:** 1,448

2025 Work RVU: 5.22
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.62

RUC Recommendation: 5.22 **Referred to CPT** **Result:** Decrease

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

22633 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;**

Global: 090 **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2023 Medicare Utilization:** 34,325

2025 Work RVU: 26.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.88

RUC Recommendation: 27.75 **Referred to CPT** October 2010 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

22634 **Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Arthrodesis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 04 **Specialty Developing Recommendation:** AANS/CNS, AAOS, NASS **First Identified:** February 2010 **2023 Medicare Utilization:** 13,538

2025 Work RVU: 7.96
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.04

RUC Recommendation: 8.16 **Referred to CPT** October 2010 **Result:** Decrease

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

22838 **Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed**

Global: 090 **Issue:** Vertebral Body Tethering **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 05 **Specialty Developing Recommendation:** **First Identified:** January 2025 **2023 Medicare Utilization:**

2025 Work RVU: 36.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.83

RUC Recommendation: Review action plan (April 2028) **Referred to CPT** **Result:**

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

22843 **Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12 vertebral segments (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spine Fixation Device **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** AAOS, NASS, AANS **First Identified:** October 2008 **2023 Medicare Utilization:** 9,396

2025 Work RVU: 13.44
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.83

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

22849 **Reinsertion of spinal fixation device** **Global:** 090 **Issue:** RAW **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, NASS, AANS/CNS **First Identified:** October 2008 **2023 Medicare Utilization:** 3,032

2025 Work RVU: 19.17
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.88

RUC Recommendation: Maintain **Referred to CPT** June 2010 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

22851 **Application of intervertebral biomechanical device(s) (eg, synthetic cage(s), methylmethacrylate) to vertebral defect or interspace (List separately in addition to code for primary procedure)** **Global:** **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS Fastest Growing / High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AANS/CNS, NASS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

22859 **Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2023 Medicare Utilization:** 765

2025 Work RVU: 5.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.77

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

22867 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level**

Global: 090 **Issue:** Insertion of Interlaminar/Interspinous Device **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 26 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2023 Medicare Utilization:** 869

2025 Work RVU: 15.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.93
Result: Increase

RUC Recommendation: 15.00

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

22868 **Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biomechancial Device Insertion-Intervertebral, Interbody **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 06 **Specialty Developing Recommendation:** AAOS, AANS, CNS, ISASS, NASS **First Identified:** October 2015 **2023 Medicare Utilization:** 130

2025 Work RVU: 4.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.00
Result: Decrease

RUC Recommendation: 5.50

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

22900 **Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 395

2025 Work RVU: 8.32
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.07
Result: Increase

RUC Recommendation: 8.21

Referred to CPT June 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

23076 **Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Subfascial Excision of Soft Tissue Tumor **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 5 **Specialty Developing Recommendation:** ACS, AAOS

First Identified: September 2007 **2023 Medicare Utilization:** 563

2025 Work RVU: 7.41
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.70

RUC Recommendation: 7.28

Referred to CPT June 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

23120 **Claviculectomy; partial**

Global: 090 **Issue:** Claviculectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 30 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2023 Medicare Utilization:** 3,555

2025 Work RVU: 7.39
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.26

RUC Recommendation: 7.23

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

Result: Maintain

23130 **Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release**

Global: 090 **Issue:** Removal of Bone **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2023 Medicare Utilization:** 754

2025 Work RVU: 7.77
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.72

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

23350 **Injection procedure for shoulder arthrography or enhanced CT/MRI shoulder arthrography**

Global: 000 **Issue:** Injection for Shoulder X-Ray **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: April 2011 **2023 Medicare Utilization:** 23,565

2025 Work RVU: 1.00
2025 NF PE RVU: 3.62
2025 Fac PE RVU: 0.38

RUC Recommendation: 1.00

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

23405 **Tenotomy, shoulder area; single tendon**

Global: 090 **Issue:** Tenotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2023 Medicare Utilization:** 2,119

2025 Work RVU: 8.54
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.74
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

23410 **Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute**

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2023 Medicare Utilization:** 2,064

2025 Work RVU: 11.39
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.43
Result: Decrease

RUC Recommendation: 11.23

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

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

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2023 Medicare Utilization:** 6,144

2025 Work RVU: 11.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.74
Result: Decrease

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4. 11.77

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

23415 **Coracoacromial ligament release, with or without acromioplasty**

Global: 090 **Issue:** Shoulder Ligament Release **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 62 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2023 Medicare Utilization:** 209

2025 Work RVU: 9.23
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.41
Result: Decrease

RUC Recommendation: 9.23

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Rotator Cuff **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2023 Medicare Utilization:** 853

2025 Work RVU: 13.54
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.52
Result: Decrease

RUC Recommendation: 13.35

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

23430 **Tenodesis of long tendon of biceps**

Global: 090 **Issue:** Tenodesis **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 12 **Specialty Developing Recommendation:** AAOS

First Identified: September 2007 **2023 Medicare Utilization:** 20,753

2025 Work RVU: 10.17
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.64
Result: Maintain

RUC Recommendation: 10.17

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

23440 **Resection or transplantation of long tendon of biceps**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

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

First Identified: September 2007 **2023 Medicare Utilization:** 948

2025 Work RVU: 10.64
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.37
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

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

Status Report: CMS Requests and Relativity Assessment Issues

23472 **Arthroplasty, glenohumeral joint; total shoulder (glenoid and proximal humeral replacement (eg, total shoulder))**

Global: 090 **Issue:** Arthroplasty **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2023 Medicare Utilization:** 76,910

2025 Work RVU: 22.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.27

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

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23540 **Closed treatment of acromioclavicular dislocation; without manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 236

2025 Work RVU: 2.36
2025 NF PE RVU: 4.69
2025 Fac PE RVU: 4.64

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

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23600 **Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation**

Global: 090 **Issue:** Treatment of Humerus Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 14 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2011 **2023 Medicare Utilization:** 25,306

2025 Work RVU: 3.00
2025 NF PE RVU: 6.99
2025 Fac PE RVU: 6.44

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

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23625 **Closed treatment of greater humeral tuberosity fracture; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 117

2025 Work RVU: 4.10
2025 NF PE RVU: 7.10
2025 Fac PE RVU: 6.07

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

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Status Report: CMS Requests and Relativity Assessment Issues

23650 **Closed treatment of shoulder dislocation, with manipulation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 11,926

2025 Work RVU: 3.53
2025 NF PE RVU: 6.30
2025 Fac PE RVU: 5.26

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

23655 **Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 2,355

2025 Work RVU: 4.76
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.96

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

23665 **Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 301

2025 Work RVU: 4.66
2025 NF PE RVU: 8.08
2025 Fac PE RVU: 6.95

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

24505 **Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 603

2025 Work RVU: 5.39
2025 NF PE RVU: 9.30
2025 Fac PE RVU: 7.63

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

Status Report: CMS Requests and Relativity Assessment Issues

24600 **Treatment of closed elbow dislocation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 1,010

2025 Work RVU: 4.37
2025 NF PE RVU: 6.64
2025 Fac PE RVU: 5.52

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

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

Result: PE Only

24605 **Treatment of closed elbow dislocation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 289

2025 Work RVU: 5.64
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.02

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT**

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

Result: PE Only

25116 **Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum**

Global: 090 **Issue:** Forearm Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 63 **Specialty Developing Recommendation:** ASSH, AAOS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 913

2025 Work RVU: 7.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.74

RUC Recommendation: 7.56 **Referred to CPT**

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

Result: Maintain

25210 **Carpectomy; 1 bone**

Global: 090 **Issue:** Carpectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 3,475

2025 Work RVU: 6.12
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.02

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**

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

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 788

2025 Work RVU: 8.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.05

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

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

25280 **Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,727

2025 Work RVU: 7.39
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.71

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

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

25310 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Site of Service Anomaly / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2023 Medicare Utilization:** 6,292

2025 Work RVU: 9.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.26

RUC Recommendation: 9.50 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

25312 **Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** RUC Flag **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2023 **2023 Medicare Utilization:** 320

2025 Work RVU: 9.82
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.37

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

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

25447 **Arthroplasty, interposition, intercarpal or carpometacarpal joints**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2022 **2023 Medicare Utilization:** 20,989

2025 Work RVU: 10.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.11

RUC Recommendation: 11.14 **Referred to CPT** May 2023 **Result:** Decrease

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

25565 **Closed treatment of radial and ulnar shaft fractures; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 502

2025 Work RVU: 5.85
2025 NF PE RVU: 9.24
2025 Fac PE RVU: 7.46

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

25605 **Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, includes closed treatment of fracture of ulnar styloid, when performed; with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 17,362

2025 Work RVU: 6.25
2025 NF PE RVU: 9.37
2025 Fac PE RVU: 8.41
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

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

25606 **Percutaneous skeletal fixation of distal radial fracture or epiphyseal separation**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2023 Medicare Utilization:** 857

2025 Work RVU: 8.31
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.73
Result: Maintain

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

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

25607 **Open treatment of distal radial extra-articular fracture or epiphyseal separation, with internal fixation**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2023 Medicare Utilization:** 6,714

2025 Work RVU: 9.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.42
Result: Maintain

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

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

Status Report: CMS Requests and Relativity Assessment Issues

25608 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 2 fragments**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** September 2014 **2023 Medicare Utilization:** 5,785

2025 Work RVU: 11.07
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.26
Result: Maintain

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

Referred to CPT

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

25609 **Open treatment of distal radial intra-articular fracture or epiphyseal separation; with internal fixation of 3 or more fragments**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** January 2014 **2023 Medicare Utilization:** 17,503

2025 Work RVU: 14.38
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.14
Result: Maintain

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

Referred to CPT

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

25675 **Closed treatment of distal radioulnar dislocation with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 535

2025 Work RVU: 4.89
2025 NF PE RVU: 8.52
2025 Fac PE RVU: 7.10
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

Referred to CPT

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

26020 **Drainage of tendon sheath, digit and/or palm, each**

Global: 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2023 Medicare Utilization:** 2,174

2025 Work RVU: 6.84
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.05
Result: Increase

RUC Recommendation: 7.79

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

26055 **Tendon sheath incision (eg, for trigger finger)** **Global:** 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2023 Medicare Utilization:** 101,295

2025 Work RVU: 3.11
2025 NF PE RVU: 13.90
2025 Fac PE RVU: 5.39

RUC Recommendation: 3.75 **Referred to CPT** **Result:** Increase

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

26080 **Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each** **Global:** 090 **Issue:** RAW **Screen:** Site of Service Anomaly / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ASSH, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,797

2025 Work RVU: 4.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.11

RUC Recommendation: Action plan for RAW Oct 2015. Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2012

26160 **Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger** **Global:** 090 **Issue:** Tendon Sheath Procedures **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 07 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2017 **2023 Medicare Utilization:** 16,711

2025 Work RVU: 3.57
2025 NF PE RVU: 14.17
2025 Fac PE RVU: 5.61

RUC Recommendation: 3.57 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

26356 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2023 Medicare Utilization:** 905

2025 Work RVU: 9.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.11
Result: Decrease

RUC Recommendation: 10.03

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

26357 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, without free graft, each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2023 Medicare Utilization:** 69

2025 Work RVU: 11.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.09
Result: Increase

RUC Recommendation: 11.50

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

26358 **Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Repair Flexor Tendon **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2014 **2023 Medicare Utilization:** 56

2025 Work RVU: 12.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.94
Result: Increase

RUC Recommendation: 13.10

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

Status Report: CMS Requests and Relativity Assessment Issues

26480 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** October 2008 **2023 Medicare Utilization:** 11,294

2025 Work RVU: 9.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.28

RUC Recommendation: 9.50 **Referred to CPT** May 2023 **Result:** Decrease

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

26483 **Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon**

Global: 090 **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** RUC Flag **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2023 **2023 Medicare Utilization:** 428

2025 Work RVU: 8.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.27

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

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

26700 **Closed treatment of metacarpophalangeal dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 405

2025 Work RVU: 3.83
2025 NF PE RVU: 6.18
2025 Fac PE RVU: 5.33

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

26750 **Closed treatment of distal phalangeal fracture, finger or thumb; without manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 5,317

2025 Work RVU: 1.80
2025 NF PE RVU: 3.87
2025 Fac PE RVU: 3.94

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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

26755 **Closed treatment of distal phalangeal fracture, finger or thumb; with manipulation, each**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 380

2025 Work RVU: 3.23
2025 NF PE RVU: 6.33
2025 Fac PE RVU: 4.86

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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

26770 **Closed treatment of interphalangeal joint dislocation, single, with manipulation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 5,218

2025 Work RVU: 3.15
2025 NF PE RVU: 5.41
2025 Fac PE RVU: 4.58

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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

27048 **Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 05 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 278

2025 Work RVU: 8.85
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.97

RUC Recommendation: 8.74 **Referred to CPT** June 2008 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

27062 **Excision; trochanteric bursa or calcification** **Global:** 090 **Issue:** Trochanteric Bursa Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 32 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 2,186

2025 Work RVU: 5.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.10

RUC Recommendation: 5.66 **Referred to CPT** **Result:** Maintain

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

27096 **Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed** **Global:** 000 **Issue:** Injection for Sacroiliac Joint **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 06 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ASIPP, ISIS, NASS **First Identified:** October 2009 **2023 Medicare Utilization:** 438,308

2025 Work RVU: 1.48
2025 NF PE RVU: 3.29
2025 Fac PE RVU: 0.87

RUC Recommendation: 1.48 **Referred to CPT** February 2011 **Result:** Decrease

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

27130 **Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft** **Global:** 090 **Issue:** Hip/Knee Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2023 Medicare Utilization:** 174,976

2025 Work RVU: 19.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.34

RUC Recommendation: 19.60 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

27134 **Revision of total hip arthroplasty; both components, with or without autograft or allograft** **Global:** 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** January 2014 **2023 Medicare Utilization:** 9,503

2025 Work RVU: 30.28
2025 NF PE RVU: NA
2025 Fac PE RVU: 21.01

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT

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

Result: Maintain

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

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** July 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

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

Result: Deleted from CPT

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

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

27197 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; without manipulation**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2023 Medicare Utilization:** 7,834

2025 Work RVU: 1.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.21

RUC Recommendation: 5.50 **Referred to CPT** **Result:** Decrease

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

27198 **Closed treatment of posterior pelvic ring fracture(s), dislocation(s), diastasis or subluxation of the ilium, sacroiliac joint, and/or sacrum, with or without anterior pelvic ring fracture(s) and/or dislocation(s) of the pubic symphysis and/or superior/inferior rami, unilateral or bilateral; with manipulation, requiring more than local anesthesia (ie, general anesthesia, moderate sedation, spinal/epidural)**

Global: 000 **Issue:** Closed Treatment of Pelvic Ring Fracture **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2015 **2023 Medicare Utilization:** 123

2025 Work RVU: 4.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.88

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease

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

27220 **Closed treatment of acetabulum (hip socket) fracture(s); without manipulation**

Global: 090 **Issue:** Closed Treatment Fracture - Hip **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 08 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2017 **2023 Medicare Utilization:** 2,143

2025 Work RVU: 5.50
2025 NF PE RVU: 6.27
2025 Fac PE RVU: 6.11

RUC Recommendation: 6.00 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

27230 **Closed treatment of femoral fracture, proximal end, neck; without manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 1,243

2025 Work RVU: 5.81
2025 NF PE RVU: 8.10
2025 Fac PE RVU: 7.84

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

27232 **Closed treatment of femoral fracture, proximal end, neck; with manipulation, with or without skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 157

2025 Work RVU: 11.72
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.10

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

27236 **Open treatment of femoral fracture, proximal end, neck, internal fixation or prosthetic replacement** **Global:** 090 **Issue:** Open Treatment of Femoral Fracture **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2011 **2023 Medicare Utilization:** 53,729

2025 Work RVU: 17.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.10

RUC Recommendation: 17.61 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

27240 **Closed treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with manipulation, with or without skin or skeletal traction** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 148

2025 Work RVU: 13.81
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.49

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

Status Report: CMS Requests and Relativity Assessment Issues

27244 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** April 2008 **2023 Medicare Utilization:** 3,140

2025 Work RVU: 18.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.44
Result: Increase

RUC Recommendation: 18.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

27245 **Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage**

Global: 090 **Issue:** Treat Thigh Fracture **Screen:** High IWPUT / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 12 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2008 **2023 Medicare Utilization:** 73,428

2025 Work RVU: 18.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.41
Result: Decrease

RUC Recommendation: 18.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

27250 **Closed treatment of hip dislocation, traumatic; without anesthesia**

Global: 000 **Issue:** Closed Treatment of Hip Dislocation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 18 **Specialty Developing Recommendation:** ACEP **First Identified:** September 2007 **2023 Medicare Utilization:** 2,843

2025 Work RVU: 3.82
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.77
Result: Decrease

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

27252 **Closed treatment of hip dislocation, traumatic; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 900

2025 Work RVU: 11.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.51
Result: PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

27265 **Closed treatment of post hip arthroplasty dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 6,314

2025 Work RVU: 5.24
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.67

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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

27266 **Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 4,448

2025 Work RVU: 7.78
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.52

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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

27279 **Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device** **Global:** 090 **Issue:** Arthodesis - Sacroiliac Joint **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 09 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** July 2017 **2023 Medicare Utilization:** 6,299

2025 Work RVU: 12.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.84

RUC Recommendation: 9.03 **Referred to CPT** **Result:** Maintain

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

27324 **Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)** **Global:** 090 **Issue:** Soft Tissue Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 612

2025 Work RVU: 5.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.51

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

27369 **Injection procedure for contrast knee arthrography or contrast enhanced CT/MRI knee arthrography**

Global: 000 **Issue:** Knee Arthrography Injection **Screen:** Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey4 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAOS, AAPA, ACR, ANA, SIR **First Identified:** June 2017 **2023 Medicare Utilization:** 18,927

2025 Work RVU: 0.77
2025 NF PE RVU: 4.28
2025 Fac PE RVU: 0.33

RUC Recommendation: CPT Assistant article published. 0.96 **Referred to CPT** February 2018 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2024

27370 **Injection of contrast for knee arthrography**

Global: **Issue:** Knee Arthrography Injection **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / Harvard Valued - Utilization Over 30,000-Part2 / High Volume Growth3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 05 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Bulletin #1 2010

Status Report: CMS Requests and Relativity Assessment Issues

27446 **Arthroplasty, knee, condyle and plateau; medial OR lateral compartment**

Global: 090 **Issue:** Knee Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / Harvard-Valued with Annual Allowed Charges Greater than $10 million / Site of Service Anomaly - 2020 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 18 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2023 Medicare Utilization:** 12,117

2025 Work RVU: 17.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.27
Result: Decrease

RUC Recommendation: 17.13

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

27447 **Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)**

Global: 090 **Issue:** Hip/Knee Arthroplasty **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 18 **Specialty Developing Recommendation:** AAOS, AAHKS **First Identified:** September 2011 **2023 Medicare Utilization:** 313,723

2025 Work RVU: 19.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.30
Result: Decrease

RUC Recommendation: 19.60

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

27502 **Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 342

2025 Work RVU: 11.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.34
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

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

Status Report: CMS Requests and Relativity Assessment Issues

27510 **Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 274

2025 Work RVU: 9.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.03

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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

27550 **Closed treatment of knee dislocation; without anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 258

2025 Work RVU: 5.98
2025 NF PE RVU: 8.76
2025 Fac PE RVU: 7.43

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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

27552 **Closed treatment of knee dislocation; requiring anesthesia**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 223

2025 Work RVU: 8.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.75

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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

27615 **Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm**

Global: 090 **Issue:** Radical Resecion of Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 6 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 234

2025 Work RVU: 15.72
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.66

RUC Recommendation: 15.54 **Referred to CPT** June 2008 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

27619 **Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm**

Global: 090 **Issue:** Excision of Subfascial Soft Tissue Tumor Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 5 **Specialty Developing Recommendation:** ACS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 640

2025 Work RVU: 6.91
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.18

RUC Recommendation: 6.80 **Referred to CPT** June 2008 **Result:** Decrease

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

27640 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); tibia**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,502

2025 Work RVU: 12.24
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.83

RUC Recommendation: 12.10 **Referred to CPT** June 2008 **Result:** Maintain

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

27641 **Partial excision (craterization, saucerization, or diaphysectomy), bone (eg, osteomyelitis); fibula**

Global: 090 **Issue:** Leg Bone Resection Partial **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, AAOS **First Identified:** February 2008 **2023 Medicare Utilization:** 850

2025 Work RVU: 9.84
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.64

RUC Recommendation: 9.72 **Referred to CPT** June 2008 **Result:** Decrease

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

27650 **Repair, primary, open or percutaneous, ruptured Achilles tendon;**

Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** 20 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2023 Medicare Utilization:** 2,197

2025 Work RVU: 9.21
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.53

RUC Recommendation: 9.00 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

27654 **Repair, secondary, Achilles tendon, with or without graft**

Global: 090 **Issue:** Achilles Tendon Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 33 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 3,084

2025 Work RVU: 10.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.84

RUC Recommendation: 10.32

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

Result: Maintain

27685 **Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 3,890

2025 Work RVU: 6.69
2025 NF PE RVU: 12.17
2025 Fac PE RVU: 6.68

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

27687 **Gastrocnemius recession (eg, Strayer procedure)**

Global: 090 **Issue:** Tendon Repair **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 5,894

2025 Work RVU: 6.41
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.60

RUC Recommendation: Reduce 99238 to 0.5

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

Result: PE Only

27690 **Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,017

2025 Work RVU: 9.17
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.08

RUC Recommendation: 8.96

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

27691 **Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)**

Global: 090 **Issue:** Tendon Transfer **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 34 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 3,972

2025 Work RVU: 10.49
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.51

RUC Recommendation: 10.28 **Referred to CPT** **Result:** Maintain

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

27752 **Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 945

2025 Work RVU: 6.27
2025 NF PE RVU: 9.11
2025 Fac PE RVU: 7.66

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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

27762 **Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 286

2025 Work RVU: 5.47
2025 NF PE RVU: 8.57
2025 Fac PE RVU: 7.09

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

27792 **Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed**

Global: 090 **Issue:** Treatment of Ankle Fracture **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 18 **Specialty Developing Recommendation:** AAOS, AOFAS, **First Identified:** June 2010 **2023 Medicare Utilization:** 5,734

2025 Work RVU: 8.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.38
Result: Maintain

RUC Recommendation: 9.71

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

27810 **Closed treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli or medial and posterior malleoli); with manipulation**

Global: 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 2,347

2025 Work RVU: 5.32
2025 NF PE RVU: 8.47
2025 Fac PE RVU: 6.97
Result: PE Only

RUC Recommendation: PE Clinical staff pre-time revised

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

27814 **Open treatment of bimalleolar ankle fracture (eg, lateral and medial malleoli, or lateral and posterior malleoli, or medial and posterior malleoli), includes internal fixation, when performed**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AAOS **First Identified:** January 2014 **2023 Medicare Utilization:** 7,609

2025 Work RVU: 10.62
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.71
Result: Maintain

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

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

Status Report: CMS Requests and Relativity Assessment Issues

27818 **Closed treatment of trimalleolar ankle fracture; with manipulation** **Global:** 090 **Issue:** Treatment of Fracture **Screen:** Site of Service Anomaly (99238-Only) / Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** September 2007 **2023 Medicare Utilization:** 3,311

2025 Work RVU: 5.69
2025 NF PE RVU: 8.60
2025 Fac PE RVU: 6.90

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

27825 **Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 590

2025 Work RVU: 6.69
2025 NF PE RVU: 9.01
2025 Fac PE RVU: 7.30

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

27840 **Closed treatment of ankle dislocation; without anesthesia** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 1,663

2025 Work RVU: 4.77
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.35

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

Status Report: CMS Requests and Relativity Assessment Issues

28001 **Incision and drainage, bursa, foot**

Global: 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2020 **2023 Medicare Utilization:** 2,121

2025 Work RVU: 2.00
2025 NF PE RVU: 2.93
2025 Fac PE RVU: 0.72

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

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

28002 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space**

Global: 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2023 Medicare Utilization:** 4,722

2025 Work RVU: 2.79
2025 NF PE RVU: 4.26
2025 Fac PE RVU: 1.18

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease

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

28003 **Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas**

Global: 000 **Issue:** Treatment of Foot Infection **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2020 **2023 Medicare Utilization:** 4,247

2025 Work RVU: 5.28
2025 NF PE RVU: 5.39
2025 Fac PE RVU: 1.89

RUC Recommendation: 5.28 **Referred to CPT** **Result:** Decrease

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

28111 **Ostectomy, complete excision; first metatarsal head**

Global: 090 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 692

2025 Work RVU: 5.15
2025 NF PE RVU: 8.49
2025 Fac PE RVU: 4.04

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

28120 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 4,538

2025 Work RVU: 7.31
2025 NF PE RVU: 11.87
2025 Fac PE RVU: 6.88

RUC Recommendation: 8.27 **Referred to CPT** **Result:** Increase

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

28122 **Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus**

Global: 090 **Issue:** Removal of Foot Bone **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 19 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 12,887

2025 Work RVU: 6.76
2025 NF PE RVU: 10.31
2025 Fac PE RVU: 5.94

RUC Recommendation: 7.72 **Referred to CPT** **Result:** Maintain

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

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

Global: 090 **Issue:** Toe Removal **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 8,275

2025 Work RVU: 5.00
2025 NF PE RVU: 8.84
2025 Fac PE RVU: 4.78

RUC Recommendation: Remove 99238 **Referred to CPT** **Result:** PE Only

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

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

Global: 090 **Issue:** Orthopaedic Surgery/Podiatry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 31 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 55,528

2025 Work RVU: 5.62
2025 NF PE RVU: 10.02
2025 Fac PE RVU: 5.66

RUC Recommendation: 5.62 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

28289 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant**

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

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:** 4,118

2025 Work RVU: 6.90
2025 NF PE RVU: 12.89
2025 Fac PE RVU: 6.41

RUC Recommendation: 6.90 **Referred to CPT** October 2015 **Result:** Decrease

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

28290 **Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)**

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

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

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

28291 **Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant**

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

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:** 1,983

2025 Work RVU: 8.01
2025 NF PE RVU: 11.67
2025 Fac PE RVU: 5.79

RUC Recommendation: 8.01 **Referred to CPT** October 2015 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

28292 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method**

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

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:** 4,184

2025 Work RVU: 7.44
2025 NF PE RVU: 12.78
2025 Fac PE RVU: 6.69

RUC Recommendation: 7.44 **Referred to CPT** October 2015 **Result:** Decrease

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

28293 **Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant**

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

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

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

28294 **Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)**

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

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

28295 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method**

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

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:** 367

2025 Work RVU: 8.57
2025 NF PE RVU: 21.12
2025 Fac PE RVU: 8.50

RUC Recommendation: 8.57 **Referred to CPT** October 2015 **Result:** Decrease

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

28296 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2023 Medicare Utilization:** 5,497

2025 Work RVU: 8.25
2025 NF PE RVU: 17.27
2025 Fac PE RVU: 6.67

RUC Recommendation: 8.25 **Referred to CPT** October 2015 **Result:** Decrease

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

28297 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method**

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

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:** 3,468

2025 Work RVU: 9.29
2025 NF PE RVU: 19.81
2025 Fac PE RVU: 7.86

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease

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

28298 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method**

Global: 090 **Issue:** Bunionectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2007 **2023 Medicare Utilization:** 2,928

2025 Work RVU: 7.75
2025 NF PE RVU: 16.14
2025 Fac PE RVU: 6.80

RUC Recommendation: 7.75 **Referred to CPT** October 2015 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

28299 **Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method**

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

Most Recent RUC Meeting: January 2016 **Tab:** 08 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** October 2015 **2023 Medicare Utilization:** 4,770

2025 Work RVU: 9.29
2025 NF PE RVU: 19.78
2025 Fac PE RVU: 7.83

RUC Recommendation: 9.29 **Referred to CPT** October 2015 **Result:** Decrease

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

28300 **Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 2,258

2025 Work RVU: 9.73
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.59

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

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

28310 **Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)**

Global: 090 **Issue:** Osteotomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,589

2025 Work RVU: 5.57
2025 NF PE RVU: 10.29
2025 Fac PE RVU: 5.00

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

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

28470 **Closed treatment of metatarsal fracture; without manipulation, each**

Global: 090 **Issue:** Treatment of Metatarsal Fracture **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 15 **Specialty Developing Recommendation:** AAOS, APMA, AOFAS **First Identified:** April 2011 **2023 Medicare Utilization:** 20,966

2025 Work RVU: 2.03
2025 NF PE RVU: 4.50
2025 Fac PE RVU: 4.12

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

28660 **Closed treatment of interphalangeal joint dislocation; without anesthesia** **Global:** 010 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 534

2025 Work RVU: 1.28
2025 NF PE RVU: 2.38
2025 Fac PE RVU: 1.38

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

Result: PE Only

28725 **Arthrodesis; subtalar** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 4,458

2025 Work RVU: 11.22
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.70

RUC Recommendation: 12.18 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

28730 **Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;** **Global:** 090 **Issue:** Foot Arthrodesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 20 **Specialty Developing Recommendation:** AOFAS, APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 3,935

2025 Work RVU: 10.70
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.80

RUC Recommendation: 12.42 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

28740 **Arthrodesis, midtarsal or tarsometatarsal, single joint** **Global:** 090 **Issue:** Arthrodesis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 3,853

2025 Work RVU: 9.29
2025 NF PE RVU: 14.20
2025 Fac PE RVU: 8.19

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

28750 **Arthrodesis, great toe; metatarsophalangeal joint**

Global: 090 **Issue:** Arthrodesis - Great Toe **Screen:** Different Performing Specialty from Survey6 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 22 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** April 2024 **2023 Medicare Utilization:** 13,589

2025 Work RVU: 8.57
2025 NF PE RVU: 13.63
2025 Fac PE RVU: 7.80

RUC Recommendation: 8.75 **Referred to CPT** **Result:** Increase

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

28755 **Arthrodesis, great toe; interphalangeal joint**

Global: 090 **Issue:** Arthrodesis - Great Toe **Screen:** Different Performing Specialty from Survey6 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 22 **Specialty Developing Recommendation:** AAOS, AOFAS, APMA **First Identified:** September 2024 **2023 Medicare Utilization:** 1,924

2025 Work RVU: 4.88
2025 NF PE RVU: 9.73
2025 Fac PE RVU: 4.83

RUC Recommendation: 7.50 **Referred to CPT** **Result:** Increase

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

28820 **Amputation, toe; metatarsophalangeal joint**

Global: 000 **Issue:** Toe Amputation **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACS, AOFAS, APMA, SVS **First Identified:** October 2018 **2023 Medicare Utilization:** 24,159

2025 Work RVU: 3.51
2025 NF PE RVU: 4.91
2025 Fac PE RVU: 1.42

RUC Recommendation: 4.10 **Referred to CPT** **Result:** Decrease

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

28825 **Amputation, toe; interphalangeal joint**

Global: 000 **Issue:** Toe Amputation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACS, AOFAS, APMA, SVS **First Identified:** September 2007 **2023 Medicare Utilization:** 12,405

2025 Work RVU: 3.41
2025 NF PE RVU: 4.85
2025 Fac PE RVU: 1.40

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

29075 **Application, cast; elbow to finger (short arm)** **Global:** 000 **Issue:** Application of Forearm Cast **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 16 **Specialty Developing Recommendation:** AAOS, ASSH **First Identified:** April 2011 **2023 Medicare Utilization:** 52,724

2025 Work RVU: 0.77
2025 NF PE RVU: 1.82
2025 Fac PE RVU: 1.00

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain

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

29105 **Application of long arm splint (shoulder to hand)** **Global:** 000 **Issue:** Application of Long Arm Splint **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAOS, ACEP, ASSH **First Identified:** July 2016 **2023 Medicare Utilization:** 20,770

2025 Work RVU: 0.80
2025 NF PE RVU: 1.61
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Decrease

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

29200 **Strapping; thorax** **Global:** 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2023 Medicare Utilization:** 11,698

2025 Work RVU: 0.39
2025 NF PE RVU: 0.54
2025 Fac PE RVU: 0.13

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Decrease

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

29220 **Deleted from CPT** **Global:** **Issue:** Strapping; low back **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** AAFP **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT, no further action necessary

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Status Report: CMS Requests and Relativity Assessment Issues

29240 **Strapping; shoulder (eg, Velpeau)**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** April 2013 **2023 Medicare Utilization:** 17,684

2025 Work RVU: 0.39
2025 NF PE RVU: 0.48
2025 Fac PE RVU: 0.13
Result: Decrease

RUC Recommendation: 0.39

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

29260 **Strapping; elbow or wrist**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2023 Medicare Utilization:** 5,358

2025 Work RVU: 0.39
2025 NF PE RVU: 0.45
2025 Fac PE RVU: 0.14
Result: Decrease

RUC Recommendation: 0.39

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

29280 **Strapping; hand or finger**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA **First Identified:** October 2013 **2023 Medicare Utilization:** 4,701

2025 Work RVU: 0.39
2025 NF PE RVU: 0.46
2025 Fac PE RVU: 0.16
Result: Decrease

RUC Recommendation: 0.39

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

29445 **Application of rigid total contact leg cast**

Global: 000 **Issue:** Application of Rigid Leg Cast **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, AHKNS, AOFAS, AOA, NASS **First Identified:** October 2015 **2023 Medicare Utilization:** 19,318

2025 Work RVU: 1.78
2025 NF PE RVU: 1.93
2025 Fac PE RVU: 0.99
Result: Maintain

RUC Recommendation: 1.78

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

Status Report: CMS Requests and Relativity Assessment Issues

29520 **Strapping; hip**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013

2023 Medicare Utilization: 17,858

2025 Work RVU: 0.39
2025 NF PE RVU: 0.62
2025 Fac PE RVU: 0.14

RUC Recommendation: 0.39

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

Result: Decrease

29530 **Strapping; knee**

Global: 000 **Issue:** Strapping Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 35 **Specialty Developing Recommendation:** APTA

First Identified: April 2013

2023 Medicare Utilization: 23,102

2025 Work RVU: 0.39
2025 NF PE RVU: 0.47
2025 Fac PE RVU: 0.13

RUC Recommendation: 0.39

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

Result: Decrease

29540 **Strapping; ankle and/or foot**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41ii **Specialty Developing Recommendation:** APMA

First Identified: October 2009

2023 Medicare Utilization: 148,963

2025 Work RVU: 0.39
2025 NF PE RVU: 0.43
2025 Fac PE RVU: 0.10

RUC Recommendation: 0.39

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

29550 **Strapping; toes**

Global: 000 **Issue:** Strapping Lower Extremity **Screen:** Harvard Valued - Utilization over 100,000 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41ii **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2023 Medicare Utilization:** 42,635

2025 Work RVU: 0.25
2025 NF PE RVU: 0.32
2025 Fac PE RVU: 0.06
Result: Decrease

RUC Recommendation: 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

29580 **Strapping; Unna boot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2023 Medicare Utilization:** 186,467

2025 Work RVU: 0.55
2025 NF PE RVU: 1.28
2025 Fac PE RVU: 0.17
Result: Maintain

RUC Recommendation: 0.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

29581 **Application of multi-layer compression system; leg (below knee), including ankle and foot**

Global: 000 **Issue:** Strapping Multi Layer Compression **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 13 **Specialty Developing Recommendation:** ACS, APMA, SVS **First Identified:** July 2015 **2023 Medicare Utilization:** 217,551

2025 Work RVU: 0.60
2025 NF PE RVU: 2.00
2025 Fac PE RVU: 0.18
Result: Maintain

RUC Recommendation: 0.60 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

29582 **Application of multi-layer compression system; thigh and leg, including ankle and foot, when performed**

Global: **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29583 **Application of multi-layer compression system; upper arm and forearm**

Global: **Issue:** New Technology Review **Screen:** New Technology/New Services **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

29584 **Application of multi-layer compression system; upper arm, forearm, hand, and fingers**

Global: 000 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** APTA **First Identified:** October 2015 **2023 Medicare Utilization:** 5,828

2025 Work RVU: 0.35
2025 NF PE RVU: 1.98
2025 Fac PE RVU: 0.11

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2016

Status Report: CMS Requests and Relativity Assessment Issues

29590 **Denis-Browne splint strapping**

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

Most Recent RUC Meeting: April 2012 **Tab:** 07 **Specialty Developing Recommendation:** APMA **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

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

29805 **Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2023 Medicare Utilization:** 289

2025 Work RVU: 6.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.28

RUC Recommendation: No NF PE inputs **Referred to CPT** **Result:** PE Only

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

29822 **Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])**

Global: 090 **Issue:** Shoulder Debridement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** October 2008 **2023 Medicare Utilization:** 5,989

2025 Work RVU: 7.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.24

RUC Recommendation: 7.03 **Referred to CPT** September 2019 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

29823 **Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, biceps tendon, biceps anchor complex, labrum, articular capsule, articular side of the rotator cuff, bursal side of the rotator cuff, subacromial bursa, foreign body[ies])**

Global: 090 **Issue:** Shoulder Debridement

Screen: Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization over 30,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: October 2012 **2023 Medicare Utilization:** 36,373

2025 Work RVU: 7.98
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.64
Result: Decrease

RUC Recommendation: 7.98

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

29824 **Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)**

Global: 090 **Issue:** RAW

Screen: Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAOS

First Identified: February 2010 **2023 Medicare Utilization:** 26,644

2025 Work RVU: 8.98
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.02
Result: Maintain

RUC Recommendation: 8.82

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

29826 **Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW

Screen: Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAOS

First Identified: February 2010 **2023 Medicare Utilization:** 58,521

2025 Work RVU: 3.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.56
Result: Decrease

RUC Recommendation: 3.00

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

Status Report: CMS Requests and Relativity Assessment Issues

29827 **Arthroscopy, shoulder, surgical; with rotator cuff repair**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing/ Codes Reported Together 75% or More-Part1 / Pre-Time Analysis / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** October 2008 **2023 Medicare Utilization:** 60,271

2025 Work RVU: 15.59
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.85
Result: Maintain

RUC Recommendation: 15.59. Maintain work RVU and adjust the times from pre-time package 3.

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

29828 **Arthroscopy, shoulder, surgical; biceps tenodesis**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part1 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** February 2010 **2023 Medicare Utilization:** 20,066

2025 Work RVU: 13.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.18
Result: Maintain

RUC Recommendation: 13.16

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

29830 **Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2023 Medicare Utilization:** 78

2025 Work RVU: 5.88
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.05
Result: PE Only

RUC Recommendation: No NF PE inputs

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

Status Report: CMS Requests and Relativity Assessment Issues

29840 **Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2023 Medicare Utilization:** 68

2025 Work RVU: 5.68
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.24
Result: PE Only

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

29870 **Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 13 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2023 Medicare Utilization:** 320

2025 Work RVU: 5.19
2025 NF PE RVU: 10.76
2025 Fac PE RVU: 6.56
Result: PE Only

RUC Recommendation: New PE non-facility inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

29888 **Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction**

Global: 090 **Issue:** ACL Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 38 **Specialty Developing Recommendation:** AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 842

2025 Work RVU: 14.30
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.57
Result: Maintain

RUC Recommendation: 14.14 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

29900 **Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy**

Global: 090 **Issue:** Arthroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 51 **Specialty Developing Recommendation:** AAOS **First Identified:** NA **2023 Medicare Utilization:** 2

2025 Work RVU: 5.88
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.54
Result: PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

2X005 **Arthroplasty, intercarpal or carpometacarpal joints; suspension, including transfer or transplant of tendon, with interposition, when performed**

Global: **Issue:** Hand, Wrist & Forearm Repair/Reconstruction **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 04 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** April 2022 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 13.90 **Referred to CPT** **Result:** Decrease

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

30117 **Excision or destruction (eg, laser), intranasal lesion; internal approach**

Global: 090 **Issue:** Posterior Nasal Nerve Ablation **Screen:** RUC recommendation process, not part of RAW **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 07 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** N/A **2023 Medicare Utilization:** 22,747

2025 Work RVU: 3.91
2025 NF PE RVU: 24.22
2025 Fac PE RVU: 7.89

RUC Recommendation: CPT Assistant previously published addressed issue **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2019

30140 **Submucous resection inferior turbinate, partial or complete, any method**

Global: 000 **Issue:** Resection of Inferior Turbinate **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 14 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2023 Medicare Utilization:** 45,395

2025 Work RVU: 3.00
2025 NF PE RVU: 5.45
2025 Fac PE RVU: 1.93

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

30465 **Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)** **Global:** 090 **Issue:** Repair Nasal Stenosis **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 2,836

2025 Work RVU: 12.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.57

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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30901 **Control nasal hemorrhage, anterior, simple (limited cautery and/or packing) any method** **Global:** 000 **Issue:** Control Nasal Hemorrhage **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2009 **2023 Medicare Utilization:** 58,882

2025 Work RVU: 1.10
2025 NF PE RVU: 3.39
2025 Fac PE RVU: 0.41

RUC Recommendation: 1.10 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 32,299

2025 Work RVU: 1.54
2025 NF PE RVU: 5.41
2025 Fac PE RVU: 0.51

RUC Recommendation: 1.54 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

30905 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 3,611

2025 Work RVU: 1.97
2025 NF PE RVU: 8.03
2025 Fac PE RVU: 0.86

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Maintain

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

30906 **Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent**

Global: 000 **Issue:** Control Nasal Hemorrhage **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 20 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 702

2025 Work RVU: 2.45
2025 NF PE RVU: 8.40
2025 Fac PE RVU: 1.08

RUC Recommendation: 2.45 **Referred to CPT** **Result:** Maintain

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

31231 **Nasal endoscopy, diagnostic, unilateral or bilateral (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** MPC List / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2010 **2023 Medicare Utilization:** 688,648

2025 Work RVU: 1.10
2025 NF PE RVU: 4.43
2025 Fac PE RVU: 0.67

RUC Recommendation: Review in 3 years. 1.10 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

31237 **Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2011 **2023 Medicare Utilization:** 129,944

2025 Work RVU: 2.60
2025 NF PE RVU: 4.97
2025 Fac PE RVU: 1.84

RUC Recommendation: 2.60

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

Result: Decrease

31238 **Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2023 Medicare Utilization:** 22,970

2025 Work RVU: 2.74
2025 NF PE RVU: 4.60
2025 Fac PE RVU: 1.90

RUC Recommendation: 2.74

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

Result: Decrease

31239 **Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy**

Global: 010 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2023 Medicare Utilization:** 1,264

2025 Work RVU: 9.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.25

RUC Recommendation: 9.04

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

Result: Decrease

31240 **Nasal/sinus endoscopy, surgical; with concha bullosa resection**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS

First Identified: January 2012 **2023 Medicare Utilization:** 3,905

2025 Work RVU: 2.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.79

RUC Recommendation: 2.61

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

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

31241 **Nasal/sinus endoscopy, surgical; with ligation of sphenopalatine artery**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 426

2025 Work RVU: 8.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.10

RUC Recommendation: 8.51 **Referred to CPT** September 2016 **Result:** Decrease

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

31253 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when performed**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 6,624

2025 Work RVU: 9.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.62

RUC Recommendation: 9.00 **Referred to CPT** September 2016 **Result:** Decrease

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

31254 **Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 11,549

2025 Work RVU: 4.27
2025 NF PE RVU: 8.24
2025 Fac PE RVU: 2.40

RUC Recommendation: 4.27 **Referred to CPT** September 2016 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

31255 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 7,454

2025 Work RVU: 5.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.09
Result: Decrease

RUC Recommendation: 5.75

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

31256 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 10,830

2025 Work RVU: 3.11
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.84
Result: Decrease

RUC Recommendation: 3.11

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

31257 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 4,859

2025 Work RVU: 8.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.16
Result: Decrease

RUC Recommendation: 8.00

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

Status Report: CMS Requests and Relativity Assessment Issues

31259 **Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 7,325

2025 Work RVU: 8.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.37

RUC Recommendation: 8.48 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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31267 **Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 23,833

2025 Work RVU: 4.68
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.58

RUC Recommendation: 4.68 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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31276 **Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 12,370

2025 Work RVU: 6.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.57

RUC Recommendation: 6.75 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

31287 **Nasal/sinus endoscopy, surgical, with sphenoidotomy;**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 2,293

2025 Work RVU: 3.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.03

RUC Recommendation: 3.50 **Referred to CPT** September 2016 **Result:** Decrease

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

31288 **Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 3,367

2025 Work RVU: 4.10
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.31

RUC Recommendation: 4.10 **Referred to CPT** September 2016 **Result:** Decrease

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

31295 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 22,935

2025 Work RVU: 2.70
2025 NF PE RVU: 43.96
2025 Fac PE RVU: 1.65

RUC Recommendation: 2.70 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

31296 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 6,141

2025 Work RVU: 3.10
2025 NF PE RVU: 44.27
2025 Fac PE RVU: 1.84

RUC Recommendation: 3.10 **Referred to CPT** September 2016 **Result:** Decrease

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

31297 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 1,529

2025 Work RVU: 2.44
2025 NF PE RVU: 43.82
2025 Fac PE RVU: 1.52

RUC Recommendation: 2.44 **Referred to CPT** September 2016 **Result:** Decrease

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

31298 **Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia**

Global: 000 **Issue:** Nasal/Sinus Endoscopy **Screen:** Codes Reported Together 75% or More-Part3 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAOHNS **First Identified:** April 2015 **2023 Medicare Utilization:** 16,094

2025 Work RVU: 4.50
2025 NF PE RVU: 83.19
2025 Fac PE RVU: 2.50

RUC Recommendation: 4.50 **Referred to CPT** September 2016 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

31500 **Intubation, endotracheal, emergency procedure**

Global: 000 **Issue:** Endotracheal Intubation **Screen:** CMS High Expenditure Procedural Codes2 / Modifer -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 27 **Specialty Developing Recommendation:** ACEP, ASA **First Identified:** July 2015 **2023 Medicare Utilization:** 193,071

2025 Work RVU: 3.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.76

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2016

31525 **Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn**

Global: 000 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2024 **2023 Medicare Utilization:** 40,659

2025 Work RVU: 2.63
2025 NF PE RVU: 4.47
2025 Fac PE RVU: 1.79

RUC Recommendation: Review in 3 years **Referred to CPT** **Result:**

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

31551 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, younger than 12 years of age**

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

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU: 21.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 21.92

RUC Recommendation: 21.50 **Referred to CPT** October 2015 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

31552 **Laryngoplasty; for laryngeal stenosis, with graft, without indwelling stent placement, age 12 years or older**

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

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2023 Medicare Utilization:** 21

2025 Work RVU: 20.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 21.46

RUC Recommendation: 20.50 **Referred to CPT** October 2015 **Result:** Decrease

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

31553 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, younger than 12 years of age**

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

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU: 22.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 25.29

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease

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

31554 **Laryngoplasty; for laryngeal stenosis, with graft, with indwelling stent placement, age 12 years or older**

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

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2023 Medicare Utilization:** 11

2025 Work RVU: 22.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 25.31

RUC Recommendation: 22.00 **Referred to CPT** October 2015 **Result:** Decrease

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

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

Global: 000 **Issue:** Laryngoscopy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 5,014

2025 Work RVU: 4.26
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.56

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

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

Status Report: CMS Requests and Relativity Assessment Issues

31575 **Laryngoscopy, flexible; diagnostic**

Global: 000 **Issue:**

Screen: MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 08 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2010

2023 Medicare Utilization: 541,259

2025 Work RVU: 0.94
2025 NF PE RVU: 2.74
2025 Fac PE RVU: 1.00

RUC Recommendation: 1.00

Referred to CPT

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

Result: Decrease

31579 **Laryngoscopy, flexible or rigid telescopic, with stroboscopy**

Global: 000 **Issue:** Laryngoscopy

Screen: CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 08 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2008

2023 Medicare Utilization: 88,555

2025 Work RVU: 1.88
2025 NF PE RVU: 3.76
2025 Fac PE RVU: 1.48

RUC Recommendation: 1.94

Referred to CPT

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

Result: Decrease

31580 **Laryngoplasty; for laryngeal web, with indwelling keel or stent insertion**

Global: 090 **Issue:** Laryngoplasty

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

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS

First Identified: April 2014

2023 Medicare Utilization: 26

2025 Work RVU: 14.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 21.82

RUC Recommendation: 14.60

Referred to CPT October 2015

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

31582 **Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy**

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

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

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

31584 **Laryngoplasty; with open reduction and fixation of (eg, plating) fracture, includes tracheostomy, if performed**

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

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2023 Medicare Utilization:** 14

2025 Work RVU: 17.58
2025 NF PE RVU: NA
2025 Fac PE RVU: 22.21

RUC Recommendation: 20.00 **Referred to CPT** October 2015 **Result:** Decrease

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

31587 **Laryngoplasty, cricoid split, without graft placement**

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

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2014 **2023 Medicare Utilization:** 5

2025 Work RVU: 15.27
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.00

RUC Recommendation: 15.27 **Referred to CPT** October 2015 **Result:** Decrease

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

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

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

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

31591 **Laryngoplasty, medialization, unilateral**

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

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2023 Medicare Utilization:** 1,143

2025 Work RVU: 13.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.76

RUC Recommendation: 15.60 **Referred to CPT** October 2015 **Result:** Decrease

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

31592 **Cricotracheal resection**

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

Most Recent RUC Meeting: January 2016 **Tab:** 09 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2023 Medicare Utilization:** 25

2025 Work RVU: 25.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 23.60

RUC Recommendation: 25.00 **Referred to CPT** October 2015 **Result:** Decrease

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

31600 **Tracheostomy, planned (separate procedure);**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 16,852

2025 Work RVU: 5.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.48

RUC Recommendation: 5.56 **Referred to CPT** **Result:** Increase

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

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

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 5

2025 Work RVU: 8.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.28

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

31603 **Tracheostomy, emergency procedure; transtracheal**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 482

2025 Work RVU: 6.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.46
Result: Increase

RUC Recommendation: 6.00

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

31605 **Tracheostomy, emergency procedure; cricothyroid membrane**

Global: 000 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAOHNS **First Identified:** July 2015 **2023 Medicare Utilization:** 200

2025 Work RVU: 6.45
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.15
Result: Increase

RUC Recommendation: 6.45

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

31610 **Tracheostomy, fenestration procedure with skin flaps**

Global: 090 **Issue:** Tracheostomy **Screen:** CMS High Expenditure Procedural Codes2 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: October 2016 **Tab:** 15 **Specialty Developing Recommendation:** AAOHNS, ACS **First Identified:** July 2015 **2023 Medicare Utilization:** 799

2025 Work RVU: 12.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.80
Result: Increase

RUC Recommendation: 12.00

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

Status Report: CMS Requests and Relativity Assessment Issues

31611 **Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)**

Global: 090 **Issue:** Speech Prosthesis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 612

2025 Work RVU: 6.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.29

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

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

31620 **Endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) (List separately in addition to code for primary procedure[s])**

Global: **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

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

31622 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; diagnostic, with cell washing, when performed (separate procedure)**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2023 Medicare Utilization:** 31,336

2025 Work RVU: 2.53
2025 NF PE RVU: 4.70
2025 Fac PE RVU: 1.08

RUC Recommendation: 2.78 **Referred to CPT** October 2014 **Result:** Maintain

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

31623 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with brushing or protected brushings**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2016 **2023 Medicare Utilization:** 12,536

2025 Work RVU: 2.63
2025 NF PE RVU: 5.32
2025 Fac PE RVU: 1.02

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

31624 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial alveolar lavage**

Global: 000 **Issue:** Diagnostic Bronchoscopy **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 09 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2023 Medicare Utilization:** 104,850

2025 Work RVU: 2.63
2025 NF PE RVU: 4.78
2025 Fac PE RVU: 1.07

RUC Recommendation: 2.63 **Referred to CPT** **Result:** Maintain

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

31625 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial or endobronchial biopsy(s), single or multiple sites**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2013 **2023 Medicare Utilization:** 13,056

2025 Work RVU: 3.11
2025 NF PE RVU: 6.93
2025 Fac PE RVU: 1.18

RUC Recommendation: 3.36 **Referred to CPT** October 2014 **Result:** Maintain

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

31626 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2023 Medicare Utilization:** 2,972

2025 Work RVU: 3.91
2025 NF PE RVU: 18.46
2025 Fac PE RVU: 1.45

RUC Recommendation: 4.16 **Referred to CPT** October 2014 **Result:** Maintain

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

31628 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), single lobe**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2023 Medicare Utilization:** 35,531

2025 Work RVU: 3.55
2025 NF PE RVU: 7.14
2025 Fac PE RVU: 1.31

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

31629 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), trachea, main stem and/or lobar bronchus(i)**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2023 Medicare Utilization:** 23,724

2025 Work RVU: 3.75
2025 NF PE RVU: 9.19
2025 Fac PE RVU: 1.38

RUC Recommendation: 4.00 **Referred to CPT** October 2014 **Result:** Decrease

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

31632 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial lung biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2023 Medicare Utilization:** 4,936

2025 Work RVU: 1.03
2025 NF PE RVU: 0.81
2025 Fac PE RVU: 0.31

RUC Recommendation: 1.03 **Referred to CPT** **Result:** Maintain

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

31633 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transbronchial needle aspiration biopsy(s), each additional lobe (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** April 2013 **2023 Medicare Utilization:** 2,028

2025 Work RVU: 1.32
2025 NF PE RVU: 0.96
2025 Fac PE RVU: 0.40

RUC Recommendation: 1.32 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

31645 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, initial**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 08 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: October 2015

2023 Medicare Utilization: 39,041

2025 Work RVU: 2.88
2025 NF PE RVU: 5.06
2025 Fac PE RVU: 1.17

RUC Recommendation: 2.88

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

Result: Decrease

31646 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with therapeutic aspiration of tracheobronchial tree, subsequent, same hospital stay**

Global: 000 **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 08 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: October 2015

2023 Medicare Utilization: 4,254

2025 Work RVU: 2.78
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.15

RUC Recommendation: 2.78

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

Result: Increase

31652 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, ACCP

First Identified: October 2014

2023 Medicare Utilization: 25,670

2025 Work RVU: 4.46
2025 NF PE RVU: 30.82
2025 Fac PE RVU: 1.59

RUC Recommendation: 5.00

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

31653 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (EBUS) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures**

Global: 000 **Issue:** Endobronchial Ultrasound - EBUS **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, ACCP

First Identified: October 2014

2023 Medicare Utilization: 17,836

2025 Work RVU: 4.96
2025 NF PE RVU: 31.57
2025 Fac PE RVU: 1.73

RUC Recommendation: 5.50

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

31654 **Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (EBUS) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (List separately in addition to code for primary procedure[s])**

Global: ZZZ **Issue:** Bronchial Aspiration of Tracheobronchial Tree **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 05 **Specialty Developing Recommendation:** ATS, ACCP

First Identified: October 2014

2023 Medicare Utilization: 19,772

2025 Work RVU: 1.40
2025 NF PE RVU: 2.04
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.70

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

32201 **Pneumonostomy; with percutaneous drainage of abscess or cyst**

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

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: January 2012

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

32405 **Biopsy, lung or mediastinum, percutaneous needle**

Global: **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 05 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

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

32408 **Core needle biopsy, lung or mediastinum, percutaneous, including imaging guidance, when performed**

Global: 000 **Issue:** Lung Biopsy-CT Guidance Bundle **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 05 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** April 2019 **2023 Medicare Utilization:** 49,686

2025 Work RVU: 3.18
2025 NF PE RVU: 21.02
2025 Fac PE RVU: 0.99

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Increase

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

32420 **Pneumocentesis, puncture of lung for aspiration**

Global: **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

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

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

Global: **Issue:** Thoracentesis with Tube Insertion **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 17 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR, SCCM, STS **First Identified:** April 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

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

32440 **Removal of lung, pneumonectomy;**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2023 Medicare Utilization:** 100

2025 Work RVU: 27.28
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.74

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures. **Referred to CPT** **Result:** Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

32480 **Removal of lung, other than pneumonectomy; single lobe (lobectomy)** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2023 Medicare Utilization:** 2,229

2025 Work RVU: 25.82
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.87
Result: Remove from Screen

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

Referred to CPT

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

32482 **Removal of lung, other than pneumonectomy; 2 lobes (bilobectomy)** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2023 Medicare Utilization:** 146

2025 Work RVU: 27.44
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.92
Result: Remove from Screen

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

Referred to CPT

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

32491 **Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed** **Global:** 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** November 2011 **2023 Medicare Utilization:** 7

2025 Work RVU: 25.24
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.40
Result: Remove from Screen

RUC Recommendation: Request further information from CMS

Referred to CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

32551 **Tube thoracostomy, includes connection to drainage system (eg, water seal), when performed, open (separate procedure)**

Global: 000 **Issue:** Chest Tube Thoracostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACCP, ATS, ACR, ACS, SIR, SCCM, STS **First Identified:** April 2011 **2023 Medicare Utilization:** 26,764

2025 Work RVU: 3.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.04

RUC Recommendation: 3.50 **Referred to CPT** February 2012 **Result:** Increase

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

32554 **Thoracentesis, needle or catheter, aspiration of the pleural space; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 9,903

2025 Work RVU: 1.82
2025 NF PE RVU: 4.84
2025 Fac PE RVU: 0.58

RUC Recommendation: 1.82 **Referred to CPT** February 2012 **Result:** Decrease

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

32555 **Thoracentesis, needle or catheter, aspiration of the pleural space; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 214,513

2025 Work RVU: 2.27
2025 NF PE RVU: 6.71
2025 Fac PE RVU: 0.73

RUC Recommendation: 2.27 **Referred to CPT** February 2012 **Result:** Decrease

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

32556 **Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 4,607

2025 Work RVU: 2.50
2025 NF PE RVU: 18.49
2025 Fac PE RVU: 0.81

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

32557 **Pleural drainage, percutaneous, with insertion of indwelling catheter; with imaging guidance**

Global: 000 **Issue:** Chest Tube Interventions **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 04 **Specialty Developing Recommendation:** ACCP, ACR, ATS, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 33,335

2025 Work RVU: 3.12
2025 NF PE RVU: 15.71
2025 Fac PE RVU: 0.97

RUC Recommendation: 3.62 **Referred to CPT** February 2012 **Result:** Decrease

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

32663 **Thoracoscopy, surgical; with lobectomy (single lobe)**

Global: 090 **Issue:** RAW review **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** STS **First Identified:** October 2008 **2023 Medicare Utilization:** 8,333

2025 Work RVU: 24.64
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.81

RUC Recommendation: No reliable way to determine incremental difference between open thoracotomy to thoracoscopic procedures. **Referred to CPT** **Result:** Remove from Screen

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

33010 **Pericardiocentesis; initial**

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

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

33011 **Pericardiocentesis; subsequent**

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

33015 **Tube pericardiostomy**

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

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

First Identified: April 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

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

33016 **Pericardiocentesis, including imaging guidance, when performed**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

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

First Identified: September 2018 **2023 Medicare Utilization:** 3,896

2025 Work RVU: 4.40
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.52

RUC Recommendation: 5.00 **Referred to CPT** September 2018 **Result:** Increase

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

33017 **Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; 6 years and older without congenital cardiac anomaly**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

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

First Identified: September 2018 **2023 Medicare Utilization:** 3,888

2025 Work RVU: 4.62
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.61

RUC Recommendation: 5.50 **Referred to CPT** September 2018 **Result:** Increase

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

Status Report: CMS Requests and Relativity Assessment Issues

33018 **Pericardial drainage with insertion of indwelling catheter, percutaneous, including fluoroscopy and/or ultrasound guidance, when performed; birth through 5 years of age or any age with congenital cardiac anomaly**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

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

First Identified: September 2018 **2023 Medicare Utilization:** 6

2025 Work RVU: 5.40
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.86

RUC Recommendation: 6.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33019 **Pericardial drainage with insertion of indwelling catheter, percutaneous, including CT guidance**

Global: 000 **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** Negative IWPUT **Complete?** Yes

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

First Identified: September 2018 **2023 Medicare Utilization:** 253

2025 Work RVU: 4.29
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.36

RUC Recommendation: 5.00

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

33020 **Pericardiotomy for removal of clot or foreign body (primary procedure)**

Global: 090 **Issue:** Pericardiotomy **Screen:** Negative IWPUT **Complete?** Yes

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

First Identified: April 2018 **2023 Medicare Utilization:** 119

2025 Work RVU: 14.31
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.93

RUC Recommendation: 14.31

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33025 **Creation of pericardial window or partial resection for drainage**

Global: 090 **Issue:** Pericardiotomy **Screen:** Negative IWPUT **Complete?** Yes

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

First Identified: April 2017 **2023 Medicare Utilization:** 3,349

2025 Work RVU: 13.20
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.59

RUC Recommendation: 13.20

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33207 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2023 Medicare Utilization: 9,151

2025 Work RVU: 7.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.60

RUC Recommendation: 8.05

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33208 **Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2023 Medicare Utilization: 89,186

2025 Work RVU: 8.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.87

RUC Recommendation: 8.77

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33212 **Insertion of pacemaker pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2023 Medicare Utilization: 163

2025 Work RVU: 5.01
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.46

RUC Recommendation: 5.26

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2023 Medicare Utilization:** 817

2025 Work RVU: 5.28
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.55

RUC Recommendation: 5.53

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2023 Medicare Utilization:** 207

2025 Work RVU: 5.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.77

RUC Recommendation: 5.80

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011 **2023 Medicare Utilization:** 2,154

2025 Work RVU: 5.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.62

RUC Recommendation: 5.50

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2023 Medicare Utilization: 30,320

2025 Work RVU: 5.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.74

RUC Recommendation: 5.77

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

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

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2023 Medicare Utilization: 6,482

2025 Work RVU: 5.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.94

RUC Recommendation: 6.04

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33230 **Insertion of implantable defibrillator pulse generator only; with existing dual leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2023 Medicare Utilization: 75

2025 Work RVU: 6.07
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.61

RUC Recommendation: 6.32

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33231 **Insertion of implantable defibrillator pulse generator only; with existing multiple leads**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2023 Medicare Utilization: 114

2025 Work RVU: 6.34
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.10

RUC Recommendation: 6.59

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33233 **Removal of permanent pacemaker pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2023 Medicare Utilization: 7,138

2025 Work RVU: 3.14
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.09

RUC Recommendation: 3.39

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33240 **Insertion of implantable defibrillator pulse generator only; with existing single lead**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2023 Medicare Utilization: 60

2025 Work RVU: 5.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.52

RUC Recommendation: 6.06

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33241 **Removal of implantable defibrillator pulse generator only**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2023 Medicare Utilization: 4,408

2025 Work RVU: 3.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.67

RUC Recommendation: 3.29

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33249 **Insertion or replacement of permanent implantable defibrillator system, with transvenous lead(s), single or dual chamber**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: February 2010

2023 Medicare Utilization: 29,152

2025 Work RVU: 14.92
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.64

RUC Recommendation: 15.17

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33262 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2023 Medicare Utilization: 1,992

2025 Work RVU: 5.81
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.91

RUC Recommendation: 6.06

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

33263 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; dual lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2023 Medicare Utilization: 4,886

2025 Work RVU: 6.08
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.00

RUC Recommendation: 6.33

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33264 **Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; multiple lead system**

Global: 090 **Issue:** Pacemaker or Pacing Carioverter - Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 04 **Specialty Developing Recommendation:** ACC

First Identified: April 2011

2023 Medicare Utilization: 12,252

2025 Work RVU: 6.35
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.14

RUC Recommendation: 6.60

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

33274 **Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed**

Global: 090 **Issue:** Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS

First Identified: April 2023

2023 Medicare Utilization: 14,419

2025 Work RVU: 7.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.56

RUC Recommendation: Maintain and Review in 3 years (Sept 2026).

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

33275 **Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed**

Global: 090 **Issue:** Transcatheter Insertion or Replacement of Permanent Leadless Pacemaker **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS

First Identified: September 2023 **2023 Medicare Utilization:** 67

2025 Work RVU: 8.59
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.36

RUC Recommendation: Maintain and Review in 3 years (Sept 2026).

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

Result:

33276 **Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 9.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.53

RUC Recommendation: Review action Plan

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

Result:

33277 **Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 5.43
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.38

RUC Recommendation: Review action Plan

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

33278 **Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 9.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.31

RUC Recommendation: Review action Plan

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

Result:

33279 **Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 5.42
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.56

RUC Recommendation: Review action Plan

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

Result:

33280 **Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 3.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.86

RUC Recommendation: Review action Plan

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

33281 **Repositioning of phrenic nerve stimulator transvenous lead(s)**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 6.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.27

RUC Recommendation: Review action Plan

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

Result:

33282 **Implantation of patient-activated cardiac event recorder**

Global: **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 3.50

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

Result: Deleted from CPT

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

Global: **Issue:** Implantation and Removal of Patient Activated Cardiac Event Recorder **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 3.00

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

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

33287 **Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 6.05
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.11

RUC Recommendation: Review action Plan

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

Result:

33288 **Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)**

Global: 090 **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 8.51
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.26

RUC Recommendation: Review action Plan

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

Result:

33364 **Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach**

Global: 000 **Issue:** Transcatheter Aortic Valve Replacement **Screen:** RAW Flag Service with Less than 30 Survey Responses **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: April 2018 **2023 Medicare Utilization:** 11

2025 Work RVU: 25.97
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.12

RUC Recommendation: Review action plan

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

Result:

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

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

First Identified: September 2011 **2023 Medicare Utilization:** 11,835

2025 Work RVU: 41.32
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.88

RUC Recommendation: 41.32

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

Result: Maintain

33430 **Replacement, mitral valve, with cardiopulmonary bypass**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** High IWPUT / CMS High Expenditure Procedural Codes1 **Complete?** Yes

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

First Identified: February 2008 **2023 Medicare Utilization:** 6,044

2025 Work RVU: 50.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.69

RUC Recommendation: 50.93

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

Result: Maintain

33533 **Coronary artery bypass, using arterial graft(s); single arterial graft**

Global: 090 **Issue:** Valve Replacement and CABG Procedures **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

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

First Identified: September 2011 **2023 Medicare Utilization:** 43,401

2025 Work RVU: 33.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.54

RUC Recommendation: 34.98

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

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

33620 **Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

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

First Identified: January 2015 **2023 Medicare Utilization:** 67

2025 Work RVU: 30.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.33

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33621 **Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

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

First Identified: January 2015 **2023 Medicare Utilization:** 1

2025 Work RVU: 16.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.46

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

33622 **Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, Norwood, bidirectional Glenn, pulmonary artery debanding)**

Global: 090 **Issue:** New Technology Review **Screen:** New Technology/New Services / CPT Assistant Analysis 2018 **Complete?** Yes

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

First Identified: January 2015 **2023 Medicare Utilization:** 2

2025 Work RVU: 64.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 21.26

RUC Recommendation: CPT Article published July 2016. Maintain, CPT Assistant addressed issues identified.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2016

Status Report: CMS Requests and Relativity Assessment Issues

33741 **Transcatheter atrial septostomy (TAS) for congenital cardiac anomalies to create effective atrial flow, including all imaging guidance by the proceduralist, when performed, any method (eg, Rashkind, Sang-Park, balloon, cutting balloon, blade)**

Global: 000 **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: September 2019 **2023 Medicare Utilization:** 68

2025 Work RVU: 14.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.82

RUC Recommendation: 14.00

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33745 **Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); initial intracardiac shunt**

Global: 000 **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: September 2019 **2023 Medicare Utilization:** 8

2025 Work RVU: 20.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.90

RUC Recommendation: 20.00

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

33746 **Transcatheter intracardiac shunt (TIS) creation by stent placement for congenital cardiac anomalies to establish effective intracardiac flow, including all imaging guidance by the proceduralist, when performed, left and right heart diagnostic cardiac catheterization for congenital cardiac anomalies, and target zone angioplasty, when performed (eg, atrial septum, Fontan fenestration, right ventricular outflow tract, Mustard/Senning/Warden baffles); each additional intracardiac shunt location (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: September 2019 **2023 Medicare Utilization:** 2

2025 Work RVU: 8.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.76

RUC Recommendation: 10.50

Referred to CPT September 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33863 **Ascending aorta graft, with cardiopulmonary bypass, with aortic root replacement using valved conduit and coronary reconstruction (eg, Bentall)**

Global: 090 **Issue:** Aortic Graft **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** STS, AATS **First Identified:** February 2008 **2023 Medicare Utilization:** 2,008

2025 Work RVU: 58.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.77

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

33945 **Heart transplant, with or without recipient cardiectomy**

Global: 090 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 656

2025 Work RVU: 89.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 32.42

RUC Recommendation: 16.00 **Referred to CPT** February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

33946 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2014 **2023 Medicare Utilization:** 447

2025 Work RVU: 6.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.83

RUC Recommendation: 6.00 **Referred to CPT** February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

33947 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; initiation, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2023 Medicare Utilization:** 1,454

2025 Work RVU: 6.63
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.01

RUC Recommendation: 6.63 **Referred to CPT** February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**
Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

33948 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-venous**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2023 Medicare Utilization:** 5,508

2025 Work RVU: 4.73
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.48

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain

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

33949 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; daily management, each day, veno-arterial**

Global: XXX **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** November 2013 **2023 Medicare Utilization:** 5,915

2025 Work RVU: 4.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.46

RUC Recommendation: 4.60 **Referred to CPT** February 2014 **Result:** Maintain

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

33951 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2023 Medicare Utilization:**

2025 Work RVU: 8.15
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.35

RUC Recommendation: 8.15 **Referred to CPT** February 2014 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33952 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2023 Medicare Utilization:** 1,467

2025 Work RVU: 8.15
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.56

RUC Recommendation: 8.43 **Referred to CPT** February 2014 **Result:** Maintain

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

33953 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2023 Medicare Utilization:**

2025 Work RVU: 9.11
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.61

RUC Recommendation: 9.83 **Referred to CPT** February 2014 **Result:** Maintain

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

33954 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 277

2025 Work RVU: 9.11
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.74

RUC Recommendation: 9.43 **Referred to CPT** February 2014 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33956 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 364

2025 Work RVU: 16.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.70

RUC Recommendation: 16.00 **Referred to CPT** February 2014 **Result:** Maintain

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

33957 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:**

2025 Work RVU: 3.51
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.08

RUC Recommendation: 4.00 **Referred to CPT** February 2014 **Result:** Maintain

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

33958 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 51

2025 Work RVU: 3.51
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.08

RUC Recommendation: 4.05 **Referred to CPT** February 2014 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33959 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 1

2025 Work RVU: 4.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.35

RUC Recommendation: 4.69 **Referred to CPT** February 2014 **Result:** Maintain

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

33960 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; initial day**

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

33961 **Prolonged extracorporeal circulation for cardiopulmonary insufficiency; each subsequent day**

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI, ACCP **First Identified:** July 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

33962 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 25

2025 Work RVU: 4.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.35

RUC Recommendation: 4.73 **Referred to CPT** February 2014 **Result:** Maintain

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

33963 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:**

2025 Work RVU: 9.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.58

RUC Recommendation: 9.00 **Referred to CPT** February 2014 **Result:** Maintain

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

33964 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 4

2025 Work RVU: 9.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.72

RUC Recommendation: 9.50 **Referred to CPT** February 2014 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33965 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:**

2025 Work RVU: 3.51
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.08

RUC Recommendation: 3.51 **Referred to CPT** February 2014 **Result:** Maintain

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

33966 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 462

2025 Work RVU: 4.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.44

RUC Recommendation: 4.50 **Referred to CPT** February 2014 **Result:** Maintain

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

33969 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:**

2025 Work RVU: 5.22
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.54

RUC Recommendation: 6.00 **Referred to CPT** February 2014 **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

33984 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 493

2025 Work RVU: 5.46
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.57
Result: Maintain

RUC Recommendation: 6.38 **Referred to CPT** February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

33985 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 1

2025 Work RVU: 9.89
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.83
Result: Maintain

RUC Recommendation: 9.89 **Referred to CPT** February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

33986 **Extracorporeal membrane oxygenation (ECMO)/extracorporeal life support (ECLS) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 197

2025 Work RVU: 10.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.05
Result: Maintain

RUC Recommendation: 10.00 **Referred to CPT** February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

33987 **Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ECMO/ECLS (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 43

2025 Work RVU: 4.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.11
Result: Maintain

RUC Recommendation: 4.08 **Referred to CPT** February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

33988 **Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2014 **2023 Medicare Utilization:** 35

2025 Work RVU: 15.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.23
Result: Maintain

RUC Recommendation: 15.00 **Referred to CPT** February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

33989 **Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ECMO/ECLS**

Global: 000 **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** November 2013 **2023 Medicare Utilization:** 10

2025 Work RVU: 9.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.72
Result: Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

34701 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 546

2025 Work RVU: 23.71
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.82
Result: Decrease

RUC Recommendation: 23.71

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

34702 **Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 82

2025 Work RVU: 36.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.69
Result: Decrease

RUC Recommendation: 36.00

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

Status Report: CMS Requests and Relativity Assessment Issues

34703 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 530

2025 Work RVU: 26.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.22
Result: Decrease

RUC Recommendation: 26.52

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

34704 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 68

2025 Work RVU: 45.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.98
Result: Decrease

RUC Recommendation: 45.00

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

Status Report: CMS Requests and Relativity Assessment Issues

34705 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 9,669

2025 Work RVU: 29.58
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.96
Result: Decrease

RUC Recommendation: 29.58

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

34706 **Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 515

2025 Work RVU: 45.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.77
Result: Decrease

RUC Recommendation: 45.00

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

Status Report: CMS Requests and Relativity Assessment Issues

34707 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 434

2025 Work RVU: 22.28
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.46
Result: Decrease

RUC Recommendation: 22.28

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

34708 **Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 90

2025 Work RVU: 36.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.77
Result: Decrease

RUC Recommendation: 36.50

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

Status Report: CMS Requests and Relativity Assessment Issues

34709 **Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 1,854

2025 Work RVU: 6.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.34
Result: Decrease

RUC Recommendation: 6.50

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

34710 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; initial vessel treated**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 911

2025 Work RVU: 15.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.74
Result: Decrease

RUC Recommendation: 15.00

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

Status Report: CMS Requests and Relativity Assessment Issues

34711 **Delayed placement of distal or proximal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, endoleak, or endograft migration, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed; each additional vessel treated (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 263

2025 Work RVU: 6.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.15
Result: Decrease

RUC Recommendation: 6.00

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

34712 **Transcatheter delivery of enhanced fixation device(s) to the endograft (eg, anchor, screw, tack) and all associated radiological supervision and interpretation**

Global: 090 **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 803

2025 Work RVU: 12.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.36
Result: Decrease

RUC Recommendation: 12.00

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

34713 **Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 16,269

2025 Work RVU: 2.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.50
Result: Decrease

RUC Recommendation: 2.50

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

Status Report: CMS Requests and Relativity Assessment Issues

34714 **Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 376

2025 Work RVU: 5.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.38
Result: Decrease

RUC Recommendation: 5.25

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

34715 **Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 168

2025 Work RVU: 6.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.24
Result: Decrease

RUC Recommendation: 6.00

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

34716 **Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS, ACS **First Identified:** January 2017 **2023 Medicare Utilization:** 1,501

2025 Work RVU: 7.19
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.01
Result: Decrease

RUC Recommendation: 7.19

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

Status Report: CMS Requests and Relativity Assessment Issues

34800 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using aorto-aortic tube prosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** AAOHNS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

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

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

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

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

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

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

34804 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection; using unibody bifurcated prosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT**

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

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

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT**

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

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

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT**

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

Status Report: CMS Requests and Relativity Assessment Issues

34812 **Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2023 Medicare Utilization:** 4,251

2025 Work RVU: 4.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.86

RUC Recommendation: 4.13 **Referred to CPT** September 2016 **Result:** Decrease

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

34820 **Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:** 66

2025 Work RVU: 7.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.13

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Decrease

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

34825 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; initial vessel**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Pre-Time Analysis / Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

34826 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, or dissection; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

34833 **Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:** 29

2025 Work RVU: 8.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.32

RUC Recommendation: 8.16

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

Result: Decrease

34834 **Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:** 339

2025 Work RVU: 2.65
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.48

RUC Recommendation: 2.65

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

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

34900 **Endovascular repair of iliac artery (eg, aneurysm, pseudoaneurysm, arteriovenous malformation, trauma) using ilio-iliac tube endoprosthesis**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

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

35301 **Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision**

Global: 090 **Issue:** Thromboendarterectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 21 **Specialty Developing Recommendation:** SVS **First Identified:** September 2011 **2023 Medicare Utilization:** 22,058

2025 Work RVU: 21.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.66

RUC Recommendation: 21.16 **Referred to CPT** **Result:** Increase

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

35450 **Transluminal balloon angioplasty, open; renal or other visceral artery**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

35452 **Transluminal balloon angioplasty, open; aortic**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

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

35454 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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

35456 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

35458 **Transluminal balloon angioplasty, open; brachiocephalic trunk or branches, each vessel**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

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

35459 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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

35460 **Transluminal balloon angioplasty, open; venous**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

35470 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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

35471 **Transluminal balloon angioplasty, percutaneous; renal or visceral artery**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

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

35472 **Transluminal balloon angioplasty, percutaneous; aortic**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** Removed from CPT referral **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

35473 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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

35474 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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

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

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

35476 **Transluminal balloon angioplasty, percutaneous; venous**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

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

35490 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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

35491 **Deleted from CPT**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

35492 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

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

35493 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

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

35494 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

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

35495 **Deleted from CPT** **Global:** **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

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

Status Report: CMS Requests and Relativity Assessment Issues

35701 **Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2023 Medicare Utilization:** 729

2025 Work RVU: 7.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.27

RUC Recommendation: 7.50 **Referred to CPT** September 2018 **Result:** Decrease

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

35702 **Exploration not followed by surgical repair, artery; upper extremity (eg, axillary, brachial, radial, ulnar)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:** 350

2025 Work RVU: 7.12
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.39

RUC Recommendation: 7.12 **Referred to CPT** September 2018 **Result:** Decrease

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

35703 **Exploration not followed by surgical repair, artery; lower extremity (eg, common femoral, deep femoral, superficial femoral, popliteal, tibial, peroneal)** **Global:** 090 **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:** 522

2025 Work RVU: 7.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.08

RUC Recommendation: 7.50 **Referred to CPT** September 2018 **Result:** Decrease

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

35721 **Exploration (not followed by surgical repair), with or without lysis of artery; femoral artery** **Global:** **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

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

Status Report: CMS Requests and Relativity Assessment Issues

35741 **Exploration (not followed by surgical repair), with or without lysis of artery; popliteal artery**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** January 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

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

35761 **Exploration (not followed by surgical repair), with or without lysis of artery; other vessels**

Global: **Issue:** Exploration of Artery **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 06 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** April 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

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

36000 **Introduction of needle or intracatheter, vein**

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, AUR, AAP, AAFP, ACRh **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU: 0.18
2025 NF PE RVU: 0.73
2025 Fac PE RVU: 0.07

RUC Recommendation: CMS consider a bundled status for this code **Referred to CPT** **Result:** Maintain

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

36010 **Introduction of catheter, superior or inferior vena cava**

Global: XXX **Issue:** Introduction of Catheter **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 10,931

2025 Work RVU: 2.18
2025 NF PE RVU: 12.63
2025 Fac PE RVU: 0.59

RUC Recommendation: Remove from re-review. **Referred to CPT** February 2011 **Result:** Remove from Screen

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

Status Report: CMS Requests and Relativity Assessment Issues

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

Global: XXX **Issue:** Introduction of Needle or Intracatheter **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACRO **First Identified:** April 2011 **2023 Medicare Utilization:** 15,126

2025 Work RVU: 1.76
2025 NF PE RVU: 12.37
2025 Fac PE RVU: 0.48

RUC Recommendation: Remove from re-review

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

Result: Remove from Screen

36145 **Deleted from CPT**

Global: **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 9 **Specialty Developing Recommendation:** **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

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

Result: Deleted from CPT

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

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2008
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

36148 **Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

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

36215 **Selective catheter placement, arterial system; each first order thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Harvard Valued - Utilization greater than 30,000-Part2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 28,718

2025 Work RVU: 4.17
2025 NF PE RVU: 25.01
2025 Fac PE RVU: 1.48

RUC Recommendation: 4.17 **Referred to CPT** **Result:** Decrease

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

36216 **Selective catheter placement, arterial system; initial second order thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 2,779

2025 Work RVU: 5.27
2025 NF PE RVU: 24.40
2025 Fac PE RVU: 1.67

RUC Recommendation: 5.27 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

36217 **Selective catheter placement, arterial system; initial third order or more selective thoracic or brachiocephalic branch, within a vascular family**

Global: 000 **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2011 **2023 Medicare Utilization:** 3,593

2025 Work RVU: 6.29
2025 NF PE RVU: 45.95
2025 Fac PE RVU: 2.18

RUC Recommendation: 6.29 **Referred to CPT** **Result:** Maintain

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

36218 **Selective catheter placement, arterial system; additional second order, third order, and beyond, thoracic or brachiocephalic branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Selective Catheter Placement **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 23 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** July 2015 **2023 Medicare Utilization:** 2,043

2025 Work RVU: 1.01
2025 NF PE RVU: 4.91
2025 Fac PE RVU: 0.33

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Maintain

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

36221 **Non-selective catheter placement, thoracic aorta, with angiography of the extracranial carotid, vertebral, and/or intracranial vessels, unilateral or bilateral, and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 1,141

2025 Work RVU: 3.92
2025 NF PE RVU: 23.31
2025 Fac PE RVU: 1.08

RUC Recommendation: 4.51 **Referred to CPT** February 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36222 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral extracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 4,880

2025 Work RVU: 5.28
2025 NF PE RVU: 29.10
2025 Fac PE RVU: 1.87

RUC Recommendation: 6.00 **Referred to CPT** February 2012 **Result:** Decrease

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

36223 **Selective catheter placement, common carotid or innominate artery, unilateral, any approach, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 25,049

2025 Work RVU: 5.75
2025 NF PE RVU: 42.11
2025 Fac PE RVU: 2.43

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease

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

36224 **Selective catheter placement, internal carotid artery, unilateral, with angiography of the ipsilateral intracranial carotid circulation and all associated radiological supervision and interpretation, includes angiography of the extracranial carotid and cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 34,713

2025 Work RVU: 6.25
2025 NF PE RVU: 52.14
2025 Fac PE RVU: 2.86

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36225 **Selective catheter placement, subclavian or innominate artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 9,374

2025 Work RVU: 5.75
2025 NF PE RVU: 39.58
2025 Fac PE RVU: 2.35

RUC Recommendation: 6.50 **Referred to CPT** February 2012 **Result:** Decrease

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

36226 **Selective catheter placement, vertebral artery, unilateral, with angiography of the ipsilateral vertebral circulation and all associated radiological supervision and interpretation, includes angiography of the cervicocerebral arch, when performed**

Global: 000 **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 29,161

2025 Work RVU: 6.25
2025 NF PE RVU: 50.66
2025 Fac PE RVU: 2.81

RUC Recommendation: 7.55 **Referred to CPT** February 2012 **Result:** Decrease

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

36227 **Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 17,722

2025 Work RVU: 2.09
2025 NF PE RVU: 4.56
2025 Fac PE RVU: 0.89

RUC Recommendation: 2.32 **Referred to CPT** February 2012 **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36228 **Selective catheter placement, each intracranial branch of the internal carotid or vertebral arteries, unilateral, with angiography of the selected vessel circulation and all associated radiological supervision and interpretation (eg, middle cerebral artery, posterior inferior cerebellar artery) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cervicocerebral Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANS, ACC, ACR, ASN, CNS, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 1,927

2025 Work RVU: 4.25
2025 NF PE RVU: 33.01
2025 Fac PE RVU: 1.84

RUC Recommendation: 4.25 **Referred to CPT** February 2012 **Result:** Decrease

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

36245 **Selective catheter placement, arterial system; each first order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: XXX **Issue:** Selective Catheter Placement **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 22 **Specialty Developing Recommendation:** ACC, ACR, SIR, SCAI, SVS **First Identified:** October 2009 **2023 Medicare Utilization:** 29,685

2025 Work RVU: 4.65
2025 NF PE RVU: 29.89
2025 Fac PE RVU: 1.45

RUC Recommendation: 4.90 **Referred to CPT** February 2010 and February 2011 **Result:** Decrease

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

36246 **Selective catheter placement, arterial system; initial second order abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 26,539

2025 Work RVU: 5.02
2025 NF PE RVU: 17.75
2025 Fac PE RVU: 1.34

RUC Recommendation: 5.27 **Referred to CPT** **Result:** Maintain

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

Status Report: CMS Requests and Relativity Assessment Issues

36247 **Selective catheter placement, arterial system; initial third order or more selective abdominal, pelvic, or lower extremity artery branch, within a vascular family**

Global: 000 **Issue:** Vascular Injection Procedures **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** SVS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 63,809

2025 Work RVU: 6.04
2025 NF PE RVU: 33.46
2025 Fac PE RVU: 1.68

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Increase

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

36248 **Selective catheter placement, arterial system; additional second order, third order, and beyond, abdominal, pelvic, or lower extremity artery branch, within a vascular family (List in addition to code for initial second or third order vessel as appropriate)**

Global: ZZZ **Issue:** Catheter Placement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2023 Medicare Utilization:** 34,377

2025 Work RVU: 1.01
2025 NF PE RVU: 2.25
2025 Fac PE RVU: 0.28

RUC Recommendation: Remove from screen **Referred to CPT** February 2010 **Result:** Remove from Screen

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

36251 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2023 Medicare Utilization:** 2,488

2025 Work RVU: 5.10
2025 NF PE RVU: 30.56
2025 Fac PE RVU: 1.46

RUC Recommendation: 5.45 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36252 **Selective catheter placement (first-order), main renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture and catheter placement(s), fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2023 Medicare Utilization:** 4,143

2025 Work RVU: 6.74
2025 NF PE RVU: 31.54
2025 Fac PE RVU: 2.24
Result: Decrease

RUC Recommendation: 7.38

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

36253 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2023 Medicare Utilization:** 1,751

2025 Work RVU: 7.30
2025 NF PE RVU: 49.30
2025 Fac PE RVU: 2.20
Result: Decrease

RUC Recommendation: 7.55

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

36254 **Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; bilateral**

Global: 000 **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 11 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2011 **2023 Medicare Utilization:** 143

2025 Work RVU: 7.90
2025 NF PE RVU: 46.15
2025 Fac PE RVU: 2.60
Result: Decrease

RUC Recommendation: 8.15

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

Status Report: CMS Requests and Relativity Assessment Issues

36410 **Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)**

Global: XXX **Issue:** Venipunture **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 36 **Specialty Developing Recommendation:** ACP **First Identified:** October 2009 **2023 Medicare Utilization:** 118,105

2025 Work RVU: 0.18
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.07

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

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

36475 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2023 Medicare Utilization:** 80,613

2025 Work RVU: 5.30
2025 NF PE RVU: 24.15
2025 Fac PE RVU: 1.71

RUC Recommendation: 5.30 **Referred to CPT** **Result:** Decrease

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

36476 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** October 2013 **2023 Medicare Utilization:** 4,362

2025 Work RVU: 2.65
2025 NF PE RVU: 4.98
2025 Fac PE RVU: 0.70

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease

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

Status Report: CMS Requests and Relativity Assessment Issues

36478 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated**

Global: 000 **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2023 Medicare Utilization:** 32,298

2025 Work RVU: 5.30
2025 NF PE RVU: 21.84
2025 Fac PE RVU: 1.81

RUC Recommendation: 5.30 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36479 **Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Endovenous Ablation **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 38 **Specialty Developing Recommendation:** ACC, ACR, ACS, SCAI, SIR, SVS **First Identified:** April 2013 **2023 Medicare Utilization:** 3,810

2025 Work RVU: 2.65
2025 NF PE RVU: 5.71
2025 Fac PE RVU: 0.80

RUC Recommendation: 2.65 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36481 **Percutaneous portal vein catheterization by any method**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2023 Medicare Utilization:** 592

2025 Work RVU: 6.73
2025 NF PE RVU: 42.09
2025 Fac PE RVU: 2.08

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36511 **Therapeutic apheresis; for white blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2023 Medicare Utilization:** 309

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.18

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36512 **Therapeutic apheresis; for red blood cells**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2023 Medicare Utilization:** 2,526

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.01

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36513 **Therapeutic apheresis; for platelets**

Global: 000 **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA

First Identified: January 2017 **2023 Medicare Utilization:** 206

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.01

RUC Recommendation: 2.00. Refer to CPT Assistant.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

36514 **Therapeutic apheresis; for plasma pheresis**

Global: 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** January 2017 **2023 Medicare Utilization:** 20,710

2025 Work RVU: 1.81
2025 NF PE RVU: 18.54
2025 Fac PE RVU: 0.80

RUC Recommendation: PE Only. 1.81. CPT Assistant article published.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Increase

36515 **Therapeutic apheresis; with extracorporeal immunoadsorption and plasma reinfusion**

Global: **Issue:** Therapeutic Apheresis **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 12 **Specialty Developing Recommendation:** CAP, RPA **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

Result: Deleted from CPT

36516 **Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion**

Global: 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** October 2008 **2023 Medicare Utilization:** 1,074

2025 Work RVU: 1.56
2025 NF PE RVU: 62.15
2025 Fac PE RVU: 0.68

RUC Recommendation: PE Only. 1.56. CPT Assistant article published.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

36522 **Photopheresis, extracorporeal**

Global: 000 **Issue:** Therapeutic Apheresis and Photopheresis **Screen:** CMS Request - Final Rule for 2016 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 11 **Specialty Developing Recommendation:** AAFP, ASCO, ASH, ASTCT, CAP, ES **First Identified:** January 2017 **2023 Medicare Utilization:** 6,375

2025 Work RVU: 1.75
2025 NF PE RVU: 37.38
2025 Fac PE RVU: 0.96
Result: Increase

RUC Recommendation: PE Only. 1.75. CPT Assistant article published.

Referred to CPT September 2016
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2018

36555 **Insertion of non-tunneled centrally inserted central venous catheter; younger than 5 years of age**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2023 Medicare Utilization:** 26

2025 Work RVU: 1.93
2025 NF PE RVU: 3.42
2025 Fac PE RVU: 0.40
Result: Decrease

RUC Recommendation: 1.93

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

36556 **Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2023 Medicare Utilization:** 308,226

2025 Work RVU: 1.75
2025 NF PE RVU: 4.25
2025 Fac PE RVU: 0.52
Result: Decrease

RUC Recommendation: 1.75

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

Status Report: CMS Requests and Relativity Assessment Issues

36557 **Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2023 Medicare Utilization:** 26

2025 Work RVU: 4.89
2025 NF PE RVU: 26.95
2025 Fac PE RVU: 3.53
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025
Referred to CPT Asst ☐ **Published in CPT Asst:**

36558 **Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2023 Medicare Utilization:** 90,021

2025 Work RVU: 4.59
2025 NF PE RVU: 18.36
2025 Fac PE RVU: 2.46
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025
Referred to CPT Asst ☐ **Published in CPT Asst:**

36560 **Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2023 Medicare Utilization:** 7

2025 Work RVU: 6.04
2025 NF PE RVU: 27.78
2025 Fac PE RVU: 3.96
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36561 **Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, APSA, OEIS, SIR, SVS **First Identified:** April 2023 **2023 Medicare Utilization:** 110,592

2025 Work RVU: 5.79
2025 NF PE RVU: 21.11
2025 Fac PE RVU: 3.13
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025
Referred to CPT Asst ☐ **Published in CPT Asst:**

36563 **Insertion of tunneled centrally inserted central venous access device with subcutaneous pump**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, OEIS, SIR, SVS **First Identified:** April 2023 **2023 Medicare Utilization:** 110

2025 Work RVU: 5.99
2025 NF PE RVU: 23.92
2025 Fac PE RVU: 3.53
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025
Referred to CPT Asst ☐ **Published in CPT Asst:**

36565 **Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACS, OEIS, SIR, SVS **First Identified:** April 2023 **2023 Medicare Utilization:** 523

2025 Work RVU: 5.79
2025 NF PE RVU: 16.76
2025 Fac PE RVU: 2.99
Result:

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36566 **Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)**

Global: 010 **Issue:** Insertion of Tunneled Centrally Inserted Central Venous Catheter **Screen:** Site of Service Anomaly - 2023 **Complete?** No

Most Recent RUC Meeting: January 2024 **Tab:** 12 **Specialty Developing Recommendation:** OEIS, SIR, SVS **First Identified:** April 2023 **2023 Medicare Utilization:** 192

2025 Work RVU: 6.29
2025 NF PE RVU: 108.68
2025 Fac PE RVU: 3.19

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025 **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

36568 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; younger than 5 years of age**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2023 Medicare Utilization:** 1

2025 Work RVU: 2.11
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.38

RUC Recommendation: 2.11 **Referred to CPT** September 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

36569 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, without imaging guidance; age 5 years or older**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2015 **2023 Medicare Utilization:** 7,562

2025 Work RVU: 1.90
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.62

RUC Recommendation: 1.90. **Referred to CPT** September 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36572 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; younger than 5 years of age**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2017 **2023 Medicare Utilization:** 14

2025 Work RVU: 1.82
2025 NF PE RVU: 8.90
2025 Fac PE RVU: 0.36
Result: Decrease

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36573 **Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the insertion; age 5 years or older**

Global: 000 **Issue:** PICC Line Procedures **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2017 **2023 Medicare Utilization:** 48,999

2025 Work RVU: 1.70
2025 NF PE RVU: 9.11
2025 Fac PE RVU: 0.59
Result: Decrease

RUC Recommendation: 1.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36584 **Replacement, complete, of a peripherally inserted central venous catheter (PICC), without subcutaneous port or pump, through same venous access, including all imaging guidance, image documentation, and all associated radiological supervision and interpretation required to perform the replacement**

Global: 000 **Issue:** PICC Line Procedures **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2016 **2023 Medicare Utilization:** 2,380

2025 Work RVU: 1.20
2025 NF PE RVU: 8.01
2025 Fac PE RVU: 0.41
Result: Decrease

RUC Recommendation: 1.47

Referred to CPT September 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36620 **Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2023 Medicare Utilization:** 506,301

2025 Work RVU: 1.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.21
Result: Decrease

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36818 **Arteriovenous anastomosis, open; by upper arm cephalic vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2023 Medicare Utilization:** 2,456

2025 Work RVU: 12.39
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.87
Result: Increase

RUC Recommendation: 13.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

36819 **Arteriovenous anastomosis, open; by upper arm basilic vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2023 Medicare Utilization:** 3,765

2025 Work RVU: 13.29
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.89
Result: Increase

RUC Recommendation: 15.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36820 **Arteriovenous anastomosis, open; by forearm vein transposition**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2023 Medicare Utilization:** 806

2025 Work RVU: 13.07
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.20

RUC Recommendation: 13.99 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36821 **Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2023 Medicare Utilization:** 19,939

2025 Work RVU: 11.90
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.61

RUC Recommendation: 11.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36822 **Insertion of cannula(s) for prolonged extracorporeal circulation for cardiopulmonary insufficiency (ECMO) (separate procedure)**

Global: **Issue:** ECMO-ECLS **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 11 **Specialty Developing Recommendation:** STS, AAP, ACC, SCAI **First Identified:** February 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36825 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** Site of Service Anomaly / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** September 2007 **2023 Medicare Utilization:** 958

2025 Work RVU: 14.17
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.65

RUC Recommendation: 15.93 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

36830 **Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)**

Global: 090 **Issue:** Arteriovenous Anastomosis **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 10 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** November 2012 **2023 Medicare Utilization:** 10,999

2025 Work RVU: 12.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.63

RUC Recommendation: 11.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36834 **Deleted from CPT**

Global: **Issue:** Aneurysm Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AVA, ACS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36870 **Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

36901 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 35,573

2025 Work RVU: 3.36
2025 NF PE RVU: 16.33
2025 Fac PE RVU: 1.06

RUC Recommendation: 3.36 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36902 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 108,780

2025 Work RVU: 4.83
2025 NF PE RVU: 28.87
2025 Fac PE RVU: 1.47

RUC Recommendation: 4.83 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36903 **Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 11,758

2025 Work RVU: 6.39
2025 NF PE RVU: 111.45
2025 Fac PE RVU: 1.81

RUC Recommendation: 6.39 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36904 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 1,968

2025 Work RVU: 7.50
2025 NF PE RVU: 42.93
2025 Fac PE RVU: 2.16

RUC Recommendation: 7.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

36905 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 19,261

2025 Work RVU: 9.00
2025 NF PE RVU: 54.27
2025 Fac PE RVU: 2.69

RUC Recommendation: 9.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36906 **Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit**

Global: 000 **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 7,339

2025 Work RVU: 10.42
2025 NF PE RVU: 139.71
2025 Fac PE RVU: 2.99
Result: Decrease

RUC Recommendation: 10.42 **Referred to CPT** October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

36907 **Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 40,996

2025 Work RVU: 3.00
2025 NF PE RVU: 13.37
2025 Fac PE RVU: 0.82
Result: Decrease

RUC Recommendation: 3.00 **Referred to CPT** October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

36908 **Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 2,895

2025 Work RVU: 4.25
2025 NF PE RVU: 35.17
2025 Fac PE RVU: 1.11
Result: Decrease

RUC Recommendation: 4.25 **Referred to CPT** October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

36909 **Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 3,385

2025 Work RVU: 4.12
2025 NF PE RVU: 48.36
2025 Fac PE RVU: 1.08
Result: Decrease

RUC Recommendation: 4.12 **Referred to CPT** October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

37183 **Revision of transvenous intrahepatic portosystemic shunt(s) (TIPS) (includes venous access, hepatic and portal vein catheterization, portography with hemodynamic evaluation, intrahepatic tract recannulization/dilatation, stent placement and all associated imaging guidance and documentation)**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2023 Medicare Utilization:** 752

2025 Work RVU: 7.74
2025 NF PE RVU: 155.15
2025 Fac PE RVU: 2.37
Result: PE Only

RUC Recommendation: New PE inputs **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

37191 **Insertion of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2023 Medicare Utilization:** 19,043

2025 Work RVU: 4.46
2025 NF PE RVU: 51.91
2025 Fac PE RVU: 1.37
Result: Decrease

RUC Recommendation: 4.71 **Referred to CPT** February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37192 **Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2023 Medicare Utilization:** 27

2025 Work RVU: 7.10
2025 NF PE RVU: 27.73
2025 Fac PE RVU: 1.24

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37193 **Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed**

Global: 000 **Issue:** IVC Transcatheter Procedure **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2011 **2023 Medicare Utilization:** 5,460

2025 Work RVU: 7.10
2025 NF PE RVU: 34.67
2025 Fac PE RVU: 2.01

RUC Recommendation: 8.00 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37201 **Transcatheter therapy, infusion for thrombolysis other than coronary**

Global: **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37203 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter)**

Global: **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 07 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37204 **Transcatheter occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method, non-central nervous system, non-head or neck**

Global: **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37205 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; initial vessel**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37206 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity arteries), percutaneous; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37207 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; initial vessel**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37208 **Transcatheter placement of an intravascular stent(s) (except coronary, carotid, vertebral, iliac and lower extremity arteries), open; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Endovascular Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 07 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37209 **Exchange of a previously placed intravascular catheter during thrombolytic therapy**

Global: **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37210 **Uterine fibroid embolization (UFE, embolization of the uterine arteries to treat uterine fibroids, leiomyomata), percutaneous approach inclusive of vascular access, vessel selection, embolization, and all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the procedure**

Global: **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37211 **Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 6,202

2025 Work RVU: 7.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.10

RUC Recommendation: 8.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37212 **Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 1,019

2025 Work RVU: 6.81
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.91

RUC Recommendation: 7.06 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37213 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed;**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 983

2025 Work RVU: 4.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.18

RUC Recommendation: 5.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37214 **Transcatheter therapy, arterial or venous infusion for thrombolysis other than coronary, any method, including radiological supervision and interpretation, continued treatment on subsequent day during course of thrombolytic therapy, including follow-up catheter contrast injection, position change, or exchange, when performed; cessation of thrombolysis including removal of catheter and vessel closure by any method**

Global: 000 **Issue:** Bundle Thrombolysis **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 2,950

2025 Work RVU: 2.49
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.62

RUC Recommendation: 3.04 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37220 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 10,301

2025 Work RVU: 7.90
2025 NF PE RVU: 61.11
2025 Fac PE RVU: 2.04

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37221 **Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 23,950

2025 Work RVU: 9.75
2025 NF PE RVU: 74.63
2025 Fac PE RVU: 2.41

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37222 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 2,728

2025 Work RVU: 3.73
2025 NF PE RVU: 13.16
2025 Fac PE RVU: 0.87

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37223 **Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 3,476

2025 Work RVU: 4.25
2025 NF PE RVU: 30.50
2025 Fac PE RVU: 0.95

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37224 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 26,393

2025 Work RVU: 8.75
2025 NF PE RVU: 71.29
2025 Fac PE RVU: 2.23

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37225 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 38,122

2025 Work RVU: 11.75
2025 NF PE RVU: 230.03
2025 Fac PE RVU: 3.16

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37226 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 16,061

2025 Work RVU: 10.24
2025 NF PE RVU: 213.49
2025 Fac PE RVU: 2.56

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37227 **Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 18,199

2025 Work RVU: 14.25
2025 NF PE RVU: 294.67
2025 Fac PE RVU: 3.57

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37228 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 26,878

2025 Work RVU: 10.75
2025 NF PE RVU: 102.86
2025 Fac PE RVU: 2.64

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37229 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 / PE Screen - High Cost Supplies / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 37,066

2025 Work RVU: 13.80
2025 NF PE RVU: 232.95
2025 Fac PE RVU: 3.64

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37230 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 1,838

2025 Work RVU: 13.55
2025 NF PE RVU: 233.13
2025 Fac PE RVU: 3.73

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37231 **Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed**

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 2,625

2025 Work RVU: 14.75
2025 NF PE RVU: 310.05
2025 Fac PE RVU: 4.07

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37232 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 11,143

2025 Work RVU: 4.00
2025 NF PE RVU: 18.41
2025 Fac PE RVU: 0.98

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37233 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 7,277

2025 Work RVU: 6.50
2025 NF PE RVU: 22.52
2025 Fac PE RVU: 1.65

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37234 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 229

2025 Work RVU: 5.50
2025 NF PE RVU: 94.85
2025 Fac PE RVU: 1.55

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37235 **Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 101

2025 Work RVU: 7.80
2025 NF PE RVU: 103.54
2025 Fac PE RVU: 1.94

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37236 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2023 Medicare Utilization:** 10,422

2025 Work RVU: 8.75
2025 NF PE RVU: 66.79
2025 Fac PE RVU: 2.21

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

37237 **Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2023 Medicare Utilization:** 1,161

2025 Work RVU: 4.25
2025 NF PE RVU: 31.39
2025 Fac PE RVU: 0.97

RUC Recommendation: 4.25 **Referred to CPT** February 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37238 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; initial vein**

Global: 000 **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2023 Medicare Utilization:** 10,065

2025 Work RVU: 6.04
2025 NF PE RVU: 89.76
2025 Fac PE RVU: 1.76

RUC Recommendation: 6.29 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37239 **Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel, when performed; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcatheter Placement of Intravascular Stent **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 09 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2013 **2023 Medicare Utilization:** 3,479

2025 Work RVU: 2.97
2025 NF PE RVU: 44.98
2025 Fac PE RVU: 0.85

RUC Recommendation: 3.34 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37241 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; venous, other than hemorrhage (eg, congenital or acquired venous malformations, venous and capillary hemangiomas, varices, varicoceles)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 1,382

2025 Work RVU: 8.75
2025 NF PE RVU: 119.77
2025 Fac PE RVU: 2.47

RUC Recommendation: 9.00 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37242 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; arterial, other than hemorrhage or tumor (eg, congenital or acquired arterial malformations, arteriovenous malformations, arteriovenous fistulas, aneurysms, pseudoaneurysms)**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 10,066

2025 Work RVU: 9.80
2025 NF PE RVU: 188.61
2025 Fac PE RVU: 2.59

RUC Recommendation: 11.98 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37243 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 15,872

2025 Work RVU: 11.74
2025 NF PE RVU: 229.43
2025 Fac PE RVU: 3.42

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37244 **Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation**

Global: 000 **Issue:** Embolization and Occlusion Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 08 **Specialty Developing Recommendation:** SVS, ACS, SIR, ACR, ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 13,935

2025 Work RVU: 13.75
2025 NF PE RVU: 170.05
2025 Fac PE RVU: 4.07

RUC Recommendation: 14.00 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37246 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 5,848

2025 Work RVU: 7.00
2025 NF PE RVU: 42.89
2025 Fac PE RVU: 1.86

RUC Recommendation: 7.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37247 **Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 686

2025 Work RVU: 3.50
2025 NF PE RVU: 13.28
2025 Fac PE RVU: 0.96

RUC Recommendation: 3.50 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37248 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein**

Global: 000 **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 11,948

2025 Work RVU: 6.00
2025 NF PE RVU: 31.45
2025 Fac PE RVU: 1.78

RUC Recommendation: 6.00 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37249 **Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; each additional vein (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2015 **2023 Medicare Utilization:** 3,906

2025 Work RVU: 2.97
2025 NF PE RVU: 9.23
2025 Fac PE RVU: 0.78

RUC Recommendation: 2.97 **Referred to CPT** October 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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37250 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; initial vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** July 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

37251 **Intravascular ultrasound (non-coronary vessel) during diagnostic evaluation and/or therapeutic intervention; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

37252 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 14 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2023 Medicare Utilization:** 71,765

2025 Work RVU: 1.80
2025 NF PE RVU: 24.44
2025 Fac PE RVU: 0.45

RUC Recommendation: 1.80 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37253 **Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; each additional noncoronary vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 / Work Neutrality (CPT 2016) **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 14 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2023 Medicare Utilization:** 108,933

2025 Work RVU: 1.44
2025 NF PE RVU: 3.36
2025 Fac PE RVU: 0.36

RUC Recommendation: 1.44 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

37609 **Ligation or biopsy, temporal artery**

Global: 010 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2023 Medicare Utilization:** 9,622

2025 Work RVU: 3.05
2025 NF PE RVU: 5.48
2025 Fac PE RVU: 2.41

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37619 **Ligation of inferior vena cava**

Global: 090 **Issue:** Ligation of Inferior Vena Cava **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACS, SVS **First Identified:** February 2011 **2023 Medicare Utilization:** 29

2025 Work RVU: 30.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.11

RUC Recommendation: 37.60 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

37620 **Interruption, partial or complete, of inferior vena cava by suture, ligation, plication, clip, extravascular, intravascular (umbrella device)**

Global: **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

37760 **Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open,1 leg**

Global: 090 **Issue:** Perorator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** September 2007 **2023 Medicare Utilization:** 54

2025 Work RVU: 10.78
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.62

RUC Recommendation: 10.69 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37761 **Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg**

Global: 090 **Issue:** Perforator Vein Ligation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 10 **Specialty Developing Recommendation:** SVS, ACS **First Identified:** April 2009 **2023 Medicare Utilization:** 202

2025 Work RVU: 9.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.43
Result: Increase

RUC Recommendation: 9.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37765 **Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions**

Global: 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:** 10,420

2025 Work RVU: 4.80
2025 NF PE RVU: 6.42
2025 Fac PE RVU: 2.09
Result: Decrease

RUC Recommendation: 4.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37766 **Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions**

Global: 010 **Issue:** Stab Phlebectomy of Varicose Veins **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACS, SIR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:** 7,200

2025 Work RVU: 6.00
2025 NF PE RVU: 7.21
2025 Fac PE RVU: 2.45
Result: Decrease

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

37785 **Ligation, division, and/or excision of varicose vein cluster(s), 1 leg**

Global: 090 **Issue:** Ligation **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** APMA, SVS, ACS **First Identified:** September 2007 **2023 Medicare Utilization:** 745

2025 Work RVU: 3.93
2025 NF PE RVU: 5.31
2025 Fac PE RVU: 2.62
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37X02

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.00 **Referred to CPT**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37X03

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 10.75 **Referred to CPT**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37X04

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.89 **Referred to CPT**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37X05

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 8.75 **Referred to CPT**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37X06

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.00 **Referred to CPT**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37X07

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 12.69 **Referred to CPT**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37X08

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.25 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X09

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X10

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 7.75 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

37X11

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X12

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 10.50 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X13

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

37X14

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 8.75 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X15

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.73 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X16

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 14.75 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

37X17

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 5.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X18

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 9.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X19

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

37X20

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 12.63 **Referred to CPT**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37X21

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 5.50 **Referred to CPT**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37X22

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 11.00 **Referred to CPT**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37X23

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.25 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X24

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 15.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X25

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 6.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

37X26

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X27

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 9.80 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X28

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

37X29

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 12.31 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X30

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.26 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X31

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 10.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

37X32

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.34 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X33

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 13.46 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X34

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 5.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

37X35

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 13.50 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X36

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.75 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X37

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 17.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

37X38

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 6.50 **Referred to CPT**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37X39

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 15.00 **Referred to CPT**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37X40

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 6.50 **Referred to CPT**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37X41

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 18.00 **Referred to CPT**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37X42

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 8.16 **Referred to CPT**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

37X43

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 11.00 **Referred to CPT**

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

37X44

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X45

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 13.70 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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37X46

Global: ZZZ **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 5.00 **Referred to CPT**

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

37XX1

Global: 000 **Issue:** Lower Extremity Revascularization **Screen:** High Volume Growth5 / PE Screen - High Cost Supplies **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 06 **Specialty Developing Recommendation:** ACC, ACR, ACS, OEIS, SCAI, SIR, SVS **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 7.30 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Maintain

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38220 Diagnostic bone marrow; aspiration(s)

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2023 Medicare Utilization:** 3,673

2025 Work RVU: 1.20
2025 NF PE RVU: 3.42
2025 Fac PE RVU: 0.71

RUC Recommendation: 1.20 **Referred to CPT** February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

38221 Diagnostic bone marrow; biopsy(ies)

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 06 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** July 2015 **2023 Medicare Utilization:** 5,922

2025 Work RVU: 1.28
2025 NF PE RVU: 3.44
2025 Fac PE RVU: 0.69

RUC Recommendation: 1.28 **Referred to CPT** February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

38222 **Diagnostic bone marrow; biopsy(ies) and aspiration(s)**

Global: XXX **Issue:** Diagnostic Bone Marrow Aspiration and Biopsy **Screen:** CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ASCO, ASH, CAP ASBMT **First Identified:** February 2016 **2023 Medicare Utilization:** 119,842

2025 Work RVU: 1.44
2025 NF PE RVU: 3.66
2025 Fac PE RVU: 0.65
Result: Decrease

RUC Recommendation: 1.44 **Referred to CPT** February 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

38505 **Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)**

Global: 000 **Issue:** Needle Biopsy of Lymph Nodes **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2019 **2023 Medicare Utilization:** 36,152

2025 Work RVU: 1.59
2025 NF PE RVU: 3.40
2025 Fac PE RVU: 0.80
Result: Increase

RUC Recommendation: 1.59 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

38542 **Dissection, deep jugular node(s)**

Global: 090 **Issue:** Jugular Node Dissection **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 40 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 490

2025 Work RVU: 7.95
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.54
Result: Increase

RUC Recommendation: 7.85 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38570 **Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** January 2014 **2023 Medicare Utilization:** 7,737

2025 Work RVU: 8.49
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.63

RUC Recommendation: Review at RAW in 3 years. 9.34 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

38571 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Fastest Growing / 010-Day Global Post-Operative Visits / Site of Service Anomaly - 2023 / Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** October 2008 **2023 Medicare Utilization:** 16,367

2025 Work RVU: 12.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.33

RUC Recommendation: Review at RAW in 3 years.12.00 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

38572 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** January 2014 **2023 Medicare Utilization:** 1,244

2025 Work RVU: 15.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.97

RUC Recommendation: Review at RAW in 3 years.15.60 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

38573 **Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling, peritoneal washings, peritoneal biopsy(ies), omentectomy, and diaphragmatic washings, including diaphragmatic and other serosal biopsy(ies), when performed**

Global: 010 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** May 2024 **2023 Medicare Utilization:** 278

2025 Work RVU: 20.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.06

RUC Recommendation: Review at RAW in 3 years.

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

38792 **Injection procedure; radioactive tracer for identification of sentinel node**

Global: 000 **Issue:** Radioactive Tracer **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 23 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2023 Medicare Utilization:** 26,724

2025 Work RVU: 0.65
2025 NF PE RVU: 1.74
2025 Fac PE RVU: 0.23

RUC Recommendation: 0.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

39400 **Mediastinoscopy, includes biopsy(ies), when performed**

Global: **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

39401 **Mediastinoscopy; includes biopsy(ies) of mediastinal mass (eg, lymphoma), when performed**

Global: 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2023 Medicare Utilization:** 219

2025 Work RVU: 5.44
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.44

RUC Recommendation: 5.44

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

39402 **Mediastinoscopy; with lymph node biopsy(ies) (eg, lung cancer staging)** **Global:** 000 **Issue:** Mediastinoscopy with Biopsy **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 08 **Specialty Developing Recommendation:** STS **First Identified:** October 2014 **2023 Medicare Utilization:** 1,760

2025 Work RVU: 7.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.95

RUC Recommendation: 7.50 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

40490 **Biopsy of lip** **Global:** 000 **Issue:** Biopsy of Lip **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 21 **Specialty Developing Recommendation:** AAO-HNS, AAD **First Identified:** April 2011 **2023 Medicare Utilization:** 27,618

2025 Work RVU: 1.22
2025 NF PE RVU: 2.31
2025 Fac PE RVU: 0.73

RUC Recommendation: 1.22 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

40650 **Repair lip, full thickness; vermilion only** **Global:** 090 **Issue:** PE Subcommittee **Screen:** Emergent Procedures **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 46 **Specialty Developing Recommendation:** AAOS, ACEP, and orthopaedic subspecialties **First Identified:** October 2015 **2023 Medicare Utilization:** 396

2025 Work RVU: 3.78
2025 NF PE RVU: 10.03
2025 Fac PE RVU: 5.21

RUC Recommendation: PE Clinical staff pre-time revised **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2016

40800 **Drainage of abscess, cyst, hematoma, vestibule of mouth; simple** **Global:** 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2023 Medicare Utilization:** 2,126

2025 Work RVU: 1.23
2025 NF PE RVU: 4.76
2025 Fac PE RVU: 2.29

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

40801 **Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated**

Global: 010 **Issue:** Ostectomy **Screen:** Site of Service Anomaly (99238-Only) / 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** APMA, AAOS **First Identified:** September 2007 **2023 Medicare Utilization:** 815

2025 Work RVU: 2.63
2025 NF PE RVU: 5.97
2025 Fac PE RVU: 3.21
Result: PE Only

RUC Recommendation: Maintain. Reduced 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

40808 **Biopsy, vestibule of mouth**

Global: 010 **Issue:** Biopsy of Mouth Lesion **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAOHNS, AAOMS **First Identified:** April 2017 **2023 Medicare Utilization:** 9,007

2025 Work RVU: 1.05
2025 NF PE RVU: 3.87
2025 Fac PE RVU: 1.55
Result: Increase

RUC Recommendation: 1.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

40812 **Excision of lesion of mucosa and submucosa, vestibule of mouth; with simple repair**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:** **First Identified:** January 2014 **2023 Medicare Utilization:** 6,470

2025 Work RVU: 2.37
2025 NF PE RVU: 5.66
2025 Fac PE RVU: 2.89
Result: Maintain

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

40820 **Destruction of lesion or scar of vestibule of mouth by physical methods (eg, laser, thermal, cryo, chemical)**

Global: 010 **Issue:** RAW **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:**

First Identified: January 2014 **2023 Medicare Utilization:** 1,550

2025 Work RVU: 1.34
2025 NF PE RVU: 6.14
2025 Fac PE RVU: 3.48

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

41530 **Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session**

Global: 000 **Issue:** Submucosal ablation of tongue base **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 26 **Specialty Developing Recommendation:** AAO-HNS

First Identified: July 2014 **2023 Medicare Utilization:** 80

2025 Work RVU: 3.50
2025 NF PE RVU: 22.64
2025 Fac PE RVU: 7.36

RUC Recommendation: 3.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

42145 **Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)**

Global: 090 **Issue:** Palatopharyngoplasty **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 41 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2023 Medicare Utilization:** 358

2025 Work RVU: 9.78
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.59

RUC Recommendation: 9.63

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

42415 **Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS

First Identified: September 2007 **2023 Medicare Utilization:** 4,507

2025 Work RVU: 17.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.30

RUC Recommendation: 18.12

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

42420 **Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve**

Global: 090 **Issue:** Excise Parotid Gland/Lesion **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,187

2025 Work RVU: 19.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.40

RUC Recommendation: 21.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

42440 **Excision of submandibular (submaxillary) gland**

Global: 090 **Issue:** Submandibular Gland Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 64 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,439

2025 Work RVU: 6.14
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.61

RUC Recommendation: 7.13 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43191 **Esophagoscopy, rigid, transoral; diagnostic, including collection of specimen(s) by brushing or washing when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 2,139

2025 Work RVU: 2.49
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.82

RUC Recommendation: 2.78 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43192 **Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 250

2025 Work RVU: 2.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.92

RUC Recommendation: 3.21 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43193 **Esophagoscopy, rigid, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 167

2025 Work RVU: 2.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.91
Result: Increase

RUC Recommendation: 3.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43194 **Esophagoscopy, rigid, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 85

2025 Work RVU: 3.51
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.76
Result: Increase

RUC Recommendation: 3.99

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43195 **Esophagoscopy, rigid, transoral; with balloon dilation (less than 30 mm diameter)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 625

2025 Work RVU: 3.07
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.05
Result: Increase

RUC Recommendation: 3.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43196 **Esophagoscopy, rigid, transoral; with insertion of guide wire followed by dilation over guide wire**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 310

2025 Work RVU: 3.31
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.13
Result: Increase

RUC Recommendation: 3.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43197 **Esophagoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2023 Medicare Utilization:** 1,068

2025 Work RVU: 1.52
2025 NF PE RVU: 4.02
2025 Fac PE RVU: 0.70

RUC Recommendation: 1.59 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43198 **Esophagoscopy, flexible, transnasal; with biopsy, single or multiple**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, ASGE, SAGES, AGA **First Identified:** September 2011 **2023 Medicare Utilization:** 233

2025 Work RVU: 1.82
2025 NF PE RVU: 4.33
2025 Fac PE RVU: 0.86

RUC Recommendation: 1.89 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43200 **Esophagoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 3,227

2025 Work RVU: 1.42
2025 NF PE RVU: 6.16
2025 Fac PE RVU: 0.99

RUC Recommendation: 1.59 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43201 **Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 197

2025 Work RVU: 1.72
2025 NF PE RVU: 5.77
2025 Fac PE RVU: 1.14

RUC Recommendation: 1.90 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43202 **Esophagoscopy, flexible, transoral; with biopsy, single or multiple** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,638

2025 Work RVU: 1.72
2025 NF PE RVU: 8.46
2025 Fac PE RVU: 1.12

RUC Recommendation: 1.89 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43204 **Esophagoscopy, flexible, transoral; with injection sclerosis of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 4

2025 Work RVU: 2.33
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.41

RUC Recommendation: 2.89 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43205 **Esophagoscopy, flexible, transoral; with band ligation of esophageal varices** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 65

2025 Work RVU: 2.44
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.45

RUC Recommendation: 3.00 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43206 **Esophagoscopy, flexible, transoral; with optical endomicroscopy** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 6

2025 Work RVU: 2.29
2025 NF PE RVU: 6.45
2025 Fac PE RVU: 1.40

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43211 **Esophagoscopy, flexible, transoral; with endoscopic mucosal resection** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 83

2025 Work RVU: 4.20
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.24
Result: Decrease

RUC Recommendation: 4.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

43212 **Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 487

2025 Work RVU: 3.40
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.65
Result: Decrease

RUC Recommendation: 3.73 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

43213 **Esophagoscopy, flexible, transoral; with dilation of esophagus, by balloon or dilator, retrograde (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 102

2025 Work RVU: 4.63
2025 NF PE RVU: 29.65
2025 Fac PE RVU: 2.37
Result: Decrease

RUC Recommendation: 5.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

43214 **Esophagoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 157

2025 Work RVU: 3.40
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.88
Result: Decrease

RUC Recommendation: 3.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43215 **Esophagoscopy, flexible, transoral; with removal of foreign body(s)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 666

2025 Work RVU: 2.44
2025 NF PE RVU: 8.71
2025 Fac PE RVU: 1.39

RUC Recommendation: 2.60 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43216 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 137

2025 Work RVU: 2.30
2025 NF PE RVU: 9.36
2025 Fac PE RVU: 1.40

RUC Recommendation: 2.40 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43217 **Esophagoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 32

2025 Work RVU: 2.80
2025 NF PE RVU: 9.20
2025 Fac PE RVU: 1.61

RUC Recommendation: 2.90 **Referred to CPT** May 2012 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

43219 **Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent** **Global:** **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43220 **Esophagoscopy, flexible, transoral; with transendoscopic balloon dilation (less than 30 mm diameter)** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,625

2025 Work RVU: 2.00
2025 NF PE RVU: 23.32
2025 Fac PE RVU: 1.25

RUC Recommendation: 2.10 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43226 **Esophagoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) over guide wire** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AAO-HNS, AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,195

2025 Work RVU: 2.24
2025 NF PE RVU: 8.75
2025 Fac PE RVU: 1.29

RUC Recommendation: 2.34 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43227 **Esophagoscopy, flexible, transoral; with control of bleeding, any method** **Global:** 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 103

2025 Work RVU: 2.89
2025 NF PE RVU: 13.98
2025 Fac PE RVU: 1.64

RUC Recommendation: 3.26 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43228 **Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique** **Global:** **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43229 **Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,164

2025 Work RVU: 3.49
2025 NF PE RVU: 16.55
2025 Fac PE RVU: 1.89
Result: Decrease

RUC Recommendation: 3.72

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

43231 **Esophagoscopy, flexible, transoral; with endoscopic ultrasound examination**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 457

2025 Work RVU: 2.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.52
Result: Maintain

RUC Recommendation: 3.19

Referred to CPT May 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

43232 **Esophagoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 289

2025 Work RVU: 3.59
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.88
Result: Decrease

RUC Recommendation: 3.83

Referred to CPT May 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

43233 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2023 Medicare Utilization:** 1,060

2025 Work RVU: 4.07
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.08
Result: Decrease

RUC Recommendation: 4.45

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43234 **Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)**

Global: **Issue:** Esophagoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43235 **Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** EGD **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2010 **2023 Medicare Utilization:** 231,264

2025 Work RVU: 2.09
2025 NF PE RVU: 6.18
2025 Fac PE RVU: 1.29

RUC Recommendation: 2.26 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43236 **Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2008 **2023 Medicare Utilization:** 13,112

2025 Work RVU: 2.39
2025 NF PE RVU: 9.06
2025 Fac PE RVU: 1.42

RUC Recommendation: 2.57 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2009 and Jun 2010

Status Report: CMS Requests and Relativity Assessment Issues

43237 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 19,537

2025 Work RVU: 3.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.91

RUC Recommendation: 3.85 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43238 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), (includes endoscopic ultrasound examination limited to the esophagus, stomach or duodenum, and adjacent structures)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 16,192

2025 Work RVU: 4.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.22

RUC Recommendation: 4.50 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43239 **Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple**

Global: 000 **Issue:** EGD with Biopsy **Screen:** MPC List / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, SAGES **First Identified:** October 2010 **2023 Medicare Utilization:** 1,166,120

2025 Work RVU: 2.39
2025 NF PE RVU: 8.36
2025 Fac PE RVU: 1.42

RUC Recommendation: 2.39 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43240 **Esophagogastroduodenoscopy, flexible, transoral; with transmural drainage of pseudocyst (includes placement of transmural drainage catheter[s]/stent[s], when performed, and endoscopic ultrasound, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,272

2025 Work RVU: 7.15
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.56

RUC Recommendation: 7.25 **Referred to CPT** February 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

43241 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 4,168

2025 Work RVU: 2.49
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.41

RUC Recommendation: 2.59 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43242 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2023 Medicare Utilization:** 24,366

2025 Work RVU: 4.73
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.47

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

Status Report: CMS Requests and Relativity Assessment Issues

43243 **Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 310

2025 Work RVU: 4.27
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.18

RUC Recommendation: 4.37 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43244 **Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 17,137

2025 Work RVU: 4.40
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.32

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43245 **Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 11,985

2025 Work RVU: 3.08
2025 NF PE RVU: 13.69
2025 Fac PE RVU: 1.69

RUC Recommendation: 3.18 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43246 **Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 47,724

2025 Work RVU: 3.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.83

RUC Recommendation: 4.32 **Referred to CPT** October 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43247 **Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body(s)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 22,139

2025 Work RVU: 3.11
2025 NF PE RVU: 7.82
2025 Fac PE RVU: 1.72

RUC Recommendation: 3.27 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43248 **Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 85,103

2025 Work RVU: 2.91
2025 NF PE RVU: 8.88
2025 Fac PE RVU: 1.65

RUC Recommendation: 3.01 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43249 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 119,490

2025 Work RVU: 2.67
2025 NF PE RVU: 27.63
2025 Fac PE RVU: 1.54

RUC Recommendation: 2.77 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43250 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 2,527

2025 Work RVU: 2.97
2025 NF PE RVU: 9.79
2025 Fac PE RVU: 1.65

RUC Recommendation: 3.07 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43251 **Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 42,905

2025 Work RVU: 3.47
2025 NF PE RVU: 10.57
2025 Fac PE RVU: 1.90

RUC Recommendation: 3.57 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43253 **Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neurolytic agent) or fiducial marker(s) (includes endoscopic ultrasound examination of the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** February 2012 **2023 Medicare Utilization:** 1,710

2025 Work RVU: 4.73
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.47

RUC Recommendation: 5.39 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43254 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2023 Medicare Utilization:** 6,053

2025 Work RVU: 4.87
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.53

RUC Recommendation: 5.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43255 **Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 51,562

2025 Work RVU: 3.56
2025 NF PE RVU: 14.17
2025 Fac PE RVU: 1.95

RUC Recommendation: 4.20 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43256 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43257 **Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 72

2025 Work RVU: 4.15
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.22

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43258 **Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43259 **Esophagogastroduodenoscopy, flexible, transoral; with endoscopic ultrasound examination, including the esophagus, stomach, and either the duodenum or a surgically altered stomach where the jejunum is examined distal to the anastomosis**

Global: 000 **Issue:** EGD **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 11 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** October 2008 **2023 Medicare Utilization:** 29,545

2025 Work RVU: 4.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.17

RUC Recommendation: 4.74 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2009

43260 **Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 3,203

2025 Work RVU: 5.85
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.97

RUC Recommendation: 5.95 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43261 **Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 6,210

2025 Work RVU: 6.15
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.10

RUC Recommendation: 6.25 **Referred to CPT** January 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43262 **Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 23,667

2025 Work RVU: 6.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.26

RUC Recommendation: 6.60 **Referred to CPT** January 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43263 **Endoscopic retrograde cholangiopancreatography (ERCP); with pressure measurement of sphincter of Oddi**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 9

2025 Work RVU: 6.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.27

RUC Recommendation: 7.28 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43264 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of calculi/debris from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2023 Medicare Utilization:** 53,092

2025 Work RVU: 6.63
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.32

RUC Recommendation: 6.73 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43265 **Endoscopic retrograde cholangiopancreatography (ERCP); with destruction of calculi, any method (eg, mechanical, electrohydraulic, lithotripsy)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 2,151

2025 Work RVU: 7.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.89

RUC Recommendation: 8.03 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43266 **Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2023 Medicare Utilization:** 5,886

2025 Work RVU: 3.92
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.00

RUC Recommendation: 4.40 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43267 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43268 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct**

Global: **Issue:** ERCP **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** April 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43269 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43270 **Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** EGD **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** October 2012 **2023 Medicare Utilization:** 17,070

2025 Work RVU: 4.01
2025 NF PE RVU: 16.63
2025 Fac PE RVU: 2.14

RUC Recommendation: 4.39 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43271 **Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43272 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43273 **Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (List separately in addition to code(s) for primary procedure)**

Global: ZZZ **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 7,532

2025 Work RVU: 2.24
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.00

RUC Recommendation: 2.24 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43274 **Endoscopic retrograde cholangiopancreatography (ERCP); with placement of endoscopic stent into biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 39,292

2025 Work RVU: 8.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.14

RUC Recommendation: 8.74 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43275 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal of foreign body(s) or stent(s) from biliary/pancreatic duct(s)**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 13,108

2025 Work RVU: 6.86
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.42

RUC Recommendation: 6.96 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43276 **Endoscopic retrograde cholangiopancreatography (ERCP); with removal and exchange of stent(s), biliary or pancreatic duct, including pre- and post-dilation and guide wire passage, when performed, including sphincterotomy, when performed, each stent exchanged**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 16,091

2025 Work RVU: 8.84
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.30

RUC Recommendation: 9.10 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43277 **Endoscopic retrograde cholangiopancreatography (ERCP); with trans-endoscopic balloon dilation of biliary/pancreatic duct(s) or of ampulla (sphincteroplasty), including sphincterotomy, when performed, each duct**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 5,426

2025 Work RVU: 6.90
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.44

RUC Recommendation: 7.11 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43278 **Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s), including pre- and post-dilation and guide wire passage, when performed**

Global: 000 **Issue:** ERCP **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 12 **Specialty Developing Recommendation:** AGA, ASGE, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 454

2025 Work RVU: 7.92
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.89

RUC Recommendation: 8.08 **Referred to CPT** February 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43450 **Dilation of esophagus, by unguided sound or bougie, single or multiple passes** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2023 Medicare Utilization:** 52,545

2025 Work RVU: 1.28
2025 NF PE RVU: 4.16
2025 Fac PE RVU: 0.94

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

43453 **Dilation of esophagus, over guide wire** **Global:** 000 **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2023 Medicare Utilization:** 1,003

2025 Work RVU: 1.41
2025 NF PE RVU: 21.20
2025 Fac PE RVU: 1.00

RUC Recommendation: 1.51 **Referred to CPT** May 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

43456 **Dilation of esophagus, by balloon or dilator, retrograde** **Global:** **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43458 **Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia** **Global:** **Issue:** Dilation of Esophagus **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 17 **Specialty Developing Recommendation:** AGA, ASGE, SAGES, AAO-HNS **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

43760 **Change of gastrostomy tube, percutaneous, without imaging or endoscopic guidance**

Global: **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** July 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

43762 **Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; not requiring revision of gastrostomy tract**

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2023 Medicare Utilization:** 45,121

2025 Work RVU: 0.75
2025 NF PE RVU: 5.67
2025 Fac PE RVU: 0.22

RUC Recommendation: 0.75. CPT Assistant article **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2022

43763 **Replacement of gastrostomy tube, percutaneous, includes removal, when performed, without imaging or endoscopic guidance; requiring revision of gastrostomy tract**

Global: 000 **Issue:** Gastrostomy Tube Replacement **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:** ACEP, ACG, ACS, AGA, ASGE **First Identified:** September 2017 **2023 Medicare Utilization:** 2,112

2025 Work RVU: 1.41
2025 NF PE RVU: 8.01
2025 Fac PE RVU: 0.94

RUC Recommendation: 1.41. CPT Assistant article. **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2022

Status Report: CMS Requests and Relativity Assessment Issues

44143 **Colectomy, partial; with end colostomy and closure of distal segment (Hartmann type procedure)** **Global:** 090 **Issue:** RAW **Screen:** High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** **First Identified:** October 2015 **2023 Medicare Utilization:** 7,777

2025 Work RVU: 27.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.23

RUC Recommendation: 99214 visit appropriate. Remove from screen. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

44205 **Laparoscopy, surgical; colectomy, partial, with removal of terminal ileum with ileocolostomy** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** October 2008 **2023 Medicare Utilization:** 10,527

2025 Work RVU: 22.95
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.26

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

44207 **Laparoscopy, surgical; colectomy, partial, with anastomosis, with coloproctostomy (low pelvic anastomosis)** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACS, ASCRS **First Identified:** February 2008 **2023 Medicare Utilization:** 8,896

2025 Work RVU: 31.92
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.85

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

44380 **Ileoscopy, through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 1,386

2025 Work RVU: 0.87
2025 NF PE RVU: 4.89
2025 Fac PE RVU: 0.74

RUC Recommendation: 0.97 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44381 **Ileoscopy, through stoma; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2023 Medicare Utilization:** 127

2025 Work RVU: 1.38
2025 NF PE RVU: 26.08
2025 Fac PE RVU: 0.96

RUC Recommendation: 1.48 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44382 **Ileoscopy, through stoma; with biopsy, single or multiple** **Global:** 000 **Issue:** Ileoscopy Ileoscopy Ileoscopy Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 1,281

2025 Work RVU: 1.17
2025 NF PE RVU: 7.37
2025 Fac PE RVU: 0.89

RUC Recommendation: 1.27 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

44383 **Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)** **Global:** **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

44384 **Ileoscopy, through stoma; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Ileoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 04 **Specialty Developing Recommendation:** AGA, ASGE, ACG **First Identified:** May 2013 **2023 Medicare Utilization:** 50

2025 Work RVU: 2.85
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.34

RUC Recommendation: 3.11 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44385 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 906

2025 Work RVU: 1.20
2025 NF PE RVU: 5.09
2025 Fac PE RVU: 0.81

RUC Recommendation: 1.30 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44386 **Endoscopic evaluation of small intestinal pouch (eg, Kock pouch, ileal reservoir [S or J]); with biopsy, single or multiple**

Global: 000 **Issue:** Pouchoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 05 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,920

2025 Work RVU: 1.50
2025 NF PE RVU: 7.42
2025 Fac PE RVU: 0.97

RUC Recommendation: 1.60 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44388 **Colonoscopy through stoma; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 3,153

2025 Work RVU: 2.72
2025 NF PE RVU: 6.30
2025 Fac PE RVU: 1.51

RUC Recommendation: 2.82 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

44389 **Colonoscopy through stoma; with biopsy, single or multiple**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 1,957

2025 Work RVU: 3.02
2025 NF PE RVU: 8.71
2025 Fac PE RVU: 1.66

RUC Recommendation: 3.12 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44390 **Colonoscopy through stoma; with removal of foreign body(s)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 21

2025 Work RVU: 3.74
2025 NF PE RVU: 7.80
2025 Fac PE RVU: 2.03

RUC Recommendation: 3.82 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

44391 **Colonoscopy through stoma; with control of bleeding, any method**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 126

2025 Work RVU: 4.12
2025 NF PE RVU: 13.92
2025 Fac PE RVU: 2.17

RUC Recommendation: 4.22 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44392 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 192

2025 Work RVU: 3.53
2025 NF PE RVU: 7.47
2025 Fac PE RVU: 1.81

RUC Recommendation: 3.63 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44393 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44394 **Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 1,650

2025 Work RVU: 4.03
2025 NF PE RVU: 8.40
2025 Fac PE RVU: 2.10

RUC Recommendation: 4.13 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44397 **Colonoscopy through stoma; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

44401 **Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** September 2011 **2023 Medicare Utilization:** 38

2025 Work RVU: 4.34
2025 NF PE RVU: 61.83
2025 Fac PE RVU: 2.30

RUC Recommendation: 4.44 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44402 **Colonoscopy through stoma; with endoscopic stent placement (including pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2023 Medicare Utilization:** 11

2025 Work RVU: 4.70
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.46

RUC Recommendation: 4.96 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44403 **Colonoscopy through stoma; with endoscopic mucosal resection** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2023 Medicare Utilization:** 64

2025 Work RVU: 5.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.82

RUC Recommendation: 5.81 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44404 **Colonoscopy through stoma; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2023 Medicare Utilization:** 168

2025 Work RVU: 3.02
2025 NF PE RVU: 8.96
2025 Fac PE RVU: 1.66

RUC Recommendation: 3.13 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44405 **Colonoscopy through stoma; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2023 Medicare Utilization:** 35

2025 Work RVU: 3.23
2025 NF PE RVU: 12.54
2025 Fac PE RVU: 1.81

RUC Recommendation: 3.33 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

44406 **Colonoscopy through stoma; with endoscopic ultrasound examination, limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures** **Global:** 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2023 Medicare Utilization:** 4

2025 Work RVU: 4.10
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.19

RUC Recommendation: 4.41 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44407 **Colonoscopy through stoma; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the sigmoid, descending, transverse, or ascending colon and cecum and adjacent structures**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2023 Medicare Utilization:** 1

2025 Work RVU: 4.96
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.58

RUC Recommendation: 5.06 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44408 **Colonoscopy through stoma; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy through stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** ASCRS, ACS, SAGES, AGA, ASGE, ACG **First Identified:** January 2014 **2023 Medicare Utilization:** 21

2025 Work RVU: 4.14
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.21

RUC Recommendation: 4.24 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

44901 **Incision and drainage of appendiceal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

44970 **Laparoscopy, surgical, appendectomy** **Global:** 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACS **First Identified:** October 2008 **2023 Medicare Utilization:** 19,647

2025 Work RVU: 9.45
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.53

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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45170 **Deleted from CPT** **Global:** **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

45171 **Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,987

2025 Work RVU: 8.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.04

RUC Recommendation: 8.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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45172 **Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)** **Global:** 090 **Issue:** Rectal Tumor Excision **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ASCRS, ASGS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,706

2025 Work RVU: 12.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.61

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

45300 **Proctosigmoidoscopy, rigid; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)**

Global: 000 **Issue:** Diagnostic Proctosigmoidoscopy - Rigid **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACS, ASCRS, SAGES **First Identified:** July 2016 **2023 Medicare Utilization:** 14,357

2025 Work RVU: 0.80
2025 NF PE RVU: 2.95
2025 Fac PE RVU: 0.53

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

45330 **Sigmoidoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** Harvard Valued - Utilization over 30,000 / MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** April 2011 **2023 Medicare Utilization:** 38,732

2025 Work RVU: 0.84
2025 NF PE RVU: 4.60
2025 Fac PE RVU: 0.74

RUC Recommendation: 0.84 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45331 **Sigmoidoscopy, flexible; with biopsy, single or multiple**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 28,372

2025 Work RVU: 1.14
2025 NF PE RVU: 7.11
2025 Fac PE RVU: 0.87

RUC Recommendation: 1.14 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45332 **Sigmoidoscopy, flexible; with removal of foreign body(s)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 288

2025 Work RVU: 1.76
2025 NF PE RVU: 6.21
2025 Fac PE RVU: 1.14

RUC Recommendation: 1.85 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45333 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 466

2025 Work RVU: 1.55
2025 NF PE RVU: 7.83
2025 Fac PE RVU: 1.03

RUC Recommendation: 1.65 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45334 **Sigmoidoscopy, flexible; with control of bleeding, any method**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 3,017

2025 Work RVU: 2.00
2025 NF PE RVU: 11.99
2025 Fac PE RVU: 1.25

RUC Recommendation: 2.10 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45335 **Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 2,444

2025 Work RVU: 1.04
2025 NF PE RVU: 7.35
2025 Fac PE RVU: 0.82

RUC Recommendation: 1.15 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45337 **Sigmoidoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,667

2025 Work RVU: 2.10
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.02

RUC Recommendation: 2.20 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45338 **Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 4,835

2025 Work RVU: 2.05
2025 NF PE RVU: 6.54
2025 Fac PE RVU: 1.26

RUC Recommendation: 2.15 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45339 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45340 **Sigmoidoscopy, flexible; with transendoscopic balloon dilation**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 948

2025 Work RVU: 1.25
2025 NF PE RVU: 11.77
2025 Fac PE RVU: 0.91

RUC Recommendation: 1.35 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45341 **Sigmoidoscopy, flexible; with endoscopic ultrasound examination**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2023 Medicare Utilization:** 1,579

2025 Work RVU: 2.12
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.31

RUC Recommendation: 2.43 **Referred to CPT** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45342 **Sigmoidoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2023 Medicare Utilization:** 380

2025 Work RVU: 2.98
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.67

RUC Recommendation: 3.08 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45345 **Sigmoidoscopy, flexible; with transendoscopic stent placement (includes predilation)**

Global: **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45346 **Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** May 2013 **2023 Medicare Utilization:** 793

2025 Work RVU: 2.81
2025 NF PE RVU: 61.24
2025 Fac PE RVU: 1.59

RUC Recommendation: 2.97 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45347 **Sigmoidoscopy, flexible; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)**

Global: 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 06 **Specialty Developing Recommendation:** ACG, ACS, AGA, ASGE, ASCRS, SAGES **First Identified:** May 2013 **2023 Medicare Utilization:** 526

2025 Work RVU: 2.72
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.51

RUC Recommendation: 2.98 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45349 **Sigmoidoscopy, flexible; with endoscopic mucosal resection** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2023 Medicare Utilization:** 690

2025 Work RVU: 3.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.92

RUC Recommendation: 3.83 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45350 **Sigmoidoscopy, flexible; with band ligation(s) (eg, hemorrhoids)** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2023 Medicare Utilization:** 1,030

2025 Work RVU: 1.68
2025 NF PE RVU: 17.34
2025 Fac PE RVU: 1.10

RUC Recommendation: 1.78 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45355 **Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple** **Global:** **Issue:** Colonoscopy via stoma **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 08 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45378 **Colonoscopy, flexible; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS High Expenditure Procedural Codes1 / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 229,904

2025 Work RVU: 3.26
2025 NF PE RVU: 6.44
2025 Fac PE RVU: 1.79

RUC Recommendation: 3.36 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45379 **Colonoscopy, flexible; with removal of foreign body(s)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 885

2025 Work RVU: 4.28
2025 NF PE RVU: 8.08
2025 Fac PE RVU: 2.25

RUC Recommendation: 4.37 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45380 **Colonoscopy, flexible; with biopsy, single or multiple** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2010 **2023 Medicare Utilization:** 910,246

2025 Work RVU: 3.56
2025 NF PE RVU: 8.79
2025 Fac PE RVU: 1.93

RUC Recommendation: 3.66 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45381 **Colonoscopy, flexible; with directed submucosal injection(s), any substance** **Global:** 000 **Issue:** Colonoscopy **Screen:** CMS Fastest Growing / MPC List / Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** October 2008 **2023 Medicare Utilization:** 62,076

2025 Work RVU: 3.56
2025 NF PE RVU: 9.04
2025 Fac PE RVU: 1.93

RUC Recommendation: 3.67 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2010

45382 **Colonoscopy, flexible; with control of bleeding, any method** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 20,075

2025 Work RVU: 4.66
2025 NF PE RVU: 14.16
2025 Fac PE RVU: 2.43

RUC Recommendation: 4.76 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45383 **Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique**

Global: **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45384 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 39,039

2025 Work RVU: 4.07
2025 NF PE RVU: 9.74
2025 Fac PE RVU: 2.07

RUC Recommendation: 4.17 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45385 **Colonoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List / Codes Reported Together 75%or More-Part4 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES **First Identified:** October 2010 **2023 Medicare Utilization:** 1,028,197

2025 Work RVU: 4.57
2025 NF PE RVU: 8.33
2025 Fac PE RVU: 2.38

RUC Recommendation: 4.57 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45386 **Colonoscopy, flexible; with transendoscopic balloon dilation** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 1,822

2025 Work RVU: 3.77
2025 NF PE RVU: 13.48
2025 Fac PE RVU: 2.02

RUC Recommendation: 3.87 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45387 **Colonoscopy, flexible, proximal to splenic flexure; with transendoscopic stent placement (includes predilation)** **Global:** **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

45388 **Colonoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2023 Medicare Utilization:** 17,504

2025 Work RVU: 4.88
2025 NF PE RVU: 63.54
2025 Fac PE RVU: 2.48

RUC Recommendation: 4.98 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45389 **Colonoscopy, flexible; with endoscopic stent placement (includes pre- and post-dilation and guide wire passage, when performed)** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2023 Medicare Utilization:** 389

2025 Work RVU: 5.24
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.67

RUC Recommendation: 5.50 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45390 **Colonoscopy, flexible; with endoscopic mucosal resection** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2023 Medicare Utilization:** 27,740

2025 Work RVU: 6.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.05

RUC Recommendation: 6.35 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45391 **Colonoscopy, flexible; with endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 697

2025 Work RVU: 4.64
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.43

RUC Recommendation: 4.95 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45392 **Colonoscopy, flexible; with transendoscopic ultrasound guided intramural or transmural fine needle aspiration/biopsy(s), includes endoscopic ultrasound examination limited to the rectum, sigmoid, descending, transverse, or ascending colon and cecum, and adjacent structures** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 148

2025 Work RVU: 5.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.83

RUC Recommendation: 5.60 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

45393 **Colonoscopy, flexible; with decompression (for pathologic distention) (eg, volvulus, megacolon), including placement of decompression tube, when performed**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2023 Medicare Utilization:** 1,978

2025 Work RVU: 4.68
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.14

RUC Recommendation: 4.78 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

45398 **Colonoscopy, flexible; with band ligation(s) (eg, hemorrhoids)**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 10 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** January 2014 **2023 Medicare Utilization:** 3,079

2025 Work RVU: 4.20
2025 NF PE RVU: 18.91
2025 Fac PE RVU: 2.14

RUC Recommendation: 4.30 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

46020 **Placement of seton**

Global: 000 **Issue:** Placement/Removal of Seton **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 16 **Specialty Developing Recommendation:** ACS, ASCRS (col) **First Identified:** October 2019 **2023 Medicare Utilization:** 1,201

2025 Work RVU: 1.86
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.32

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

46030 **Removal of anal seton, other marker**

Global: 000 **Issue:** Placement/ Removal of Seton **Screen:** 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 16 **Specialty Developing Recommendation:** ACS, ASCRS (col) **First Identified:** April 2020 **2023 Medicare Utilization:** 281

2025 Work RVU: 1.48
2025 NF PE RVU: 5.82
2025 Fac PE RVU: 0.90

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

46200 **Fissurectomy, including sphincterotomy, when performed** **Global:** 090 **Issue:** Fissurectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2023 Medicare Utilization:** 694

2025 Work RVU: 3.59
2025 NF PE RVU: 10.16
2025 Fac PE RVU: 6.17

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

46500 **Injection of sclerosing solution, hemorrhoids** **Global:** 010 **Issue:** Hemorrhoid Injection **Screen:** 010-Day Global Post-Operative Visits / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 24 **Specialty Developing Recommendation:** ACS, ASCRS (colon) **First Identified:** January 2014 **2023 Medicare Utilization:** 12,634

2025 Work RVU: 1.74
2025 NF PE RVU: 7.38
2025 Fac PE RVU: 3.58

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47011 **Hepatotomy; for percutaneous drainage of abscess or cyst, 1 or 2 stages** **Global:** **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47135 **Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age**

Global: 090 **Issue:** Liver Allotransplantation **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** January 2014 **2023 Medicare Utilization:** 1,355

2025 Work RVU: 90.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 49.95

RUC Recommendation: 91.78 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47136 **Liver allotransplantation; heterotopic, partial or whole, from cadaver or living donor, any age**

Global: **Issue:** RAW **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 52 **Specialty Developing Recommendation:** ACS, ASTS **First Identified:** April 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47382 **Ablation, 1 or more liver tumor(s), percutaneous, radiofrequency**

Global: 010 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2023 Medicare Utilization:** 2,573

2025 Work RVU: 14.97
2025 NF PE RVU: 87.64
2025 Fac PE RVU: 5.19

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47490 **Cholecystostomy, percutaneous, complete procedure, including imaging guidance, catheter placement, cholecystogram when performed, and radiological supervision and interpretation**

Global: 010 **Issue:** Cholecystostomy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 04 **Specialty Developing Recommendation:** ACR

First Identified: October 2008 **2023 Medicare Utilization:** 11,835

2025 Work RVU: 4.76
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.62

RUC Recommendation: 4.76

Referred to CPT June 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

47500 **Injection procedure for percutaneous transhepatic cholangiography**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

47505 **Injection procedure for cholangiography through an existing catheter (eg, percutaneous transhepatic or T-tube)**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

47510 **Introduction of percutaneous transhepatic catheter for biliary drainage**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47511 **Introduction of percutaneous transhepatic stent for internal and external biliary drainage**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47525 **Change of percutaneous biliary drainage catheter**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47530 **Revision and/or reinsertion of transhepatic tube**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

47531 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 6,003

2025 Work RVU: 1.30
2025 NF PE RVU: 10.70
2025 Fac PE RVU: 0.65

RUC Recommendation: 1.30 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47532 **Injection procedure for cholangiography, percutaneous, complete diagnostic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation; new access (eg, percutaneous transhepatic cholangiogram)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 373

2025 Work RVU: 4.25
2025 NF PE RVU: 19.56
2025 Fac PE RVU: 1.47

RUC Recommendation: 4.50 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47533 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 1,184

2025 Work RVU: 5.38
2025 NF PE RVU: 27.50
2025 Fac PE RVU: 1.78

RUC Recommendation: 5.63 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47534 **Placement of biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; internal-external**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 3,720

2025 Work RVU: 7.60
2025 NF PE RVU: 28.48
2025 Fac PE RVU: 2.41

RUC Recommendation: 7.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47535 **Conversion of external biliary drainage catheter to internal-external biliary drainage catheter, percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 330

2025 Work RVU: 3.95
2025 NF PE RVU: 21.18
2025 Fac PE RVU: 1.37

RUC Recommendation: 4.20 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47536 **Exchange of biliary drainage catheter (eg, external, internal-external, or conversion of internal-external to external only), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 12,998

2025 Work RVU: 2.61
2025 NF PE RVU: 15.34
2025 Fac PE RVU: 0.99

RUC Recommendation: 2.86 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47537 **Removal of biliary drainage catheter, percutaneous, requiring fluoroscopic guidance (eg, with concurrent indwelling biliary stents), including diagnostic cholangiography when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 1,896

2025 Work RVU: 1.84
2025 NF PE RVU: 12.05
2025 Fac PE RVU: 0.81

RUC Recommendation: 1.85 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

47538 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 713

2025 Work RVU: 4.75
2025 NF PE RVU: 100.66
2025 Fac PE RVU: 1.62

RUC Recommendation: 5.00 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47539 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, without placement of separate biliary drainage catheter**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 94

2025 Work RVU: 8.75
2025 NF PE RVU: 108.62
2025 Fac PE RVU: 2.70
Result: Increase

RUC Recommendation: 9.00 **Referred to CPT** February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

47540 **Placement of stent(s) into a bile duct, percutaneous, including diagnostic cholangiography, imaging guidance (eg, fluoroscopy and/or ultrasound), balloon dilation, catheter exchange(s) and catheter removal(s) when performed, and all associated radiological supervision and interpretation; new access, with placement of separate biliary drainage catheter (eg, external or internal-external)**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 138

2025 Work RVU: 9.03
2025 NF PE RVU: 109.72
2025 Fac PE RVU: 2.85
Result: Increase

RUC Recommendation: 9.28 **Referred to CPT** February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

47541 **Placement of access through the biliary tree and into small bowel to assist with an endoscopic biliary procedure (eg, rendezvous procedure), percutaneous, including diagnostic cholangiography when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 137

2025 Work RVU: 6.75
2025 NF PE RVU: 26.28
2025 Fac PE RVU: 2.33
Result: Increase

RUC Recommendation: 7.00 **Referred to CPT** February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

47542 **Balloon dilation of biliary duct(s) or of ampulla (sphincteroplasty), percutaneous, including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, each duct (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 970

2025 Work RVU: 2.85
2025 NF PE RVU: 11.21
2025 Fac PE RVU: 0.82

RUC Recommendation: 2.85 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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47543 **Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 491

2025 Work RVU: 3.00
2025 NF PE RVU: 8.05
2025 Fac PE RVU: 0.88

RUC Recommendation: 3.00 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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47544 **Removal of calculi/debris from biliary duct(s) and/or gallbladder, percutaneous, including destruction of calculi by any method (eg, mechanical, electrohydraulic, lithotripsy) when performed, imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2015 **2023 Medicare Utilization:** 231

2025 Work RVU: 3.28
2025 NF PE RVU: 20.31
2025 Fac PE RVU: 0.94

RUC Recommendation: 3.28 **Referred to CPT** February 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

47560 **Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy**

Global: **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: July 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

47562 **Laparoscopy, surgical; cholecystectomy**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ACS

First Identified: September 2011 **2023 Medicare Utilization:** 71,982

2025 Work RVU: 10.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.97

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 3.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

47563 **Laparoscopy, surgical; cholecystectomy with cholangiography**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: September 2011 **2023 Medicare Utilization:** 32,117

2025 Work RVU: 11.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.45

RUC Recommendation: No further action. 12.11

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

47600 **Cholecystectomy;**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 36 **Specialty Developing Recommendation:** ACS, SAGES

First Identified: September 2011 **2023 Medicare Utilization:** 4,918

2025 Work RVU: 17.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.61

RUC Recommendation: 20.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

47605 **Cholecystectomy; with cholangiography**

Global: 090 **Issue:** Cholecystectomy **Screen:** CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 36 **Specialty Developing Recommendation:** ACS, SAGES

First Identified: September 2011 **2023 Medicare Utilization:** 644

2025 Work RVU: 18.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.99

RUC Recommendation: 21.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

48102 **Biopsy of pancreas, percutaneous needle**

Global: 010 **Issue:** Percutaneous Needle Biopsy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** SIR

First Identified: September 2007 **2023 Medicare Utilization:** 492

2025 Work RVU: 4.70
2025 NF PE RVU: 9.77
2025 Fac PE RVU: 1.78

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

48511 **External drainage, pseudocyst of pancreas; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49021 **Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49041 **Drainage of subdiaphragmatic or subphrenic abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49061 **Drainage of retroperitoneal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49080 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial**

Global: **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49081 **Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent**

Global: **Issue:** Peritoneocentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 5 **Specialty Developing Recommendation:** ACR, AGA, ASGE, AUR, SIR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49082 **Abdominal paracentesis (diagnostic or therapeutic); without imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2023 Medicare Utilization:** 8,296

2025 Work RVU: 1.24
2025 NF PE RVU: 4.77
2025 Fac PE RVU: 0.76

RUC Recommendation: 1.35 **Referred to CPT** June 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49083 **Abdominal paracentesis (diagnostic or therapeutic); with imaging guidance** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2023 Medicare Utilization:** 239,938

2025 Work RVU: 2.00
2025 NF PE RVU: 6.37
2025 Fac PE RVU: 0.95

RUC Recommendation: 2.00 **Referred to CPT** June 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49084 **Peritoneal lavage, including imaging guidance, when performed** **Global:** 000 **Issue:** Abdominal Paracentesis **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 05 **Specialty Developing Recommendation:** ACR, ACS, AGA, ASGE, SIR **First Identified:** February 2010 **2023 Medicare Utilization:** 1,330

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.74

RUC Recommendation: 2.50 **Referred to CPT** June 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49405 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); visceral (eg, kidney, liver, spleen, lung/mediastinum), percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2023 Medicare Utilization:** 4,750

2025 Work RVU: 4.00
2025 NF PE RVU: 21.07
2025 Fac PE RVU: 1.32

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49406 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, percutaneous**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2023 Medicare Utilization:** 28,441

2025 Work RVU: 4.00
2025 NF PE RVU: 21.08
2025 Fac PE RVU: 1.31

RUC Recommendation: 4.25 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49407 **Image-guided fluid collection drainage by catheter (eg, abscess, hematoma, seroma, lymphocele, cyst); peritoneal or retroperitoneal, transvaginal or transrectal**

Global: 000 **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** January 2012 **2023 Medicare Utilization:** 140

2025 Work RVU: 4.25
2025 NF PE RVU: 17.07
2025 Fac PE RVU: 1.33

RUC Recommendation: 4.50 **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49418 **Insertion of tunneled intraperitoneal catheter (eg, dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** February 2010 **2023 Medicare Utilization:** 6,907

2025 Work RVU: 3.96
2025 NF PE RVU: 23.80
2025 Fac PE RVU: 1.52

RUC Recommendation: 4.21 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49420 **Deleted from CPT**

Global: **Issue:** Insertion of Intraperitoneal Cannula or Catheter **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** ACS **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49421 **Insertion of tunneled intraperitoneal catheter for dialysis, open**

Global: 000 **Issue:** Intraperitoneal Catheter Codes **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 11 **Specialty Developing Recommendation:** ACS, ACR, SIR **First Identified:** September 2007 **2023 Medicare Utilization:** 1,061

2025 Work RVU: 4.21
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.55

RUC Recommendation: 4.21 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49422 **Removal of tunneled intraperitoneal catheter**

Global: 000 **Issue:** Removal of Intraperitoneal Catheter **Screen:** Site of Service Anomaly - 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACS, SVS

First Identified: October 2016

2023 Medicare Utilization: 9,754

2025 Work RVU: 4.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.67

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

49436 **Delayed creation of exit site from embedded subcutaneous segment of intraperitoneal cannula or catheter**

Global: 010 **Issue:** Delayed Creation of Exit Site from Embedded Catheter **Screen:** CMS Request - Final Rule for 2022 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 16 **Specialty Developing Recommendation:** ACS

First Identified: November 2021

2023 Medicare Utilization: 224

2025 Work RVU: 2.72
2025 NF PE RVU: 12.29
2025 Fac PE RVU: 2.25

RUC Recommendation: PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

49505 **Repair initial inguinal hernia, age 5 years or older; reducible**

Global: 090 **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** ACS

First Identified: September 2011

2023 Medicare Utilization: 35,000

2025 Work RVU: 7.96
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.99

RUC Recommendation: Reaffirmed

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

49507 **Repair initial inguinal hernia, age 5 years or older; incarcerated or strangulated**

Global: 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 29 **Specialty Developing Recommendation:** ACS

First Identified: September 2007

2023 Medicare Utilization: 8,300

2025 Work RVU: 9.09
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.55

RUC Recommendation: 10.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

49521 **Repair recurrent inguinal hernia, any age; incarcerated or strangulated** **Global:** 090 **Issue:** Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 29 **Specialty Developing Recommendation:** ACS **First Identified:** September 2007 **2023 Medicare Utilization:** 1,627

2025 Work RVU: 11.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.45

RUC Recommendation: 12.44 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

49560 **Repair initial incisional or ventral hernia; reducible** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49561 **Repair initial incisional or ventral hernia; incarcerated or strangulated** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

49565 **Repair recurrent incisional or ventral hernia; reducible** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** October 2019 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49566 **Repair recurrent incisional or ventral hernia; incarcerated or strangulated** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49568 **Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (list separately in addition to code for the incisional or ventral hernia repair)** **Global:** ZZZ **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49570 **Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49572 **Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49580 **Repair umbilical hernia, younger than age 5 years; reducible** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49582 **Repair umbilical hernia, younger than age 5 years; incarcerated or strangulated** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49585 **Repair umbilical hernia, age 5 years or older; reducible** **Global:** 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49587 **Repair umbilical hernia, age 5 years or older; incarcerated or strangulated**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49590 **Repair spigelian hernia**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49591 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 18,181

2025 Work RVU: 5.96
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.88

RUC Recommendation: 6.27 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49592 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 9,916

2025 Work RVU: 8.46
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.75

RUC Recommendation: 9.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49593 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 14,858

2025 Work RVU: 10.26
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.44

RUC Recommendation: 10.80 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49594 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 14,836

2025 Work RVU: 13.46
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.62

RUC Recommendation: 14.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49595 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 4,409

2025 Work RVU: 13.94
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.90

RUC Recommendation: 14.88 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49596 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 4,152

2025 Work RVU: 18.67
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.60

RUC Recommendation: 20.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49613 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 1,044

2025 Work RVU: 7.42
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.46

RUC Recommendation: 7.75 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49614 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); less than 3 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 784

2025 Work RVU: 10.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.42

RUC Recommendation: 10.79 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49615 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 2,480

2025 Work RVU: 11.46
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.95

RUC Recommendation: 12.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49616 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 2,685

2025 Work RVU: 15.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.41

RUC Recommendation: 16.50 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49617 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 1,468

2025 Work RVU: 16.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.80

RUC Recommendation: 16.97 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49618 **Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), recurrent, including implantation of mesh or other prosthesis when performed, total length of defect(s); greater than 10 cm, incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 2,378

2025 Work RVU: 22.67
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.15

RUC Recommendation: 24.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49621 **Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 1,430

2025 Work RVU: 13.70
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.78

RUC Recommendation: 14.24 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49622 **Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated**

Global: 000 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 1,076

2025 Work RVU: 17.06
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.01

RUC Recommendation: 18.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49623 **Removal of total or near total non-infected mesh or other prosthesis at the time of initial or recurrent anterior abdominal hernia repair or parastomal hernia repair, any approach (ie, open, laparoscopic, robotic) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:** 1,583

2025 Work RVU: 3.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.42

RUC Recommendation: 5.00 **Referred to CPT** February 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

49652 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49653 **Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49654 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49655 **Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** June 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

49656 **Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

49657 **Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated**

Global: 090 **Issue:** Anterior Abdominal Hernia Repair **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 09 **Specialty Developing Recommendation:** ACS, ASCRS (col), SAGES **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

50021 **Drainage of perirenal or renal abscess; percutaneous**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

50080 **Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)**

Global: 090 **Issue:** Percutaneous Nephrostolithotomy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 08 **Specialty Developing Recommendation:** AUA **First Identified:** October 2019 **2023 Medicare Utilization:** 1,678

2025 Work RVU: 12.41
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.01

RUC Recommendation: 13.50 **Referred to CPT** September 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

50081 **Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; complex (eg, stone[s] > 2 cm, branching stones, stones in multiple locations, ureter stones, complicated anatomy)**

Global: 090 **Issue:** Percutaneous Nephrostolithotomy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 08 **Specialty Developing Recommendation:** AUA **First Identified:** October 2019 **2023 Medicare Utilization:** 6,711

2025 Work RVU: 20.91
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.20

RUC Recommendation: 22.00 **Referred to CPT** September 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

50200 **Renal biopsy; percutaneous, by trocar or needle**

Global: 000 **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2023 Medicare Utilization:** 31,242

2025 Work RVU: 2.38
2025 NF PE RVU: 12.23
2025 Fac PE RVU: 1.13

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

50360 **Renal allotransplantation, implantation of graft; without recipient nephrectomy**

Global: 090 **Issue:** Renal Allotransplantation **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** July 2012 **2023 Medicare Utilization:** 9,890

2025 Work RVU: 39.88
2025 NF PE RVU: NA
2025 Fac PE RVU: 23.99

RUC Recommendation: 40.90 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50387 **Removal and replacement of externally accessible nephroureteral catheter (eg, external/internal stent) requiring fluoroscopic guidance, including radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 7,609

2025 Work RVU: 1.75
2025 NF PE RVU: 13.81
2025 Fac PE RVU: 0.51

RUC Recommendation: 2.00 **Referred to CPT** October 2014 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

50392 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50393 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50394 **Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50395 **Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous**

Global: **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

50398 **Change of nephrostomy or pyelostomy tube**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50430 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 798

2025 Work RVU: 2.90
2025 NF PE RVU: 15.10
2025 Fac PE RVU: 1.34
Result: Increase

RUC Recommendation: 3.15 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

50431 **Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 6,374

2025 Work RVU: 1.10
2025 NF PE RVU: 8.05
2025 Fac PE RVU: 0.75
Result: Increase

RUC Recommendation: 1.42 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

50432 **Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 27,669

2025 Work RVU: 4.00
2025 NF PE RVU: 21.69
2025 Fac PE RVU: 1.61
Result: Maintain

RUC Recommendation: 4.00 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50433 **Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: September 2017 **2023 Medicare Utilization:** 5,165

2025 Work RVU: 5.05
2025 NF PE RVU: 26.93
2025 Fac PE RVU: 1.91
Result: Maintain

RUC Recommendation: 5.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

50434 **Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2023 Medicare Utilization:** 2,065

2025 Work RVU: 3.75
2025 NF PE RVU: 21.94
2025 Fac PE RVU: 1.47
Result: Increase

RUC Recommendation: 4.20

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

50435 **Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2014 **2023 Medicare Utilization:** 48,604

2025 Work RVU: 1.82
2025 NF PE RVU: 15.09
2025 Fac PE RVU: 0.94
Result: Increase

RUC Recommendation: 2.00

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50436 **Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed;**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2023 Medicare Utilization:** 1,320

2025 Work RVU: 2.78
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.42
Result: Decrease

RUC Recommendation: 3.37

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

50437 **Dilation of existing tract, percutaneous, for an endourologic procedure including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, with postprocedure tube placement, when performed; including new access into the renal collecting system**

Global: 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2023 Medicare Utilization:** 2,250

2025 Work RVU: 4.85
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.09
Result: Decrease

RUC Recommendation: 5.44

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

50542 **Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** AUA **First Identified:** October 2008 **2023 Medicare Utilization:** 80

2025 Work RVU: 21.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.92
Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50548 **Laparoscopy, surgical; nephrectomy with total ureterectomy**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** AUA

First Identified: October 2008 **2023 Medicare Utilization:** 2,016

2025 Work RVU: 25.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.57

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

50590 **Lithotripsy, extracorporeal shock wave**

Global: 090 **Issue:** Lithotripsy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 42 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2023 Medicare Utilization:** 38,936

2025 Work RVU: 9.77
2025 NF PE RVU: 11.22
2025 Fac PE RVU: 6.31

RUC Recommendation: 9.77

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

50605 **Ureterotomy for insertion of indwelling stent, all types**

Global: 090 **Issue:** Ureterotomy **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AUA, SIR

First Identified: October 2008 **2023 Medicare Utilization:** 1,893

2025 Work RVU: 16.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.76

RUC Recommendation: Review action plan at the RAW Oct 2015. CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

50606 **Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 67

2025 Work RVU: 3.16
2025 NF PE RVU: 10.65
2025 Fac PE RVU: 0.56

RUC Recommendation: 3.16 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50693 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 3,176

2025 Work RVU: 3.96
2025 NF PE RVU: 24.14
2025 Fac PE RVU: 1.62

RUC Recommendation: 4.60 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50694 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 689

2025 Work RVU: 5.25
2025 NF PE RVU: 26.31
2025 Fac PE RVU: 2.04

RUC Recommendation: 6.00 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

50695 **Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter**

Global: 000 **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 845

2025 Work RVU: 6.80
2025 NF PE RVU: 31.02
2025 Fac PE RVU: 2.54

RUC Recommendation: 7.55 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50705 **Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 61

2025 Work RVU: 4.03
2025 NF PE RVU: 48.27
2025 Fac PE RVU: 0.72

RUC Recommendation: 4.03 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

50706 **Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 08 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2014 **2023 Medicare Utilization:** 1,125

2025 Work RVU: 3.80
2025 NF PE RVU: 19.84
2025 Fac PE RVU: 1.10

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51040 **Cystostomy, cystotomy with drainage**

Global: 090 **Issue:** Cystostomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2023 Medicare Utilization:** 4,026

2025 Work RVU: 4.49
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.82

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

51102 **Aspiration of bladder; with insertion of suprapubic catheter**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2023 Medicare Utilization:** 13,204

2025 Work RVU: 2.70
2025 NF PE RVU: 4.08
2025 Fac PE RVU: 1.22

RUC Recommendation: 2.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51700 **Bladder irrigation, simple, lavage and/or instillation**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2023 Medicare Utilization:** 170,149

2025 Work RVU: 0.60
2025 NF PE RVU: 1.60
2025 Fac PE RVU: 0.22

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

51701 **Insertion of non-indwelling bladder catheter (eg, straight catheterization for residual urine)**

Global: 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2023 Medicare Utilization:** 138,903

2025 Work RVU: 0.50
2025 NF PE RVU: 0.76
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

51702 **Insertion of temporary indwelling bladder catheter; simple (eg, Foley)** **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2023 Medicare Utilization:** 224,191

2025 Work RVU: 0.50
2025 NF PE RVU: 1.30
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51703 **Insertion of temporary indwelling bladder catheter; complicated (eg, altered anatomy, fractured catheter/balloon)** **Global:** 000 **Issue:** Bladder Catheter **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 32 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2023 Medicare Utilization:** 49,438

2025 Work RVU: 1.47
2025 NF PE RVU: 2.79
2025 Fac PE RVU: 0.63

RUC Recommendation: 1.47 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51720 **Bladder instillation of anticarcinogenic agent (including retention time)** **Global:** 000 **Issue:** Treatment of Bladder Lesion **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 33 **Specialty Developing Recommendation:** AUA **First Identified:** July 2015 **2023 Medicare Utilization:** 158,561

2025 Work RVU: 0.87
2025 NF PE RVU: 1.68
2025 Fac PE RVU: 0.32

RUC Recommendation: 0.87 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51726 **Complex cystometrogram (ie, calibrated electronic equipment);** **Global:** 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2008 **2023 Medicare Utilization:** 2,772

2025 Work RVU: 1.71
2025 NF PE RVU: 6.43
2025 Fac PE RVU: NA

RUC Recommendation: 1.71 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51727 **Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2023 Medicare Utilization:** 1,582

2025 Work RVU: 2.11
2025 NF PE RVU: 7.86
2025 Fac PE RVU: NA

RUC Recommendation: 2.11 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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51728 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2023 Medicare Utilization:** 77,213

2025 Work RVU: 2.11
2025 NF PE RVU: 7.85
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 2.11 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Aug 2024 **Result:** Decrease

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51729 **Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique**

Global: 000 **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** February 2009 **2023 Medicare Utilization:** 48,493

2025 Work RVU: 2.51
2025 NF PE RVU: 7.94
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 2.51 **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Aug 2024 **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

51736 **Simple uroflowmetry (UFR) (eg, stop-watch flow rate, mechanical uroflowmeter)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 11 **Specialty Developing Recommendation:** AUA **First Identified:** February 2010 **2023 Medicare Utilization:** 8,544

2025 Work RVU: 0.17
2025 NF PE RVU: 0.22
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

51741 **Complex uroflowmetry (eg, calibrated electronic equipment)** **Global:** XXX **Issue:** Uroflowmetry **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2023 Medicare Utilization:** 316,816

2025 Work RVU: 0.17
2025 NF PE RVU: 0.23
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 0.17 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

51772 **Deleted from CPT** **Global:** **Issue:** Urodynamic Studies **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 16 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

51784 **Electromyography studies (EMG) of anal or urethral sphincter, other than needle, any technique**

Global: XXX **Issue:** Electromyography Studies (EMG) **Screen:** Codes Reported Together 75% or More-Part2 / CMS High Expenditure Procedural Codes2 / CPT Assistant Analysis 2018 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AUA

First Identified: October 2012 **2023 Medicare Utilization:** 123,557

2025 Work RVU: 0.75
2025 NF PE RVU: 1.10
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 0.75.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

Result: Decrease

51792 **Stimulus evoked response (eg, measurement of bulbocavernosus reflex latency time)**

Global: 000 **Issue:** Urinary Reflex Studies with EMG **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AUA

First Identified: October 2012 **2023 Medicare Utilization:** 4,517

2025 Work RVU: 1.10
2025 NF PE RVU: 6.28
2025 Fac PE RVU: NA

RUC Recommendation: CPT edits and CPT Assistant article complete.

Referred to CPT February 2014
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2014

Result: Maintain

51795 **Deleted from CPT**

Global: **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:**

First Identified: February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

51797 **Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Urology Studies **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:**

First Identified: February 2008 **2023 Medicare Utilization:** 92,695

2025 Work RVU: 0.80
2025 NF PE RVU: 4.11
2025 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

51798 **Measurement of post-voiding residual urine and/or bladder capacity by ultrasound, non-imaging**

Global: XXX **Issue:** Voiding Pressure Studies **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 25 **Specialty Developing Recommendation:** AUA

First Identified: July 2015 **2023 Medicare Utilization:** 1,904,870

2025 Work RVU: 0.00
2025 NF PE RVU: 0.33
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

52000 **Cystourethroscopy (separate procedure)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 35 **Specialty Developing Recommendation:** AUA, ACOG

First Identified: October 2010 **2023 Medicare Utilization:** 759,838

2025 Work RVU: 1.53
2025 NF PE RVU: 4.88
2025 Fac PE RVU: 0.68

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52214 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA **First Identified:** June 2008 **2023 Medicare Utilization:** 13,941

2025 Work RVU: 3.50
2025 NF PE RVU: 17.28
2025 Fac PE RVU: 1.27

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52224 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy**

Global: 000 **Issue:** Cystourethroscopy **Screen:** High Volume Growth1 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2023 Medicare Utilization:** 25,795

2025 Work RVU: 4.05
2025 NF PE RVU: 17.65
2025 Fac PE RVU: 1.46

RUC Recommendation: 4.05 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2009 and May 2016

52234 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 up to 2.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2023 Medicare Utilization:** 23,933

2025 Work RVU: 4.62
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.12

RUC Recommendation: 4.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

Status Report: CMS Requests and Relativity Assessment Issues

52235 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2023 Medicare Utilization:** 31,463

2025 Work RVU: 5.44
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.46

RUC Recommendation: 5.44 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

52240 **Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2023 Medicare Utilization:** 19,275

2025 Work RVU: 7.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.21

RUC Recommendation: 8.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** May 2016

52281 **Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 38 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2023 Medicare Utilization:** 46,029

2025 Work RVU: 2.75
2025 NF PE RVU: 6.09
2025 Fac PE RVU: 1.45

RUC Recommendation: 2.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52287 **Cystourethroscopy, with injection(s) for chemodenervation of the bladder** **Global:** 000 **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2023 Medicare Utilization:** 66,989

2025 Work RVU: 3.20
2025 NF PE RVU: 7.35
2025 Fac PE RVU: 1.42

RUC Recommendation: Remove from Screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

52332 **Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)** **Global:** 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** October 2009 **2023 Medicare Utilization:** 135,104

2025 Work RVU: 2.82
2025 NF PE RVU: 8.04
2025 Fac PE RVU: 1.47

RUC Recommendation: 2.82 **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

52334 **Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde** **Global:** 000 **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** September 2017 **2023 Medicare Utilization:** 243

2025 Work RVU: 3.37
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.67

RUC Recommendation: 3.37 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52341 **Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2023 Medicare Utilization:** 1,723

2025 Work RVU: 5.35
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.43
Result: Decrease

RUC Recommendation: 5.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52342 **Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2023 Medicare Utilization:** 152

2025 Work RVU: 5.85
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.61
Result: Decrease

RUC Recommendation: 5.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52343 **Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2023 Medicare Utilization:** 20

2025 Work RVU: 6.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.86
Result: Decrease

RUC Recommendation: 6.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52344 **Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2023 Medicare Utilization:** 2,924

2025 Work RVU: 7.05
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.05
Result: Decrease

RUC Recommendation: 7.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52345 **Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2023 Medicare Utilization:** 431

2025 Work RVU: 7.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.23
Result: Decrease

RUC Recommendation: 7.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52346 **Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)**

Global: 000 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** April 2008 **2023 Medicare Utilization:** 469

2025 Work RVU: 8.58
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.60
Result: Decrease

RUC Recommendation: 8.58

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52351 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; diagnostic**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2023 Medicare Utilization:** 21,148

2025 Work RVU: 5.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.53
Result: Decrease

RUC Recommendation: 5.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

52352 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2023 Medicare Utilization:** 18,945

2025 Work RVU: 6.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.94
Result: Decrease

RUC Recommendation: 6.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52353 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 13 **Specialty Developing Recommendation:** AUA **First Identified:** April 2011 **2023 Medicare Utilization:** 10,348

2025 Work RVU: 7.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.21
Result: Decrease

RUC Recommendation: 7.50 **Referred to CPT** February 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

52354 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2023 Medicare Utilization:** 8,143

2025 Work RVU: 8.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.39
Result: Increase

RUC Recommendation: 8.58 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

52355 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor**

Global: 000 **Issue:** Cystourethroscopy and Ureteroscopy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 23 **Specialty Developing Recommendation:** AUA **First Identified:** September 2011 **2023 Medicare Utilization:** 681

2025 Work RVU: 9.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.76
Result: Increase

RUC Recommendation: 10.00 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

52356 **Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)**

Global: 000 **Issue:** Cystourethroscopy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 13 **Specialty Developing Recommendation:** AUA

First Identified: January 2013 **2023 Medicare Utilization:** 87,085

2025 Work RVU: 8.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.35

RUC Recommendation: 8.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52400 **Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2023 Medicare Utilization:** 54

2025 Work RVU: 8.69
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.57

RUC Recommendation: 8.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52442 **Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** PE Subcommittee **Screen:** PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AUA, AACU

First Identified: April 2020 **2023 Medicare Utilization:** 77,714

2025 Work RVU: 1.01
2025 NF PE RVU: 23.35
2025 Fac PE RVU: 0.37

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

52500 **Transurethral resection of bladder neck (separate procedure)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2023 Medicare Utilization:** 2,072

2025 Work RVU: 8.14
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.80

RUC Recommendation: 6.00

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52601 **Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: October 2015 **2023 Medicare Utilization:** 38,400

2025 Work RVU: 13.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.11

RUC Recommendation: 10.00

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

52630 **Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: May 2024 **2023 Medicare Utilization:** 5,113

2025 Work RVU: 6.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.96

RUC Recommendation: 6.55

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

52640 **Transurethral resection; of postoperative bladder neck contracture** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2023 Medicare Utilization:** 1,164

2025 Work RVU: 4.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.46

RUC Recommendation: 4.79 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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52647 **Laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included if performed)** **Global:** 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA **First Identified:** May 2024 **2023 Medicare Utilization:** 79

2025 Work RVU: 11.30
2025 NF PE RVU: 32.55
2025 Fac PE RVU: 6.95

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

52648 **Laser vaporization of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)** **Global:** 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA **First Identified:** February 2008 **2023 Medicare Utilization:** 13,621

2025 Work RVU: 12.15
2025 NF PE RVU: 33.09
2025 Fac PE RVU: 7.24

RUC Recommendation: 10.05 **Referred to CPT** May 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

52649 **Laser enucleation of the prostate with morcellation, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, internal urethrotomy and transurethral resection of prostate are included if performed)**

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: May 2024

2023 Medicare Utilization: 8,670

2025 Work RVU: 14.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.46

RUC Recommendation: 14.56

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

52XX1

Global: 090 **Issue:** Transurethral Robotic-assisted Resection of Prostate **Screen:** High Volume Category III Codes 2023 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 07 **Specialty Developing Recommendation:** AUA

First Identified: May 2024

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 10.25

Referred to CPT May 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

53445 **Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007

2023 Medicare Utilization: 2,023

2025 Work RVU: 13.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.24

RUC Recommendation: 13.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

53850 **Transurethral destruction of prostate tissue; by microwave thermotherapy**

Global: 090 **Issue:** Transurethral Destruction of Prostate Tissue **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 43 **Specialty Developing Recommendation:** AUA

First Identified: September 2011 **2023 Medicare Utilization:** 745

2025 Work RVU: 5.42
2025 NF PE RVU: 34.70
2025 Fac PE RVU: 4.74

RUC Recommendation: 10.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

54405 **Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 45 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2023 Medicare Utilization:** 4,598

2025 Work RVU: 14.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.01

RUC Recommendation: 14.39

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

54410 **Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 31 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2023 Medicare Utilization:** 1,159

2025 Work RVU: 15.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.96

RUC Recommendation: 15.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

54520 **Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach**

Global: 090 **Issue:** Removal of Testical **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA

First Identified: September 2007 **2023 Medicare Utilization:** 1,746

2025 Work RVU: 5.30
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.94

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

54530 **Orchiectomy, radical, for tumor; inguinal approach** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 65 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2023 Medicare Utilization:** 957

2025 Work RVU: 8.46
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.88
Result: Decrease

RUC Recommendation: 8.46 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

55700 **Biopsy, prostate; needle or punch, single or multiple, any approach** **Global:** 000 **Issue:** Prostate Biopsy Services **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** July 2015 **2023 Medicare Utilization:** 138,394

2025 Work RVU: 2.50
2025 NF PE RVU: 4.42
2025 Fac PE RVU: 1.07
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

55705 **Biopsy, prostate, any approach, nonimaging-guided** **Global:** 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2023 Medicare Utilization:** 60

2025 Work RVU: 4.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.81
Result: Decrease

RUC Recommendation: 1.93. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55706 **Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance**

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** 010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** January 2014 **2023 Medicare Utilization:** 4,115

2025 Work RVU: 6.28
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.32

RUC Recommendation: 4.27. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55840 **Prostatectomy, retropubic radical, with or without nerve sparing;**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2023 Medicare Utilization:** 1,014

2025 Work RVU: 21.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.07

RUC Recommendation: 21.36 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

55842 **Prostatectomy, retropubic radical, with or without nerve sparing; with lymph node biopsy(s) (limited pelvic lymphadenectomy)**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** October 2013 **2023 Medicare Utilization:** 47

2025 Work RVU: 21.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.05

RUC Recommendation: 21.36 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55845 **Prostatectomy, retropubic radical, with or without nerve sparing; with bilateral pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** July 2013 **2023 Medicare Utilization:** 398

2025 Work RVU: 25.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.44
Result: Decrease

RUC Recommendation: 25.18 **Referred to CPT** May 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

55866 **Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** New Technology / CMS Fastest Growing / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2023 Medicare Utilization:** 18,044

2025 Work RVU: 22.46
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.56
Result: Decrease

RUC Recommendation: 22.46 **Referred to CPT** May 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

55867 **Laparoscopy, surgical prostatectomy, simple subtotal (including control of postoperative bleeding, vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy), includes robotic assistance, when performed**

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** May 2024 **2023 Medicare Utilization:** 3,448

2025 Work RVU: 19.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.52
Result: Maintain

RUC Recommendation: 19.53 **Referred to CPT** May 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

55873 **Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)**

Global: 090 **Issue:** Cryoablation of Prostate **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 25 **Specialty Developing Recommendation:** AUA

First Identified: September 2007

2023 Medicare Utilization: 1,056

2025 Work RVU: 13.60

2025 NF PE RVU: 147.79

2025 Fac PE RVU: 7.77

RUC Recommendation: 13.45

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

55875 **Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy**

Global: 090 **Issue:** RAW **Screen:** RUC request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:**

First Identified: April 2015

2023 Medicare Utilization: 4,754

2025 Work RVU: 13.46

2025 NF PE RVU: NA

2025 Fac PE RVU: 8.72

RUC Recommendation: Review data at RAW

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Not Part of RAW

558X1

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA

First Identified: May 2024

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 22.46

Referred to CPT May 2024

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

558X2

Global: 090 **Issue:** Laparoscopic Prostatectomy **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 06 **Specialty Developing Recommendation:** AUA **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 29.35 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

56515 **Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)**

Global: 010 **Issue:** Destruction of Lesions **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2023 Medicare Utilization:** 2,456

2025 Work RVU: 3.08
2025 NF PE RVU: 4.72
2025 Fac PE RVU: 2.84

RUC Recommendation: Reduce 99238 to 0.5 **Referred to CPT**

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

56620 **Vulvectomy simple; partial**

Global: 090 **Issue:** Partial Removal of Vulva **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** D **Specialty Developing Recommendation:** ACOG **First Identified:** September 2007 **2023 Medicare Utilization:** 2,948

2025 Work RVU: 7.53
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.94

RUC Recommendation: 7.35 **Referred to CPT**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57150 **Irrigation of vagina and/or application of medicament for treatment of bacterial, parasitic, or fungoid disease**

Global: 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 15 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2023 Medicare Utilization:** 17,277

2025 Work RVU: 0.50
2025 NF PE RVU: 1.12
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57155 **Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy**

Global: 000 **Issue:** RAW **Screen:** Site of Service Anomaly / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2023 Medicare Utilization:** 2,265

2025 Work RVU: 5.15
2025 NF PE RVU: 6.52
2025 Fac PE RVU: 3.02

RUC Recommendation: 5.40 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57156 **Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy**

Global: 000 **Issue:** RAW **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** ACOG, ASTRO **First Identified:** September 2007 **2023 Medicare Utilization:** 15,452

2025 Work RVU: 2.69
2025 NF PE RVU: 4.05
2025 Fac PE RVU: 1.69

RUC Recommendation: 2.69 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57160 **Fitting and insertion of pessary or other intravaginal support device** **Global:** 000 **Issue:** Vaginal Treatments **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 15 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2023 Medicare Utilization:** 74,285

2025 Work RVU: 0.89
2025 NF PE RVU: 1.19
2025 Fac PE RVU: 0.34

RUC Recommendation: 0.89 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

57240 **Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele, including cystourethroscopy, when performed** **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2015 **2023 Medicare Utilization:** 6,765

2025 Work RVU: 10.08
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.86

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57250 **Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy** **Global:** 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2023 Medicare Utilization:** 8,885

2025 Work RVU: 10.08
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.87

RUC Recommendation: 10.08 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57260 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed;**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2023 Medicare Utilization:** 8,696

2025 Work RVU: 13.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.06

RUC Recommendation: 13.25 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57265 **Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair**

Global: 090 **Issue:** Colporrhaphy with Cystourethroscopy **Screen:** Site of Service Anomaly - 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 14 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2016 **2023 Medicare Utilization:** 3,701

2025 Work RVU: 15.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.79

RUC Recommendation: 15.00 **Referred to CPT** September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

57282 **Colpopexy, vaginal; extra-peritoneal approach (sacrospinous, iliococcygeus)**

Global: 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 26 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2023 Medicare Utilization:** 6,846

2025 Work RVU: 11.63
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.46

RUC Recommendation: 13.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

57283 **Colpopexy, vaginal; intra-peritoneal approach (uterosacral, levator myorrhaphy)**

Global: 090 **Issue:** Colpopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 26 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2023 Medicare Utilization:** 5,068

2025 Work RVU: 11.66
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.50

RUC Recommendation: 13.51 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

57287 **Removal or revision of sling for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** C **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2023 Medicare Utilization:** 1,361

2025 Work RVU: 11.15
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.52
Result: Decrease

RUC Recommendation: 10.97 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

57288 **Sling operation for stress incontinence (eg, fascia or synthetic)** **Global:** 090 **Issue:** Sling Operation for Stress Incontinence **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** O **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** September 2007 **2023 Medicare Utilization:** 20,097

2025 Work RVU: 12.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.44
Result: Decrease

RUC Recommendation: 12.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

57425 **Laparoscopy, surgical, colpopexy (suspension of vaginal apex)** **Global:** 090 **Issue:** Laparoscopic Colopexy **Screen:** Site of Service Anomaly - 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 27 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2023 Medicare Utilization:** 11,234

2025 Work RVU: 17.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.58
Result: Increase

RUC Recommendation: 18.02 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

58100 **Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)** **Global:** 000 **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2016 **2023 Medicare Utilization:** 57,051

2025 Work RVU: 1.21
2025 NF PE RVU: 1.60
2025 Fac PE RVU: 0.48
Result: Decrease

RUC Recommendation: 1.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58110 **Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biopsy of Uterus Lining **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 16 **Specialty Developing Recommendation:** ACOG **First Identified:** April 2017 **2023 Medicare Utilization:** 624

2025 Work RVU: 0.77
2025 NF PE RVU: 0.60
2025 Fac PE RVU: 0.31
Result: Maintain

RUC Recommendation: 0.77

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

58555 **Hysteroscopy, diagnostic (separate procedure)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2023 Medicare Utilization:** 1,171

2025 Work RVU: 2.65
2025 NF PE RVU: 7.05
2025 Fac PE RVU: 1.45
Result: Decrease

RUC Recommendation: 3.07

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

58558 **Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2023 Medicare Utilization:** 43,717

2025 Work RVU: 4.17
2025 NF PE RVU: 32.44
2025 Fac PE RVU: 2.06
Result: Decrease

RUC Recommendation: 4.37

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58559 **Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2023 Medicare Utilization:** 87

2025 Work RVU: 5.20
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.42

RUC Recommendation: 5.54 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

58560 **Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2023 Medicare Utilization:** 22

2025 Work RVU: 5.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.63

RUC Recommendation: 6.15 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

58561 **Hysteroscopy, surgical; with removal of leiomyomata** **Global:** 000 **Issue:** Hysteroscopy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2015 **2023 Medicare Utilization:** 2,162

2025 Work RVU: 6.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.99

RUC Recommendation: 7.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58562 **Hysteroscopy, surgical; with removal of impacted foreign body**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2023 Medicare Utilization:** 181

2025 Work RVU: 4.00
2025 NF PE RVU: 7.57
2025 Fac PE RVU: 1.97
Result: Decrease

RUC Recommendation: 4.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

58563 **Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)**

Global: 000 **Issue:** Hysteroscopy **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 37 **Specialty Developing Recommendation:** ACOG **First Identified:** NA **2023 Medicare Utilization:** 1,307

2025 Work RVU: 4.47
2025 NF PE RVU: 53.82
2025 Fac PE RVU: 2.15
Result: Decrease

RUC Recommendation: 4.62

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

58660 **Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)**

Global: 090 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AUA, ACOG **First Identified:** September 2007 **2023 Medicare Utilization:** 507

2025 Work RVU: 11.59
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.86
Result: PE Only

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

58661 **Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)**

Global: 010 **Issue:** Laproscopic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ACOG

First Identified: September 2007 **2023 Medicare Utilization:** 12,383

2025 Work RVU: 11.35
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.39

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

58823 **Drainage of pelvic abscess, transvaginal or transrectal approach, percutaneous (eg, ovarian, pericolic)**

Global: **Issue:** Drainage of Abscess **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 04 **Specialty Developing Recommendation:**

First Identified: January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

59200 **Insertion of cervical dilator (eg, laminaria, prostaglandin) (separate procedure)**

Global: 000 **Issue:** Insertion of Cervical Dilator **Screen:** CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 13 **Specialty Developing Recommendation:** ACOG

First Identified: November 2023 **2023 Medicare Utilization:** 192

2025 Work RVU: 1.20
2025 NF PE RVU: 2.43
2025 Fac PE RVU: 0.47

RUC Recommendation: 1.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

59400 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2023 Medicare Utilization:** 1,347

2025 Work RVU: 37.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 25.76
Result: Increase

RUC Recommendation: 32.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59409 **Vaginal delivery only (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2023 Medicare Utilization:** 765

2025 Work RVU: 14.37
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.76
Result: Increase

RUC Recommendation: 14.37

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59410 **Vaginal delivery only (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2023 Medicare Utilization:** 427

2025 Work RVU: 18.76
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.61
Result: Increase

RUC Recommendation: 18.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59412 **External cephalic version, with or without tocolysis**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 17

2025 Work RVU: 1.71
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.86
Result: Maintain

RUC Recommendation: 1.71

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59414 **Delivery of placenta (separate procedure)** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 35

2025 Work RVU: 1.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.62
Result: Maintain

RUC Recommendation: 1.61 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

59425 **Antepartum care only; 4-6 visits** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 383

2025 Work RVU: 7.80
2025 NF PE RVU: 7.04
2025 Fac PE RVU: 3.10
Result: Decrease

RUC Recommendation: 6.31 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

59426 **Antepartum care only; 7 or more visits** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 419

2025 Work RVU: 14.30
2025 NF PE RVU: 12.78
2025 Fac PE RVU: 5.64
Result: Decrease

RUC Recommendation: 11.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

59430 **Postpartum care only (separate procedure)** **Global:** MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 503

2025 Work RVU: 3.22
2025 NF PE RVU: 3.82
2025 Fac PE RVU: 1.28
Result: Increase

RUC Recommendation: 2.47 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59510 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** February 2008 **2023 Medicare Utilization:** 1,173

2025 Work RVU: 41.05
2025 NF PE RVU: NA
2025 Fac PE RVU: 27.54
Result: Increase

RUC Recommendation: 36.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59514 **Cesarean delivery only;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** October 2008 **2023 Medicare Utilization:** 665

2025 Work RVU: 16.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.33
Result: Increase

RUC Recommendation: 16.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59515 **Cesarean delivery only; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 400

2025 Work RVU: 22.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.67
Result: Increase

RUC Recommendation: 22.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59610 **Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 64

2025 Work RVU: 38.71
2025 NF PE RVU: NA
2025 Fac PE RVU: 25.83
Result: Increase

RUC Recommendation: 34.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59612 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps);**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 47

2025 Work RVU: 16.09
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.21
Result: Increase

RUC Recommendation: 16.09

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59614 **Vaginal delivery only, after previous cesarean delivery (with or without episiotomy and/or forceps); including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 30

2025 Work RVU: 20.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.43
Result: Increase

RUC Recommendation: 20.26

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59618 **Routine obstetric care including antepartum care, cesarean delivery, and postpartum care, following attempted vaginal delivery after previous cesarean delivery**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 18

2025 Work RVU: 41.57
2025 NF PE RVU: NA
2025 Fac PE RVU: 27.59
Result: Increase

RUC Recommendation: 36.69

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

59620 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery;**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 10

2025 Work RVU: 16.66
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.43
Result: Decrease

RUC Recommendation: 16.66

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

59622 **Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery; including postpartum care**

Global: MMM **Issue:** Obstetrical Care **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AAFP **First Identified:** April 2008 **2023 Medicare Utilization:** 3

2025 Work RVU: 23.32
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.32

RUC Recommendation: 22.53 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

5XX00

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 2.63. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

5XX01

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 3.39. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

5XX02

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.23. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

5XX03

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.81. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

5XX04

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 2.61. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

5XX07

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.10. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

5XX08

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 4.00. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

5XX09

Global: 000 **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 3.62. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

5XX10

Global: ZZZ **Issue:** Prostate Biopsy Services **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACR, AUA, OEIS, SIR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 1.05. Refer to CPT **Referred to CPT** February 2025; May 2024 (Tab 15) **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

60220 **Total thyroid lobectomy, unilateral; with or without isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 6,777

2025 Work RVU: 11.19
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.08

RUC Recommendation: 12.29 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

60225 **Total thyroid lobectomy, unilateral; with contralateral subtotal lobectomy, including isthmusectomy**

Global: 090 **Issue:** Total Thyroid Lobectomy **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 46 **Specialty Developing Recommendation:** ACS, AAO-HNS **First Identified:** September 2007 **2023 Medicare Utilization:** 156

2025 Work RVU: 14.79
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.70

RUC Recommendation: 14.67 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

60240 **Thyroidectomy, total or complete**

Global: 090 **Issue:** Thyroidectomy **Screen:** CPT Referral to the RUC **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2024 **2023 Medicare Utilization:** 4,921

2025 Work RVU: 15.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.65

RUC Recommendation: Refer to CPT Assistant **Referred to CPT** **Result:**

Referred to CPT Asst ☑ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

60260 **Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid**

Global: 090 **Issue:** Thyroidectomy **Screen:** CPT Referral to the RUC **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** AAO-HNS, ACS **First Identified:** September 2024 **2023 Medicare Utilization:** 1,040

2025 Work RVU: 18.26
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.10

RUC Recommendation: Refer to CPT Assistant

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:**

Result:

60520 **Thymectomy, partial or total; transcervical approach (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2023 Medicare Utilization:** 329

2025 Work RVU: 17.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.43

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

60521 **Thymectomy, partial or total; sternal split or transthoracic approach, without radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** **First Identified:** November 2011 **2023 Medicare Utilization:** 182

2025 Work RVU: 19.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.87

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

60522 **Thymectomy, partial or total; sternal split or transthoracic approach, with radical mediastinal dissection (separate procedure)**

Global: 090 **Issue:** RAW Review **Screen:** CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:**

First Identified: November 2011 **2023 Medicare Utilization:** 75

2025 Work RVU: 23.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.53

RUC Recommendation: No reliable way to determine an incremental difference from open thoracotomy to thoracoscopic procedures.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61055 **Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: January 2014 **2023 Medicare Utilization:** 94

2025 Work RVU: 2.10
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.07

RUC Recommendation: Editorial change

Referred to CPT October 2013

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

61624 **Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; central nervous system (intracranial, spinal cord)**

Global: 000 **Issue:** Endovascular Therapy with Imaging **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR

First Identified: April 2022 **2023 Medicare Utilization:** 11,728

2025 Work RVU: 20.12
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.59

RUC Recommendation: 20.00

Referred to CPT February 2024

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61626 **Transcatheter permanent occlusion or embolization (eg, for tumor destruction, to achieve hemostasis, to occlude a vascular malformation), percutaneous, any method; non-central nervous system, head or neck (extracranial, brachiocephalic branch)**

Global: 000 **Issue:** Endovascular Therapy with Imaging **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR **First Identified:** February 2024 **2023 Medicare Utilization:** 1,298

2025 Work RVU: 16.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.45

RUC Recommendation: 15.31 **Referred to CPT** February 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61781 **Stereotactic computer-assisted (navigational) procedure; cranial, intradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** October 2009 **2023 Medicare Utilization:** 15,686

2025 Work RVU: 3.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.83

RUC Recommendation: 3.75 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

61782 **Stereotactic computer-assisted (navigational) procedure; cranial, extradural (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 13 **Specialty Developing Recommendation:** NASS, AANS/CNS, AAO-HNS **First Identified:** October 2009 **2023 Medicare Utilization:** 19,013

2025 Work RVU: 3.18
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.50

RUC Recommendation: 3.18 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61783 **Stereotactic computer-assisted (navigational) procedure; spinal (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Computer-Assisted Volumetric Navigational Procedures **Screen:** CMS Fastest Growing / High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** October 2009 **2023 Medicare Utilization:** 29,281

2025 Work RVU: 3.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.88

RUC Recommendation: Survey for April 2025. 3.75 **Referred to CPT** October 2009 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

61793 **Deleted from CPT**

Global: **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** AANS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

61795 **Deleted from CPT**

Global: **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** NASS, AAO-HNS, AANS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

61796 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:**

First Identified: NA

2023 Medicare Utilization: 5,624

2025 Work RVU: 13.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.74

RUC Recommendation: 15.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61797 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:**

First Identified: NA

2023 Medicare Utilization: 7,879

2025 Work RVU: 3.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.70

RUC Recommendation: 3.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61798 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:**

First Identified: NA

2023 Medicare Utilization: 3,018

2025 Work RVU: 19.85
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.50

RUC Recommendation: 19.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

61799 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:**

First Identified: NA **2023 Medicare Utilization:** 654

2025 Work RVU: 4.81
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.35

RUC Recommendation: 4.81

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61800 **Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Fastest Growing, Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 16 **Specialty Developing Recommendation:**

First Identified: February 2008 **2023 Medicare Utilization:** 3,685

2025 Work RVU: 2.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.37

RUC Recommendation: 2.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

61885 **Insertion or replacement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array**

Global: 090 **Issue:** Vagal Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 14 **Specialty Developing Recommendation:** AANS/CNS

First Identified: September 2007 **2023 Medicare Utilization:** 3,783

2025 Work RVU: 6.05
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.89

RUC Recommendation: 6.44

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62263 **Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days**

Global: 010 **Issue:** Epidual Lysis **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 66 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, NASS **First Identified:** September 2007 **2023 Medicare Utilization:** 208

2025 Work RVU: 5.00
2025 NF PE RVU: 13.46
2025 Fac PE RVU: 4.28

RUC Recommendation: 6.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

62270 **Spinal puncture, lumbar, diagnostic;**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** October 2017 **2023 Medicare Utilization:** 22,332

2025 Work RVU: 1.22
2025 NF PE RVU: 2.88
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.44 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

62272 **Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter);**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:** 2,975

2025 Work RVU: 1.58
2025 NF PE RVU: 3.54
2025 Fac PE RVU: 0.73

RUC Recommendation: 1.80 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62281 **Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic**

Global: 010 **Issue:** Injection of Neurolytic Agent **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASA

First Identified: September 2007 **2023 Medicare Utilization:** 68

2025 Work RVU: 2.66
2025 NF PE RVU: 4.23
2025 Fac PE RVU: 1.79

RUC Recommendation: Remove 99238

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Q&A May 2010

Result: PE Only

62284 **Injection procedure for myelography and/or computed tomography, lumbar**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2023 Medicare Utilization:** 12,800

2025 Work RVU: 1.54
2025 NF PE RVU: 3.80
2025 Fac PE RVU: 0.77

RUC Recommendation: 1.54

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

62287 **Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar**

Global: 090 **Issue:** Percutaneous Diskectomy **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** ASA

First Identified: September 2007 **2023 Medicare Utilization:** 100

2025 Work RVU: 9.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.17

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

62290 **Injection procedure for discography, each level; lumbar**

Global: 000 **Issue:** Injection for discography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, AUR, NASS, ACR, ASNR, ISIS, AANS **First Identified:** October 2009 **2023 Medicare Utilization:** 4,260

2025 Work RVU: 3.00
2025 NF PE RVU: 6.84
2025 Fac PE RVU: 1.40

RUC Recommendation: 3.00, CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2011

Result: Maintain

62302 **Myelography via lumbar injection, including radiological supervision and interpretation; cervical**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2023 Medicare Utilization:** 1,837

2025 Work RVU: 2.29
2025 NF PE RVU: 4.97
2025 Fac PE RVU: 1.03

RUC Recommendation: 2.29

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

62303 **Myelography via lumbar injection, including radiological supervision and interpretation; thoracic**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2023 Medicare Utilization:** 256

2025 Work RVU: 2.29
2025 NF PE RVU: 5.10
2025 Fac PE RVU: 1.03

RUC Recommendation: 2.29

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62304 **Myelography via lumbar injection, including radiological supervision and interpretation; lumbosacral**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2023 Medicare Utilization:** 7,511

2025 Work RVU: 2.25
2025 NF PE RVU: 4.96
2025 Fac PE RVU: 1.02

RUC Recommendation: 2.25 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62305 **Myelography via lumbar injection, including radiological supervision and interpretation; 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical)**

Global: 000 **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2023 Medicare Utilization:** 3,777

2025 Work RVU: 2.35
2025 NF PE RVU: 5.53
2025 Fac PE RVU: 1.06

RUC Recommendation: 2.35 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62310 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62311 **Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

62318 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; cervical or thoracic**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

62319 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, includes contrast for localization when performed, epidural or subarachnoid; lumbar or sacral (caudal)**

Global: **Issue:** Epidural Injections **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, ISIS, NASS, ASNR, ASIPP **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62320 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 1,154

2025 Work RVU: 1.80
2025 NF PE RVU: 2.71
2025 Fac PE RVU: 0.91

RUC Recommendation: 1.80 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62321 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 172,493

2025 Work RVU: 1.95
2025 NF PE RVU: 5.63
2025 Fac PE RVU: 1.08

RUC Recommendation: 1.95 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

62322 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 20,500

2025 Work RVU: 1.55
2025 NF PE RVU: 2.24
2025 Fac PE RVU: 0.63

RUC Recommendation: 1.55 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62323 **Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 528,640

2025 Work RVU: 1.80
2025 NF PE RVU: 5.66
2025 Fac PE RVU: 1.00

RUC Recommendation: 1.80 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62324 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 9,080

2025 Work RVU: 1.89
2025 NF PE RVU: 2.04
2025 Fac PE RVU: 0.62

RUC Recommendation: 1.89 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62325 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 608

2025 Work RVU: 2.20
2025 NF PE RVU: 4.88
2025 Fac PE RVU: 0.87

RUC Recommendation: 2.20 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62326 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 1,497

2025 Work RVU: 1.78
2025 NF PE RVU: 2.15
2025 Fac PE RVU: 0.61

RUC Recommendation: 1.78 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

62327 **Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)**

Global: 000 **Issue:** Epidural Injections **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 10 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** May 2015 **2023 Medicare Utilization:** 1,006

2025 Work RVU: 1.90
2025 NF PE RVU: 5.81
2025 Fac PE RVU: 1.09

RUC Recommendation: 1.90 **Referred to CPT** May 2015 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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62328 **Spinal puncture, lumbar, diagnostic; with fluoroscopic or CT guidance**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:** 40,638

2025 Work RVU: 1.73
2025 NF PE RVU: 4.67
2025 Fac PE RVU: 0.64

RUC Recommendation: 1.95 **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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62329 **Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or CT guidance**

Global: 000 **Issue:** Lumbar Puncture **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:** 2,269

2025 Work RVU: 2.03
2025 NF PE RVU: 5.47
2025 Fac PE RVU: 0.79

RUC Recommendation: 2.25 **Referred to CPT** September 2018 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

Status Report: CMS Requests and Relativity Assessment Issues

62350 **Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2023 Medicare Utilization:** 3,564

2025 Work RVU: 6.05
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.86
Result: Decrease

RUC Recommendation: 6.05

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62355 **Removal of previously implanted intrathecal or epidural catheter**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2023 Medicare Utilization:** 715

2025 Work RVU: 3.55
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.13
Result: Decrease

RUC Recommendation: 4.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62360 **Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** April 2008 **2023 Medicare Utilization:** 174

2025 Work RVU: 4.33
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.20
Result: Decrease

RUC Recommendation: 4.33

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62361 **Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** April 2008 **2023 Medicare Utilization:** 32

2025 Work RVU: 5.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.40
Result: Decrease

RUC Recommendation: 5.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62362 **Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2023 Medicare Utilization:** 5,362

2025 Work RVU: 5.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.84
Result: Decrease

RUC Recommendation: 6.10

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62365 **Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion**

Global: 010 **Issue:** Intrathecal Epidural Catheters & Pumps **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 67 **Specialty Developing Recommendation:** AAPMR, ASA, NASS, AAPM, AANS/CNS **First Identified:** September 2007 **2023 Medicare Utilization:** 904

2025 Work RVU: 3.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.20
Result: Decrease

RUC Recommendation: 4.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

62367 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); without reprogramming or refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2009 **2023 Medicare Utilization:** 6,379

2025 Work RVU: 0.48
2025 NF PE RVU: 0.43
2025 Fac PE RVU: 0.20
Result: Maintain

RUC Recommendation: New PE inputs. 0.48

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

62368 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2009 **2023 Medicare Utilization:** 27,855

2025 Work RVU: 0.67
2025 NF PE RVU: 0.60
2025 Fac PE RVU: 0.28

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62369 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2010 **2023 Medicare Utilization:** 19,131

2025 Work RVU: 0.67
2025 NF PE RVU: 2.00
2025 Fac PE RVU: 0.29

RUC Recommendation: New PE inputs. 0.67 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

62370 **Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)**

Global: XXX **Issue:** Electronic Analysis Implanted Pump (PE Only) **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 14 **Specialty Developing Recommendation:** AAPM, AAPMR, ASA, SIS **First Identified:** October 2010 **2023 Medicare Utilization:** 79,419

2025 Work RVU: 0.90
2025 NF PE RVU: 1.75
2025 Fac PE RVU: 0.37

RUC Recommendation: New PE inputs. 1.10 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63020 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical**

Global: 090 **Issue:** Lumbar Laminotomy with Decompression **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2022 **2023 Medicare Utilization:** 702

2025 Work RVU: 14.91
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.92
Result: Decrease

RUC Recommendation: 15.95 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

63030 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar**

Global: 090 **Issue:** Lumbar Laminotomy with Decompression **Screen:** Pre-Time Analysis / Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2014 **2023 Medicare Utilization:** 17,304

2025 Work RVU: 12.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.21
Result: Maintain

RUC Recommendation: 13.18 **Referred to CPT** September 2021 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

63035 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Lumbar Laminotomy with Decompression **Screen:** Site of Service Anomaly - 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 17 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** January 2022 **2023 Medicare Utilization:** 3,481

2025 Work RVU: 3.86
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.95
Result: Increase

RUC Recommendation: 4.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63042 **Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; lumbar**

Global: 090 **Issue:** RAW **Screen:** Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** AANS, AAOS, NASS **First Identified:** January 2014 **2023 Medicare Utilization:** 5,912

2025 Work RVU: 18.76
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.22
Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 4.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

63045 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; cervical**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 16 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2023 Medicare Utilization:** 10,499

2025 Work RVU: 17.95
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.13
Result: Maintain

RUC Recommendation: 17.95

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

63046 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; thoracic**

Global: 090 **Issue:** Laminectomy **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 16 **Specialty Developing Recommendation:** **First Identified:** November 2013 **2023 Medicare Utilization:** 4,210

2025 Work RVU: 17.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.65
Result: Maintain

RUC Recommendation: 17.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63047 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar**

Global: 090 **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 24 **Specialty Developing Recommendation:** NASS, AANS

First Identified: September 2011 **2023 Medicare Utilization:** 77,826

2025 Work RVU: 15.37
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.61

RUC Recommendation: 15.37

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

63048 **Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Laminectomy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 24 **Specialty Developing Recommendation:** NASS, AANS

First Identified: January 2012 **2023 Medicare Utilization:** 99,663

2025 Work RVU: 3.47
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.76

RUC Recommendation: 3.47

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

63056 **Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (eg, herniated intervertebral disc), single segment; lumbar (including transfacet, or lateral extraforaminal approach) (eg, far lateral herniated intervertebral disc)**

Global: 090 **Issue:** RAW **Screen:** CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** NASS, AANS

First Identified: October 2008 **2023 Medicare Utilization:** 3,844

2025 Work RVU: 21.86
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.37

RUC Recommendation: Review action plan at RAW Oct 2015. Maintain

Referred to CPT February 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

63075 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace**

Global: 090 **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** February 2008 **2023 Medicare Utilization:** 178

2025 Work RVU: 19.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.27

RUC Recommendation: 19.60 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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63076 **Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, each additional interspace (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Arthrodesis Including Discectomy **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 5 **Specialty Developing Recommendation:** NASS, AANS/CNS **First Identified:** **2023 Medicare Utilization:** 121

2025 Work RVU: 4.04
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.03

RUC Recommendation: 4.04 **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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63081 **Vertebral corpectomy (vertebral body resection), partial or complete, anterior approach with decompression of spinal cord and/or nerve root(s); cervical, single segment**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AANS, AAOS, CNS, ISASS, NASS **First Identified:** April 2022 **2023 Medicare Utilization:** 3,272

2025 Work RVU: 26.10
2025 NF PE RVU: NA
2025 Fac PE RVU: 18.96

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Aug 2023 **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

63090 **Vertebral corpectomy (vertebral body resection), partial or complete, transperitoneal or retroperitoneal approach with decompression of spinal cord, cauda equina or nerve root(s), lower thoracic, lumbar, or sacral; single segment**

Global: 090 **Issue:** Vertebral Corpectomy with Arthrodesis **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAOS, AANS **First Identified:** January 2015 **2023 Medicare Utilization:** 533

2025 Work RVU: 30.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.76

RUC Recommendation: Maintain **Referred to CPT** September 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

63620 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion**

Global: 090 **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2023 Medicare Utilization:** 493

2025 Work RVU: 15.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.60

RUC Recommendation: 15.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63621 **Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Stereotactic Radiosurgery **Screen:** CMS Request - 2009 Final Rule **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** **First Identified:** NA **2023 Medicare Utilization:** 171

2025 Work RVU: 4.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.96

RUC Recommendation: 4.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63650 **Percutaneous implantation of neurostimulator electrode array, epidural** **Global:** 010 **Issue:** Percutaneous implantation of neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing / CMS Request - Final Rule for 2013 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2023 Medicare Utilization:** 82,989

2025 Work RVU: 7.15
2025 NF PE RVU: 57.79
2025 Fac PE RVU: 4.51

RUC Recommendation: 7.20. New PE Inputs **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

63655 **Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural** **Global:** 090 **Issue:** Neurostimulator (Spinal) **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** NASS, AANS **First Identified:** October 2008 **2023 Medicare Utilization:** 6,336

2025 Work RVU: 10.92
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.09

RUC Recommendation: 11.43 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

63660 **Deleted from CPT** **Global:** **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** AAPM, AANS/CNS, ASA, ISIS, NASS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63661 **Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:** 3,917

2025 Work RVU: 5.08
2025 NF PE RVU: 14.25
2025 Fac PE RVU: 3.92

RUC Recommendation: 5.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63662 **Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:** 1,977

2025 Work RVU: 11.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.27

RUC Recommendation: 10.87 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63663 **Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed**

Global: 010 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:** 1,623

2025 Work RVU: 7.75
2025 NF PE RVU: 17.71
2025 Fac PE RVU: 4.71

RUC Recommendation: 70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

63664 **Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed**

Global: 090 **Issue:** Neurostimulator (Spinal) **Screen:** Site of Service Anomaly / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 17 **Specialty Developing Recommendation:** ISIS, NASS, AANS/CNS, ASA, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:** 520

2025 Work RVU: 11.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.62

RUC Recommendation: 11.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63685 **Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Site of Service Anomaly / CMS Fastest Growing/ High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS **First Identified:** September 2007 **2023 Medicare Utilization:** 27,004

2025 Work RVU: 5.19
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.04

RUC Recommendation: 5.19 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

63688 **Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AANS, AAPM, AAPM&R, ASA, ASIPP, CNS, NANS, NASS, SIS **First Identified:** September 2007 **2023 Medicare Utilization:** 7,196

2025 Work RVU: 4.35
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.77

RUC Recommendation: 4.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64400 **Injection(s), anesthetic agent(s) and/or steroid; trigeminal nerve, each branch (ie, ophthalmic, maxillary, mandibular)**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAN, AAPM&R, AAPM, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 37,602

2025 Work RVU: 0.75
2025 NF PE RVU: 2.41
2025 Fac PE RVU: 0.61

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64405 **Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAN, AAPM, AAPM&R, NANS, SIS **First Identified:** July 2016 **2023 Medicare Utilization:** 121,675

2025 Work RVU: 0.94
2025 NF PE RVU: 1.11
2025 Fac PE RVU: 0.43

RUC Recommendation: 0.94 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64408 **Injection(s), anesthetic agent(s) and/or steroid; vagus nerve**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 2,533

2025 Work RVU: 0.75
2025 NF PE RVU: 1.56
2025 Fac PE RVU: 0.49

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64412 **Injection, anesthetic agent; spinal accessory nerve**

Global: **Issue:** Anesthetic Injection – Spinal Nerve **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 36 **Specialty Developing Recommendation:** AAN, ASA, AAPMR, ISIS **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** FAQ Sept 2015

Status Report: CMS Requests and Relativity Assessment Issues

64415 **Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: October 2008 **2023 Medicare Utilization:** 197,583

2025 Work RVU: 1.50
2025 NF PE RVU: 2.36
2025 Fac PE RVU: 0.45

RUC Recommendation: 1.50 **Referred to CPT** May 2021 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64416 **Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: September 2007 **2023 Medicare Utilization:** 12,966

2025 Work RVU: 1.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.34

RUC Recommendation: 1.80 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64417 **Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** part of New/Revised Review **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA

First Identified: October 2018 **2023 Medicare Utilization:** 15,822

2025 Work RVU: 1.31
2025 NF PE RVU: 3.35
2025 Fac PE RVU: 0.49

RUC Recommendation: 1.31 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64418 **Injection(s), anesthetic agent(s) and/or steroid; suprascapular nerve** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, SIS **First Identified:** October 2015 **2023 Medicare Utilization:** 28,155

2025 Work RVU: 1.10
2025 NF PE RVU: 1.35
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.10 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64420 **Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 23,559

2025 Work RVU: 1.08
2025 NF PE RVU: 1.75
2025 Fac PE RVU: 0.56

RUC Recommendation: 1.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64421 **Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, each additional level (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 17,748

2025 Work RVU: 0.50
2025 NF PE RVU: 0.46
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64425 **Injection(s), anesthetic agent(s) and/or steroid; ilioinguinal, iliohypogastric nerves** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 6,903

2025 Work RVU: 1.00
2025 NF PE RVU: 2.18
2025 Fac PE RVU: 0.53

RUC Recommendation: 1.19 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64430 **Injection(s), anesthetic agent(s) and/or steroid; pudendal nerve** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ACOG, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 4,694

2025 Work RVU: 1.00
2025 NF PE RVU: 1.80
2025 Fac PE RVU: 0.52

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64435 **Injection(s), anesthetic agent(s) and/or steroid; paracervical (uterine) nerve** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ACOG, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 24

2025 Work RVU: 0.75
2025 NF PE RVU: 1.50
2025 Fac PE RVU: 0.43

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64445 **Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, including imaging guidance, when performed** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ASA **First Identified:** October 2008 **2023 Medicare Utilization:** 130,082

2025 Work RVU: 1.39
2025 NF PE RVU: 3.13
2025 Fac PE RVU: 0.61

RUC Recommendation: 1.39 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64446 **Injection(s), anesthetic agent(s) and/or steroid; sciatic nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** February 2008 **2023 Medicare Utilization:** 4,135

2025 Work RVU: 1.75
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.34

RUC Recommendation: 1.75 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64447 **Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** October 2008 **2023 Medicare Utilization:** 360,473

2025 Work RVU: 1.34
2025 NF PE RVU: 2.01
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.34 **Referred to CPT** May 2021 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & Apr 2012

64448 **Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, continuous infusion by catheter (including catheter placement), including imaging guidance, when performed**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly / High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ASA **First Identified:** February 2008 **2023 Medicare Utilization:** 27,339

2025 Work RVU: 1.68
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.32

RUC Recommendation: 1.68 **Referred to CPT** May 2021 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

64449 **Injection(s), anesthetic agent(s) and/or steroid; lumbar plexus, posterior approach, continuous infusion by catheter (including catheter placement)**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** September 2007 **2023 Medicare Utilization:** 626

2025 Work RVU: 1.27
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.52

RUC Recommendation: 1.55 **Referred to CPT** February 2008 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64450 **Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Harvard Valued - Utilization over 100,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, APMA, NANS, SIS **First Identified:** October 2009 **2023 Medicare Utilization:** 378,143

2025 Work RVU: 0.75
2025 NF PE RVU: 1.40
2025 Fac PE RVU: 0.42

RUC Recommendation: 0.75 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2013

64451 **Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 13,636

2025 Work RVU: 1.52
2025 NF PE RVU: 5.05
2025 Fac PE RVU: 0.79

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64454 **Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed** **Global:** 000 **Issue:** Somatic Nerve Injections **Screen:** Added as part of family **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, NANS, SIS **First Identified:** October 2021 **2023 Medicare Utilization:** 49,115

2025 Work RVU: 1.52
2025 NF PE RVU: 4.87
2025 Fac PE RVU: 0.80

RUC Recommendation: 1.52 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64455 **Injection(s), anesthetic agent(s) and/or steroid; plantar common digital nerve(s) (eg, Morton's neuroma)**

Global: 000 **Issue:** Somatic Nerve Injections **Screen:** High Volume Growth4 / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, APMA, NANS, SIS **First Identified:** October 2016 **2023 Medicare Utilization:** 66,147

2025 Work RVU: 0.75
2025 NF PE RVU: 0.69
2025 Fac PE RVU: 0.19
Result: Maintain

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64461 **Paravertebral block (PVB) (paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)**

Global: 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2023 Medicare Utilization:** 7,340

2025 Work RVU: 1.75
2025 NF PE RVU: 2.06
2025 Fac PE RVU: 0.40
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published Jan 2016

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64462 **Paravertebral block (PVB) (paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2023 Medicare Utilization:** 2,109

2025 Work RVU: 1.10
2025 NF PE RVU: 0.93
2025 Fac PE RVU: 0.25
Result: Not Part of RAW

RUC Recommendation: CPT Assistant article published Jan 2016

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

Status Report: CMS Requests and Relativity Assessment Issues

64463 **Paravertebral block (PVB) (paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)** **Global:** 000 **Issue:** Paravertebral Block Injection **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 10 **Specialty Developing Recommendation:** ASA **First Identified:** April 2015 **2023 Medicare Utilization:** 927

2025 Work RVU: 1.90
2025 NF PE RVU: 4.60
2025 Fac PE RVU: 0.36

RUC Recommendation: CPT Assistant article published Jan 2016 **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64470 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64472 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64475 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64476 **Deleted from CPT** **Global:** **Issue:** Injection Anesthetic Agent **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64479 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level** **Global:** 000 **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2023 Medicare Utilization:** 35,847

2025 Work RVU: 2.29
2025 NF PE RVU: 5.42
2025 Fac PE RVU: 1.42

RUC Recommendation: 2.29 **Referred to CPT** June 2009 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

64480 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Injection Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2023 Medicare Utilization:** 12,417

2025 Work RVU: 1.20
2025 NF PE RVU: 2.69
2025 Fac PE RVU: 0.52

RUC Recommendation: 1.20 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64483 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level** **Global:** 000 **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2023 Medicare Utilization:** 859,451

2025 Work RVU: 1.90
2025 NF PE RVU: 5.24
2025 Fac PE RVU: 1.27

RUC Recommendation: 1.90 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64484 **Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Injection of Anesthetic Agent **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, ISIS, ASA, NASS, AAPMR **First Identified:** October 2008 **2023 Medicare Utilization:** 312,293

2025 Work RVU: 1.00
2025 NF PE RVU: 2.20
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.00 **Referred to CPT** June 2009 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64488 **Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) bilateral; by injections (includes imaging guidance, when performed)**

Global: 000 **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ANA, ASA **First Identified:** April 2022 **2023 Medicare Utilization:** 64,096

2025 Work RVU: 1.40
2025 NF PE RVU: 2.25
2025 Fac PE RVU: 0.27

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

64490 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2023 Medicare Utilization:** 226,493

2025 Work RVU: 1.82
2025 NF PE RVU: 3.77
2025 Fac PE RVU: 1.17

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64491 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2023 Medicare Utilization:** 204,058

2025 Work RVU: 1.16
2025 NF PE RVU: 1.64
2025 Fac PE RVU: 0.49

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64492 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2023 Medicare Utilization:** 662

2025 Work RVU: 1.16
2025 NF PE RVU: 1.64
2025 Fac PE RVU: 0.51

RUC Recommendation: 1.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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64493 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level**

Global: 000 **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2023 Medicare Utilization:** 741,874

2025 Work RVU: 1.52
2025 NF PE RVU: 3.64
2025 Fac PE RVU: 1.05

RUC Recommendation: 1.52 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

64494 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2023 Medicare Utilization:** 672,641

2025 Work RVU: 1.00
2025 NF PE RVU: 1.62
2025 Fac PE RVU: 0.42

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64495 **Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Facet Joint Injections **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 18 **Specialty Developing Recommendation:** ASA, NASS, ASNR, AAPMR, AANS/CNS, AAPM, ISIS **First Identified:** **2023 Medicare Utilization:** 1,772

2025 Work RVU: 1.00
2025 NF PE RVU: 1.61
2025 Fac PE RVU: 0.45

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

64510 **Injection, anesthetic agent; stellate ganglion (cervical sympathetic)**

Global: 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2023 Medicare Utilization:** 5,961

2025 Work RVU: 1.22
2025 NF PE RVU: 2.98
2025 Fac PE RVU: 0.95

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64520 **Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)** **Global:** 000 **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2009 **2023 Medicare Utilization:** 11,156

2025 Work RVU: 1.35
2025 NF PE RVU: 5.28
2025 Fac PE RVU: 1.07

RUC Recommendation: PE Review - no change **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

64550 **Application of surface (transcutaneous) neurostimulator (eg, TENS unit)** **Global:** **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** AANS, CNS, AOTA **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64553 **Percutaneous implantation of neurostimulator electrode array; cranial nerve** **Global:** 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** July 2014 **2023 Medicare Utilization:** 32

2025 Work RVU: 6.13
2025 NF PE RVU: 103.09
2025 Fac PE RVU: 5.15

RUC Recommendation: 6.13 **Referred to CPT** September 2016 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64555 **Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** High Volume Growth1 / CMS Fastest Growing / Final Rule for 2015 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AANS, CNS, ASA **First Identified:** February 2008 **2023 Medicare Utilization:** 12,820

2025 Work RVU: 5.76
2025 NF PE RVU: 55.07
2025 Fac PE RVU: 3.42

RUC Recommendation: 5.76. Article published Jan2016 and addressed issues.

Referred to CPT September 2016 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2016

64561 **Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed**

Global: 010 **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** CMS Fastest Growing / High Volume Growth2 / High Level E/M in Global Period / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** October 2008 **2023 Medicare Utilization:** 32,926

2025 Work RVU: 5.44
2025 NF PE RVU: 15.25
2025 Fac PE RVU: 2.93

RUC Recommendation: 5.44. 99214 visit appropriate. Remove from screen.

Referred to CPT September 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64565 **Percutaneous implantation of neurostimulator electrode array; neuromuscular**

Global: **Issue:** Percutaneous NeurostimulatorPlacement **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 15 **Specialty Developing Recommendation:** AANS, CNS **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64566 **Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming**

Global: 000 **Issue:** Posterior Tibial Neurostimulation **Screen:** CMS Request - Final Rule for 2014 / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** July 2013 **2023 Medicare Utilization:** 153,941

2025 Work RVU: 0.60
2025 NF PE RVU: 2.72
2025 Fac PE RVU: 0.22

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64568 **Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator**

Global: 090 **Issue:** Vagus Nerve Stimulator **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 14 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** February 2009 **2023 Medicare Utilization:** 237

2025 Work RVU: 9.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.45

RUC Recommendation: 11.19 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

64573 **Deleted from CPT**

Global: **Issue:** Neurosurgical Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 28 **Specialty Developing Recommendation:** AANS/CNS **First Identified:** September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64581 **Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)**

Global: 090 **Issue:** Urological Procedures **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** AUA **First Identified:** September 2007 **2023 Medicare Utilization:** 5,111

2025 Work RVU: 12.20
2025 NF PE RVU: NA
2025 Fac PE RVU: 5.84

RUC Recommendation: 12.20. 99214 visit appropriate. Remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

64590 **Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver**

Global: 010 **Issue:** Skin Adhesives (PE Only) **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Different Performing Specialty from Survey/ RUC recommendation process, not part of RAW screens / PE Skin Adhesives / Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2022 **2023 Medicare Utilization:** 18,110

2025 Work RVU: 5.10
2025 NF PE RVU: 6.62
2025 Fac PE RVU: 3.06

RUC Recommendation: New PE Inputs. CPT Assistant Article

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2024

Result: Increase

64595 **Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array**

Global: 010 **Issue:** Skin Adhesives (PE Only) **Screen:** RUC recommendation process, not part of RAW screens / PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2022 **2023 Medicare Utilization:** 3,076

2025 Work RVU: 3.79
2025 NF PE RVU: 5.77
2025 Fac PE RVU: 2.60

RUC Recommendation: New PE Inputs. CPT Assistant Article

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2024

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

64596 **Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS **First Identified:** September 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

64597 **Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS **First Identified:** September 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

64598 **Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator**

Global: 010 **Issue:** Spinal Neurostimulator **Screen:** Contractor Price-Survey below 30 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 04 **Specialty Developing Recommendation:** AAPM, ASA, ASIPP, NANS **First Identified:** September 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Review action plan. Contractor Price.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

Status Report: CMS Requests and Relativity Assessment Issues

64615 **Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)**

Global: 010 **Issue:** **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 23 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, NANS **First Identified:** October 2019 **2023 Medicare Utilization:** 173,923

2025 Work RVU: 1.85
2025 NF PE RVU: 2.12
2025 Fac PE RVU: 1.23

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

64622 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level**

Global: **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64623 **Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)**

Global: **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

64626 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level**

Global: **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review, High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ASA, ISIS, AAPM, APM&R **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: PE Review - no change **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64627 **Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)**

Global: **Issue:** Destruction by Neurolytic Agent **Screen:** High Volume Growth1/ CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** ASA, NASS, AAPM **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2008 and Feb 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

64633 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2023 Medicare Utilization:** 91,383

2025 Work RVU: 3.32
2025 NF PE RVU: 9.27
2025 Fac PE RVU: 2.15

RUC Recommendation: 3.42 **Referred to CPT** May 2015 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

Status Report: CMS Requests and Relativity Assessment Issues

64634 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2023 Medicare Utilization:** 91,665

2025 Work RVU: 1.32
2025 NF PE RVU: 6.01
2025 Fac PE RVU: 0.55

RUC Recommendation: 1.32 **Referred to CPT** May 2015 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

64635 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint**

Global: 010 **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2023 Medicare Utilization:** 366,857

2025 Work RVU: 3.32
2025 NF PE RVU: 9.39
2025 Fac PE RVU: 2.16

RUC Recommendation: 3.42 **Referred to CPT** May 2015 **Result:** Decrease
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

64636 **Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Destruction by Neurolytic Agent **Screen:** Work Neutrality Review **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 17 **Specialty Developing Recommendation:** ASA, AAPM, AAPMR, ASIPP, ISIS, NANS, NASS, SIS **First Identified:** September 2014 **2023 Medicare Utilization:** 367,507

2025 Work RVU: 1.16
2025 NF PE RVU: 5.72
2025 Fac PE RVU: 0.48

RUC Recommendation: 1.16 **Referred to CPT** May 2015 **Result:** Maintain
Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2015

Status Report: CMS Requests and Relativity Assessment Issues

64640 **Destruction by neurolytic agent; other peripheral nerve or branch** **Global:** 010 **Issue:** Injection Treatment of Nerve **Screen:** Site of Service Anomaly (99238-Only) / Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 25 **Specialty Developing Recommendation:** ASAM AAPM, APMA, ASIPP **First Identified:** September 2007 **2023 Medicare Utilization:** 86,229

2025 Work RVU: 1.98
2025 NF PE RVU: 5.26
2025 Fac PE RVU: 1.43
Result: Decrease

RUC Recommendation: 1.23. Remove 99238.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64708 **Neuroplasty, major peripheral nerve, arm or leg, open; other than specified** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 69 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 11,333

2025 Work RVU: 6.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.23
Result: Maintain

RUC Recommendation: 6.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

64712 **Neuroplasty, major peripheral nerve, arm or leg, open; sciatic nerve** **Global:** 090 **Issue:** Neuroplasty – Leg or Arm **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** AOFAS, ASSH, AAOS, ASPS **First Identified:** September 2007 **2023 Medicare Utilization:** 612

2025 Work RVU: 8.07
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.41
Result: Remove from Screen

RUC Recommendation: Remove from screen

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

64831 **Suture of digital nerve, hand or foot; 1 nerve** **Global:** 090 **Issue:** Neurorrhaphy – Finger **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 70 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** September 2007 **2023 Medicare Utilization:** 695

2025 Work RVU: 9.16
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.42
Result: Decrease

RUC Recommendation: 9.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65105 **Enucleation of eye; with implant, muscles attached to implant**

Global: 090 **Issue:** Ophthalmologic Procedures **Screen:** Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2023 Medicare Utilization:** 543

2025 Work RVU: 9.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.53

RUC Recommendation: Reduce 99238 to 0.5

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

65205 **Removal of foreign body, external eye; conjunctival superficial**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO, AOA

First Identified: July 2016 **2023 Medicare Utilization:** 22,601

2025 Work RVU: 0.49
2025 NF PE RVU: 0.33
2025 Fac PE RVU: 0.34

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

65210 **Removal of foreign body, external eye; conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating**

Global: 000 **Issue:** Removal of Foreign Body - Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO, AOA

First Identified: July 2016 **2023 Medicare Utilization:** 15,573

2025 Work RVU: 0.61
2025 NF PE RVU: 0.50
2025 Fac PE RVU: 0.43

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65222 **Removal of foreign body, external eye; corneal, with slit lamp**

Global: 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 26 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2023 Medicare Utilization:** 18,722

2025 Work RVU: 0.84
2025 NF PE RVU: 1.14
2025 Fac PE RVU: 0.60

RUC Recommendation: 0.93 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

65285 **Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue**

Global: 090 **Issue:** Repair of Eye Wound **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 8 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2023 Medicare Utilization:** 542

2025 Work RVU: 15.36
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.11

RUC Recommendation: 16.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

65778 **Placement of amniotic membrane on the ocular surface; without sutures**

Global: 000 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** April 2022 **2023 Medicare Utilization:** 61,069

2025 Work RVU: 0.84
2025 NF PE RVU: 36.76
2025 Fac PE RVU: 0.42

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

65779 **Placement of amniotic membrane on the ocular surface; single layer, sutured**

Global: 000 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA

First Identified: September 2022 **2023 Medicare Utilization:** 686

2025 Work RVU: 1.75
2025 NF PE RVU: 31.08
2025 Fac PE RVU: 1.22

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

65780 **Ocular surface reconstruction; amniotic membrane transplantation, multiple layers**

Global: 090 **Issue:** Ocular Surface Amniotic Membrane Placement/Reconstruction **Screen:** CMS Fastest Growing / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AOA

First Identified: October 2008 **2023 Medicare Utilization:** 1,446

2025 Work RVU: 7.03
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.04

RUC Recommendation: 7.03

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

Result: Decrease

65800 **Paracentesis of anterior chamber of eye (separate procedure); with removal of aqueous**

Global: 000 **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 21 **Specialty Developing Recommendation:** AAO

First Identified: September 2011 **2023 Medicare Utilization:** 13,447

2025 Work RVU: 1.53
2025 NF PE RVU: 1.91
2025 Fac PE RVU: 0.99

RUC Recommendation: 1.53

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

65805 **Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous**

Global: **Issue:** Paracentesis of the Eye **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 21 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

65820 **Goniotomy**

Global: 090 **Issue:** RAW **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: April 2023 **2023 Medicare Utilization:** 35,394

2025 Work RVU: 8.91
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.70

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from screen

65855 **Trabeculoplasty by laser surgery**

Global: 010 **Issue:** Trabeculoplasty by Laser Surgery **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2023 Medicare Utilization:** 133,962

2025 Work RVU: 3.00
2025 NF PE RVU: 4.04
2025 Fac PE RVU: 2.86

RUC Recommendation: 3.00

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66170 **Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 32 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2023 Medicare Utilization:** 4,744

2025 Work RVU: 13.94
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.43

RUC Recommendation: 13.94 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66172 **Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)**

Global: 090 **Issue:** Glaucoma Surgery **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 32 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2023 Medicare Utilization:** 1,703

2025 Work RVU: 14.84
2025 NF PE RVU: NA
2025 Fac PE RVU: 19.44

RUC Recommendation: 14.81 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66174 **Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent**

Global: 090 **Issue:** Dilation of Aqueous Outflow Canal **Screen:** New Technology/ New Service **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** April 2010 **2023 Medicare Utilization:** 20,880

2025 Work RVU: 7.62
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.32

RUC Recommendation: Remove from screen. 8.53 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66175 **Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent**

Global: 090 **Issue:** Dilation of Aqueous Outflow Cana **Screen:** New Technology/ New Service **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** October 2020 **2023 Medicare Utilization:** 333

2025 Work RVU: 9.34
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.42

RUC Recommendation: Remove from screen. 10.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66179 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; without graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2023 Medicare Utilization:** 576

2025 Work RVU: 14.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.95

RUC Recommendation: 14.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66180 **Aqueous shunt to extraocular equatorial plate reservoir, external approach; with graft**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2023 Medicare Utilization:** 8,637

2025 Work RVU: 15.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 17.59

RUC Recommendation: Maintain. 15.00 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66183 **Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach**

Global: 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2023 Medicare Utilization:** 6,784

2025 Work RVU: 13.20
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.27

RUC Recommendation: Maintain. 13.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66184 **Revision of aqueous shunt to extraocular equatorial plate reservoir; without graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2023 Medicare Utilization:** 519

2025 Work RVU: 9.58
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.19

RUC Recommendation: 9.58 **Referred to CPT** October 2013 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

66185 **Revision of aqueous shunt to extraocular equatorial plate reservoir; with graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / 090-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2023 Medicare Utilization:** 1,353

2025 Work RVU: 10.58
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.84

RUC Recommendation: Maintain. 10.58 **Referred to CPT** October 2013 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

66711 **Ciliary body destruction; cyclophotocoagulation, endoscopic, without concomitant removal of crystalline lens** **Global:** 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2017 **2023 Medicare Utilization:** 588

2025 Work RVU: 5.62
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.01

RUC Recommendation: 6.36 **Referred to CPT** May 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

66761 **Iridotomy/iridectomy by laser surgery (eg, for glaucoma) (per session)** **Global:** 010 **Issue:** Iridotomy **Screen:** High IWPUT / 010-Day Global Post-Operative Visits2 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2023 Medicare Utilization:** 44,550

2025 Work RVU: 3.00
2025 NF PE RVU: 5.58
2025 Fac PE RVU: 3.76

RUC Recommendation: Maintain. 3.00 **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

66821 **Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (1 or more stages)** **Global:** 090 **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** AAO **First Identified:** October 2010 **2023 Medicare Utilization:** 631,168

2025 Work RVU: 3.42
2025 NF PE RVU: 6.22
2025 Fac PE RVU: 5.57

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

66982 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation** **Global:** 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High IWPUT / CMS Fastest Growing, Site of Service Anomaly (99238-Only) / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2023 Medicare Utilization:** 136,032

2025 Work RVU: 10.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.05

RUC Recommendation: Remove from screen. 10.25 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2009

Status Report: CMS Requests and Relativity Assessment Issues

66983 **Intracapsular cataract extraction with insertion of intraocular lens prosthesis (1 stage procedure)**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: January 2019 **2023 Medicare Utilization:** 89

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Contractor Price

66984 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High IWPUT / MPC List / Codes Reported Together 75%or More-Part4 / Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2023 Medicare Utilization:** 1,468,837

2025 Work RVU: 7.35
2025 NF PE RVU: NA
2025 Fac PE RVU: 8.23

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

66987 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: January 2019 **2023 Medicare Utilization:** 453

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 13.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

66988 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation**

Global: 090 **Issue:** Cyclophotocoagulation **Screen:** Codes Reported Together 75%or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: January 2019

2023 Medicare Utilization: 3,267

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 10.25

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

66989 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: January 2021

2023 Medicare Utilization: 4,574

2025 Work RVU: 12.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 12.30

RUC Recommendation: 12.13

Referred to CPT October 2020

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

66991 **Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more**

Global: 090 **Issue:** Cataract Removal with Drainage Device Insertion **Screen:** High Volume Category III Codes 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: January 2021

2023 Medicare Utilization: 41,162

2025 Work RVU: 9.23
2025 NF PE RVU: NA
2025 Fac PE RVU: 10.36

RUC Recommendation: 9.23

Referred to CPT October 2020

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

67028 **Intravitreal injection of a pharmacologic agent (separate procedure)**

Global: 000 **Issue:** Treatment of Retinal Lesion **Screen:** High Volume Growth1 / CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: February 2008 **2023 Medicare Utilization:** 4,087,619

2025 Work RVU: 1.44
2025 NF PE RVU: 1.81
2025 Fac PE RVU: 1.18

RUC Recommendation: 1.44

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67036 **Vitrectomy, mechanical, pars plana approach;**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2023 Medicare Utilization:** 18,611

2025 Work RVU: 12.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 13.46

RUC Recommendation: 12.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67038 **Deleted from CPT**

Global: **Issue:** Ophthalmological Procedures **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: September 2007 **Tab:** 16 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2007
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

67039 **Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2023 Medicare Utilization:** 3,858

2025 Work RVU: 13.20
2025 NF PE RVU: NA
2025 Fac PE RVU: 14.16
Result: Decrease

RUC Recommendation: 13.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67040 **Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Site of Service Anomaly (99238-Only) / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** September 2007 **2023 Medicare Utilization:** 5,547

2025 Work RVU: 14.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.00
Result: Decrease

RUC Recommendation: 14.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67041 **Vitrectomy, mechanical, pars plana approach; with removal of preretinal cellular membrane (eg, macular pucker)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2023 Medicare Utilization:** 10,487

2025 Work RVU: 16.33
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.18
Result: Decrease

RUC Recommendation: 16.33

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67042 **Vitrectomy, mechanical, pars plana approach; with removal of internal limiting membrane of retina (eg, for repair of macular hole, diabetic macular edema), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil)**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2023 Medicare Utilization:** 22,039

2025 Work RVU: 16.33
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.18

RUC Recommendation: 16.33

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67043 **Vitrectomy, mechanical, pars plana approach; with removal of subretinal membrane (eg, choroidal neovascularization), includes, if performed, intraocular tamponade (ie, air, gas or silicone oil) and laser photocoagulation**

Global: 090 **Issue:** Vitrectomy **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 11 **Specialty Developing Recommendation:** AAO

First Identified: October 2012 **2023 Medicare Utilization:** 220

2025 Work RVU: 17.40
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.88

RUC Recommendation: 17.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67101 **Repair of retinal detachment, including drainage of subretinal fluid when performed; cryotherapy**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2015 **2023 Medicare Utilization:** 252

2025 Work RVU: 3.50
2025 NF PE RVU: 6.16
2025 Fac PE RVU: 4.68

RUC Recommendation: 3.50

Referred to CPT May 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67105 **Repair of retinal detachment, including drainage of subretinal fluid when performed; photocoagulation**

Global: 010 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2015

2023 Medicare Utilization: 3,617

2025 Work RVU: 3.39
2025 NF PE RVU: 5.14
2025 Fac PE RVU: 4.50

RUC Recommendation: 3.84

Referred to CPT May 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67107 **Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), including, when performed, implant, cryotherapy, photocoagulation, and drainage of subretinal fluid**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2023 Medicare Utilization: 325

2025 Work RVU: 16.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 15.97

RUC Recommendation: 16.00. Reduce 99238 to 0.5

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67108 **Repair of retinal detachment; with vitrectomy, any method, including, when performed, air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2023 Medicare Utilization: 15,381

2025 Work RVU: 17.13
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.70

RUC Recommendation: 17.13

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67110 **Repair of retinal detachment; by injection of air or other gas (eg, pneumatic retinopexy)**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** Site of Service Anomaly (99238-Only) / 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: September 2007 **2023 Medicare Utilization:** 2,301

2025 Work RVU: 10.25
2025 NF PE RVU: 15.27
2025 Fac PE RVU: 13.04

RUC Recommendation: 10.25. Remove 99238

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67112 **Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques**

Global: **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: April 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

67113 **Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage C-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, including, when performed, air, gas, or silicone oil tamponade, cryotherapy, endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens**

Global: 090 **Issue:** Retinal Detachment Repair **Screen:** 090-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 12 **Specialty Developing Recommendation:** AAO

First Identified: January 2014 **2023 Medicare Utilization:** 9,774

2025 Work RVU: 19.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 18.80

RUC Recommendation: 19.00

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

67141 **Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; cryotherapy, diathermy**

Global: 010 **Issue:** Retinal Detachment Prophylaxis **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 08 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: January 2020 **2023 Medicare Utilization:** 1,128

2025 Work RVU: 2.53
2025 NF PE RVU: 5.26
2025 Fac PE RVU: 3.69

RUC Recommendation: 2.53 **Referred to CPT** May 2020 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67145 **Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage; photocoagulation**

Global: 010 **Issue:** Retinal Detachment Prophylaxis **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 08 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: October 2019 **2023 Medicare Utilization:** 30,390

2025 Work RVU: 2.53
2025 NF PE RVU: 4.49
2025 Fac PE RVU: 3.69

RUC Recommendation: 2.53 **Referred to CPT** May 2020 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67210 **Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; photocoagulation**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008 **2023 Medicare Utilization:** 34,505

2025 Work RVU: 6.36
2025 NF PE RVU: 8.41
2025 Fac PE RVU: 7.92

RUC Recommendation: 6.36 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67220 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), 1 or more sessions**

Global: 090 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 13 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2023 Medicare Utilization: 1,562

2025 Work RVU: 6.36
2025 NF PE RVU: 8.85
2025 Fac PE RVU: 7.94

RUC Recommendation: 6.36

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67225 **Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)**

Global: ZZZ **Issue:** Photodynamic Therapy of the Eye **Screen:** New Technology **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** P **Specialty Developing Recommendation:** AAO

First Identified: September 2007

2023 Medicare Utilization: 88

2025 Work RVU: 0.47
2025 NF PE RVU: 0.36
2025 Fac PE RVU: 0.30

RUC Recommendation: 0.47

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67228 **Treatment of extensive or progressive retinopathy (eg, diabetic retinopathy), photocoagulation**

Global: 010 **Issue:** Treatment of Retinal Lesion or Choroid **Screen:** High IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** AAO

First Identified: February 2008

2023 Medicare Utilization: 37,625

2025 Work RVU: 4.39
2025 NF PE RVU: 5.33
2025 Fac PE RVU: 4.26

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

67255 **Scleral reinforcement (separate procedure); with graft** **Global:** 090 **Issue:** Aqueous Shunt **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million / Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2014 **Tab:** 12 **Specialty Developing Recommendation:** AAO **First Identified:** January 2014 **2023 Medicare Utilization:** 518

2025 Work RVU: 8.38
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.42
Result: Maintain

RUC Recommendation: Review action plan. 10.17 **Referred to CPT** October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

67311 **Strabismus surgery, recession or resection procedure; 1 horizontal muscle** **Global:** 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2023 Medicare Utilization:** 4,931

2025 Work RVU: 5.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.17
Result: Decrease

RUC Recommendation: 5.93 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

67312 **Strabismus surgery, recession or resection procedure; 2 horizontal muscles** **Global:** 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2023 Medicare Utilization:** 1,385

2025 Work RVU: 9.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.50
Result: Decrease

RUC Recommendation: 9.50 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67314 **Strabismus surgery, recession or resection procedure; 1 vertical muscle (excluding superior oblique)**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2023 Medicare Utilization:** 2,461

2025 Work RVU: 5.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.17
Result: Decrease

RUC Recommendation: 5.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67316 **Strabismus surgery, recession or resection procedure; 2 or more vertical muscles (excluding superior oblique)**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2023 Medicare Utilization:** 148

2025 Work RVU: 10.31
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.95
Result: Decrease

RUC Recommendation: 10.31

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67318 **Strabismus surgery, any procedure, superior oblique muscle**

Global: 090 **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** April 2020 **2023 Medicare Utilization:** 161

2025 Work RVU: 9.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 9.83
Result: Decrease

RUC Recommendation: 9.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67320 **Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2023 Medicare Utilization:** 340

2025 Work RVU: 3.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.92
Result: Decrease

RUC Recommendation: 3.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67331 **Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2023 Medicare Utilization:** 1,077

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.57
Result: Decrease

RUC Recommendation: 2.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67332 **Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2023 Medicare Utilization:** 1,537

2025 Work RVU: 3.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.24
Result: Decrease

RUC Recommendation: 3.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67334 **Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2023 Medicare Utilization:** 98

2025 Work RVU: 2.06
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.46
Result: Decrease

RUC Recommendation: 2.06

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67335 **Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2023 Medicare Utilization:** 1,489

2025 Work RVU: 3.23
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.05
Result: Increase

RUC Recommendation: 3.23

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67340 **Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Strabismus Surgery **Screen:** ZZZ Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 18 **Specialty Developing Recommendation:** AAO, AAP **First Identified:** October 2019 **2023 Medicare Utilization:** 58

2025 Work RVU: 5.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.23
Result: Decrease

RUC Recommendation: 5.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67500 **Retrobulbar injection; medication (separate procedure, does not include supply of medication)**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2017 **2023 Medicare Utilization:** 6,201

2025 Work RVU: 1.18
2025 NF PE RVU: 1.02
2025 Fac PE RVU: 0.65
Result: Decrease

RUC Recommendation: 1.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67505 **Retrobulbar injection; alcohol**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M / Low Survey Response **Complete?** No

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: October 2017 **2023 Medicare Utilization:** 72

2025 Work RVU: 1.18
2025 NF PE RVU: 1.27
2025 Fac PE RVU: 0.87
Result: Decrease

RUC Recommendation: Review action plan. 1.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67515 **Injection of medication or other substance into Tenon's capsule**

Global: 000 **Issue:** Injection – Eye **Screen:** CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 11 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: July 2016 **2023 Medicare Utilization:** 19,240

2025 Work RVU: 0.75
2025 NF PE RVU: 0.72
2025 Fac PE RVU: 0.59
Result: Decrease

RUC Recommendation: 0.84

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67820 **Correction of trichiasis; epilation, by forceps only**

Global: 000 **Issue:** Correction of Trichiasis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 29 **Specialty Developing Recommendation:** AOA, AOA (optometry)

First Identified: July 2015 **2023 Medicare Utilization:** 168,878

2025 Work RVU: 0.32
2025 NF PE RVU: 0.22
2025 Fac PE RVU: 0.32
Result: Decrease

RUC Recommendation: 0.32

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67914 **Repair of ectropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2023 Medicare Utilization: 1,398

2025 Work RVU: 3.75
2025 NF PE RVU: 10.30
2025 Fac PE RVU: 5.76

RUC Recommendation: 3.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

67915 **Repair of ectropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2023 Medicare Utilization: 225

2025 Work RVU: 2.03
2025 NF PE RVU: 7.00
2025 Fac PE RVU: 3.75

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

67916 **Repair of ectropion; excision tarsal wedge**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2023 Medicare Utilization: 1,116

2025 Work RVU: 5.48
2025 NF PE RVU: 12.03
2025 Fac PE RVU: 6.88

RUC Recommendation: 5.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

67917 **Repair of ectropion; extensive (eg, tarsal strip operations)**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2023 Medicare Utilization: 20,278

2025 Work RVU: 5.93
2025 NF PE RVU: 11.99
2025 Fac PE RVU: 7.16
Result: Decrease

RUC Recommendation: 5.93

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67921 **Repair of entropion; suture**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2023 Medicare Utilization: 2,591

2025 Work RVU: 3.47
2025 NF PE RVU: 10.29
2025 Fac PE RVU: 5.59
Result: Maintain

RUC Recommendation: 3.47

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

67922 **Repair of entropion; thermocauterization**

Global: 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO

First Identified: October 2012

2023 Medicare Utilization: 77

2025 Work RVU: 2.03
2025 NF PE RVU: 6.85
2025 Fac PE RVU: 3.80
Result: Decrease

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

67923 **Repair of entropion; excision tarsal wedge** **Global:** 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2023 Medicare Utilization:** 662

2025 Work RVU: 5.48
2025 NF PE RVU: 12.05
2025 Fac PE RVU: 6.89

RUC Recommendation: 5.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

67924 **Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)** **Global:** 090 **Issue:** Repair of Eyelid **Screen:** Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 24 **Specialty Developing Recommendation:** AAO **First Identified:** October 2012 **2023 Medicare Utilization:** 8,953

2025 Work RVU: 5.93
2025 NF PE RVU: 12.73
2025 Fac PE RVU: 7.18

RUC Recommendation: 5.93 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

68040 **Expression of conjunctival follicles (eg, for trachoma)** **Global:** 000 **Issue:** Treatment of Eyelid Lesions **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AAO **First Identified:** February 2008 **2023 Medicare Utilization:** 5,878

2025 Work RVU: 0.85
2025 NF PE RVU: 0.98
2025 Fac PE RVU: 0.54

RUC Recommendation: Revised parenthetical **Referred to CPT** February 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

68200 **Subconjunctival injection**

Global: 000 **Issue:** Subconjunctival Injection **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO

First Identified: April 2011 **2023 Medicare Utilization:** 4,563

2025 Work RVU: 0.49
2025 NF PE RVU: 0.71
2025 Fac PE RVU: 0.49

RUC Recommendation: 0.49

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68801 **Dilation of lacrimal punctum, with or without irrigation**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014 **2023 Medicare Utilization:** 22,553

2025 Work RVU: 0.82
2025 NF PE RVU: 1.98
2025 Fac PE RVU: 1.51

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

68810 **Probing of nasolacrimal duct, with or without irrigation;**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** Site of Service Anomaly / 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2007 **2023 Medicare Utilization:** 21,742

2025 Work RVU: 1.54
2025 NF PE RVU: 3.11
2025 Fac PE RVU: 2.16

RUC Recommendation: 1.54

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

68811 **Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2014 **2023 Medicare Utilization:** 416

2025 Work RVU: 1.74
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.15

RUC Recommendation: 2.03

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

68815 **Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent**

Global: 010 **Issue:** Dilation and Probing of Lacrimal and Nasolacrimal Duct **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: January 2014 **2023 Medicare Utilization:** 6,684

2025 Work RVU: 2.70
2025 NF PE RVU: 8.07
2025 Fac PE RVU: 3.71

RUC Recommendation: 3.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

68816 **Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation**

Global: 010 **Issue:** **Screen:** 010-Day Global Post-Operative Visits **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (optometry)

First Identified: September 2014 **2023 Medicare Utilization:** 170

2025 Work RVU: 2.10
2025 NF PE RVU: 21.88
2025 Fac PE RVU: 2.41

RUC Recommendation: 2.35

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

69100 **Biopsy external ear**

Global: 000 **Issue:** Biopsy of Ear **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 28 **Specialty Developing Recommendation:** AAD

First Identified: October 2008 **2023 Medicare Utilization:** 169,589

2025 Work RVU: 0.81
2025 NF PE RVU: 1.94
2025 Fac PE RVU: 0.49

RUC Recommendation: 0.81

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

69200 **Removal foreign body from external auditory canal; without general anesthesia** **Global:** 000 **Issue:** Removal of Foreign Body **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 29 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2023 Medicare Utilization:** 49,190

2025 Work RVU: 0.77
2025 NF PE RVU: 1.53
2025 Fac PE RVU: 0.55

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

69210 **Removal impacted cerumen requiring instrumentation, unilateral** **Global:** 000 **Issue:** Removal of Cerumen **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAO-HNS **First Identified:** September 2011 **2023 Medicare Utilization:** 1,468,055

2025 Work RVU: 0.61
2025 NF PE RVU: 0.76
2025 Fac PE RVU: 0.28

RUC Recommendation: Review in 3 years. 0.58. **Referred to CPT** October 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

69400 **Eustachian tube inflation, transnasal; with catheterization** **Global:** **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69401 **Eustachian tube inflation, transnasal; without catheterization**

Global: **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69405 **Eustachian tube catheterization, transtympanic**

Global: **Issue:** Eustachian Tube Procedures **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

69433 **Tympanostomy (requiring insertion of ventilating tube), local or topical anesthesia**

Global: 010 **Issue:** Tympanostomy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 30 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** April 2011 **2023 Medicare Utilization:** 41,581

2025 Work RVU: 1.57
2025 NF PE RVU: 4.25
2025 Fac PE RVU: 2.24

RUC Recommendation: 1.57 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

69801 **Labyrinthotomy, with perfusion of vestibuloactive drug(s), transcanal**

Global: 000 **Issue:** Labyrinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2023 Medicare Utilization:** 23,850

2025 Work RVU: 2.06
2025 NF PE RVU: 4.43
2025 Fac PE RVU: 1.40

RUC Recommendation: Review action plan at RAW Oct 2015. 2.06

Referred to CPT Feb 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** May 2011

Result: Decrease

69802 **Labyrinthotomy, with perfusion of vestibuloactive drug(s); with mastoidectomy**

Global: **Issue:** Labryinthotomy **Screen:** CMS Fastest Growing / Site of Service Anomaly (99238-Only) **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 16 **Specialty Developing Recommendation:** AAO-HNS

First Identified: **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT Feburary 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

69930 **Cochlear device implantation, with or without mastoidectomy**

Global: 090 **Issue:** Cochlear Device Implantation **Screen:** Site of Service Anomaly **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** M **Specialty Developing Recommendation:** AAO-HNS

First Identified: September 2007 **2023 Medicare Utilization:** 4,812

2025 Work RVU: 17.73
2025 NF PE RVU: NA
2025 Fac PE RVU: 16.08

RUC Recommendation: 17.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

70030 **Radiologic examination, eye, for detection of foreign body**

Global: XXX **Issue:** X-Ray of Eye **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 28 **Specialty Developing Recommendation:**

First Identified: January 2019 **2023 Medicare Utilization:** 18,577

2025 Work RVU: 0.18
2025 NF PE RVU: 0.79
2025 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

70100 **Radiologic examination, mandible; partial, less than 4 views**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: April 2013 **2023 Medicare Utilization:** 17,919

2025 Work RVU: 0.18
2025 NF PE RVU: 0.96
2025 Fac PE RVU: NA

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70210 **Radiologic examination, sinuses, paranasal, less than 3 views**

Global: XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 24 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR

First Identified: October 2017 **2023 Medicare Utilization:** 13,632

2025 Work RVU: 0.17
2025 NF PE RVU: 0.78
2025 Fac PE RVU: NA

RUC Recommendation: 0.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

70220 **Radiologic examination, sinuses, paranasal, complete, minimum of 3 views** **Global:** XXX **Issue:** X-Ray Exam - Sinuses **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 24 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2023 Medicare Utilization:** 33,465

2025 Work RVU: 0.22
2025 NF PE RVU: 0.89
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70250 **Radiologic examination, skull; less than 4 views** **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 25 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2023 Medicare Utilization:** 40,837

2025 Work RVU: 0.18
2025 NF PE RVU: 0.88
2025 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70260 **Radiologic examination, skull; complete, minimum of 4 views** **Global:** XXX **Issue:** X-Ray Exam – Skull **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 25 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2023 Medicare Utilization:** 7,497

2025 Work RVU: 0.28
2025 NF PE RVU: 1.04
2025 Fac PE RVU: NA

RUC Recommendation: 0.29 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70310 **Radiologic examination, teeth; partial examination, less than full mouth** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2023 Medicare Utilization:** 825

2025 Work RVU: 0.16
2025 NF PE RVU: 1.04
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: RUC to submit letter to CMS specifying the innapropriate reporting of this service with the hand-held device in Texas.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

70360 **Radiologic examination; neck, soft tissue** **Global:** XXX **Issue:** X-Ray Exam – Neck **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 26 **Specialty Developing Recommendation:** AAFP, ACP, ACR, ASNR **First Identified:** October 2017 **2023 Medicare Utilization:** 37,702

2025 Work RVU: 0.18
2025 NF PE RVU: 0.74
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.20

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

70371 **Complex dynamic pharyngeal and speech evaluation by cine or video recording** **Global:** XXX **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ACR, AAFP **First Identified:** October 2012 **2023 Medicare Utilization:** 766

2025 Work RVU: 0.84
2025 NF PE RVU: 2.47
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: CPT Assistant article published, addressed issues identified.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

70373 **Laryngography, contrast, radiological supervision and interpretation**

Global: **Issue:** Laryngography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** **Specialty Developing Recommendation:** ACR, AAFP

First Identified: October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: CPT Assistant article published.

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Result: Deleted from CPT

70450 **Computed tomography, head or brain; without contrast material**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2011 **2023 Medicare Utilization:** 4,937,479

2025 Work RVU: 0.85
2025 NF PE RVU: 2.35
2025 Fac PE RVU: NA

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

70460 **Computed tomography, head or brain; with contrast material(s)**

Global: XXX **Issue:** CT Head/Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2013 **2023 Medicare Utilization:** 18,522

2025 Work RVU: 1.13
2025 NF PE RVU: 3.32
2025 Fac PE RVU: NA

RUC Recommendation: 1.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

70470 **Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Head/Brain **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2009 **2023 Medicare Utilization:** 59,117

2025 Work RVU: 1.27
2025 NF PE RVU: 3.93
2025 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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70480 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2023 Medicare Utilization:** 53,239

2025 Work RVU: 1.28
2025 NF PE RVU: 3.48
2025 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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70481 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2017 **2023 Medicare Utilization:** 11,061

2025 Work RVU: 1.13
2025 NF PE RVU: 4.29
2025 Fac PE RVU: NA

RUC Recommendation: 1.13 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

70482 **Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Orbit/Ear/Fossa **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 16 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2017 **2023 Medicare Utilization:** 4,320

2025 Work RVU: 1.27
2025 NF PE RVU: 5.04
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

70486 **Computed tomography, maxillofacial area; without contrast material**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2013 **2023 Medicare Utilization:** 496,826

2025 Work RVU: 0.85
2025 NF PE RVU: 3.00
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

70487 **Computed tomography, maxillofacial area; with contrast material(s)**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: April 2014 **2023 Medicare Utilization:** 31,695

2025 Work RVU: 1.13
2025 NF PE RVU: 3.43
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70488 **Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT – Maxillofacial **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 41 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2014 **2023 Medicare Utilization:** 3,523

2025 Work RVU: 1.27
2025 NF PE RVU: 4.25
2025 Fac PE RVU: NA

RUC Recommendation: 1.30 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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70490 **Computed tomography, soft tissue neck; without contrast material**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 56,043

2025 Work RVU: 1.28
2025 NF PE RVU: 3.22
2025 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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70491 **Computed tomography, soft tissue neck; with contrast material(s)**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 267,867

2025 Work RVU: 1.38
2025 NF PE RVU: 4.14
2025 Fac PE RVU: NA

RUC Recommendation: 1.38 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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70492 **Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Soft Tissue Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 22,471

2025 Work RVU: 1.62
2025 NF PE RVU: 5.01
2025 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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Status Report: CMS Requests and Relativity Assessment Issues

70496 **Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth2 / High Volume Growth5 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2023 Medicare Utilization:** 715,741

2025 Work RVU: 1.75
2025 NF PE RVU: 6.56
2025 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70498 **Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** High Volume Growth1 / CMS Fastest Growing / High Volume Growth5 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2008 **2023 Medicare Utilization:** 742,445

2025 Work RVU: 1.75
2025 NF PE RVU: 6.55
2025 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** May 2024 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70540 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 9,100

2025 Work RVU: 1.35
2025 NF PE RVU: 5.44
2025 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70542 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 763

2025 Work RVU: 1.62
2025 NF PE RVU: 6.41
2025 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70543 **Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Face and Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 39 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 68,249

2025 Work RVU: 2.15
2025 NF PE RVU: 8.01
2025 Fac PE RVU: NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70544 **Magnetic resonance angiography, head; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** July 2015 **2023 Medicare Utilization:** 171,262

2025 Work RVU: 1.20
2025 NF PE RVU: 5.28
2025 Fac PE RVU: NA

RUC Recommendation: Refer to CPT for code bundle solution. 1.20 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70545 **Magnetic resonance angiography, head; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 2,713

2025 Work RVU: 1.20
2025 NF PE RVU: 5.65
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70546 **Magnetic resonance angiography, head; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 20,970

2025 Work RVU: 1.48
2025 NF PE RVU: 8.45
2025 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70547 **Magnetic resonance angiography, neck; without contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ASNR, SIR **First Identified:** July 2015 **2023 Medicare Utilization:** 58,446

2025 Work RVU: 1.20
2025 NF PE RVU: 5.30
2025 Fac PE RVU: NA

RUC Recommendation: Refer to CPT for code bundle solution. 1.20 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70548 **Magnetic resonance angiography, neck; with contrast material(s)**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 11,334

2025 Work RVU: 1.50
2025 NF PE RVU: 5.90
2025 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

70549 **Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** Magnetic Resonance Angiography (MR) Head/Neck **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 19 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2015 **2023 Medicare Utilization:** 39,633

2025 Work RVU: 1.80
2025 NF PE RVU: 8.60
2025 Fac PE RVU: NA

RUC Recommendation: 1.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70551 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2023 Medicare Utilization:** 1,071,507

2025 Work RVU: 1.48
2025 NF PE RVU: 4.41
2025 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70552 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material(s)**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** September 2011 **2023 Medicare Utilization:** 17,700

2025 Work RVU: 1.78
2025 NF PE RVU: 6.35
2025 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70553 **Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI-Brain **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 26 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2011 **2023 Medicare Utilization:** 968,572

2025 Work RVU: 2.29
2025 NF PE RVU: 7.26
2025 Fac PE RVU: NA

RUC Recommendation: 2.36 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

70XX1

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 2.50 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

70XX2

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 0.77 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

70XX3

Global: XXX **Issue:** Cerebral Perfusion & CT Angiography – Head & Neck **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 1.00 **Referred to CPT** May 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

71010 **Radiologic examination, chest; single view, frontal**

Global: **Issue:** Chest X-Rays **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71015 **Radiologic examination, chest; stereo, frontal**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71020 **Radiologic examination, chest, 2 views, frontal and lateral;**

Global: **Issue:** Chest X-Rays **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71021 **Radiologic examination, chest, 2 views, frontal and lateral; with apical lordotic procedure**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71022 **Radiologic examination, chest, 2 views, frontal and lateral; with oblique projections**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71023 **Radiologic examination, chest, 2 views, frontal and lateral; with fluoroscopy**

Global: **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71030 **Radiologic examination, chest, complete, minimum of 4 views;**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71034 **Radiologic examination, chest, complete, minimum of 4 views; with fluoroscopy**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71035 **Radiologic examination, chest, special views (eg, lateral decubitus, Bucky studies)**

Global: **Issue:** Chest X-Rays **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71045 **Radiologic examination, chest; single view**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2023 Medicare Utilization:** 12,830,852

2025 Work RVU: 0.18
2025 NF PE RVU: 0.58
2025 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

71046 **Radiologic examination, chest; 2 views**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2023 Medicare Utilization:** 6,114,523

2025 Work RVU: 0.22
2025 NF PE RVU: 0.77
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

71047 **Radiologic examination, chest; 3 views**

Global: XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: February 2016 **2023 Medicare Utilization:** 13,169

2025 Work RVU: 0.27
2025 NF PE RVU: 0.97
2025 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71048 **Radiologic examination, chest; 4 or more views** **Global:** XXX **Issue:** Chest X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 07 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2023 Medicare Utilization:** 7,371

2025 Work RVU: 0.31
2025 NF PE RVU: 1.04
2025 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

71090 **Insertion pacemaker, fluoroscopy and radiography, radiological supervision and interpretation** **Global:** **Issue:** Insertion/Removal of Pacemeaker or Pacing Cardioverter-Defibrillator **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

71100 **Radiologic examination, ribs, unilateral; 2 views** **Global:** XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2023 Medicare Utilization:** 118,781

2025 Work RVU: 0.22
2025 NF PE RVU: 0.86
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

71101 **Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2023 Medicare Utilization: 241,355

2025 Work RVU: 0.27
2025 NF PE RVU: 0.97
2025 Fac PE RVU: NA

RUC Recommendation: 0.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71110 **Radiologic examination, ribs, bilateral; 3 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2023 Medicare Utilization: 19,332

2025 Work RVU: 0.29
2025 NF PE RVU: 1.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71111 **Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views**

Global: XXX **Issue:** X-Ray of Ribs **Screen:** CMS-Other - Utilization over 250,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 30 **Specialty Developing Recommendation:** ACR

First Identified: October 2015

2023 Medicare Utilization: 26,668

2025 Work RVU: 0.32
2025 NF PE RVU: 1.22
2025 Fac PE RVU: NA

RUC Recommendation: 0.32

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

71250 **Computed tomography, thorax, diagnostic; without contrast material**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2023 Medicare Utilization: 2,310,876

2025 Work RVU: 1.08
2025 NF PE RVU: 2.91
2025 Fac PE RVU: NA

RUC Recommendation: 1.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

71260 **Computed tomography, thorax, diagnostic; with contrast material(s)**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2023 Medicare Utilization: 1,705,072

2025 Work RVU: 1.16
2025 NF PE RVU: 3.85
2025 Fac PE RVU: NA

RUC Recommendation: 1.38

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

71270 **Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2023 Medicare Utilization: 55,650

2025 Work RVU: 1.25
2025 NF PE RVU: 4.64
2025 Fac PE RVU: NA

RUC Recommendation: 1.24

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

71271 **Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)**

Global: XXX **Issue:** Screening CT of Thorax **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** **First Identified:** May 2019 **2023 Medicare Utilization:** 407,419

2025 Work RVU: 1.08
2025 NF PE RVU: 3.04
2025 Fac PE RVU: NA

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

71275 **Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography-Chest **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 27 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2008 **2023 Medicare Utilization:** 1,475,644

2025 Work RVU: 1.82
2025 NF PE RVU: 6.64
2025 Fac PE RVU: NA

RUC Recommendation: 1.82 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2009

72020 **Radiologic examination, spine, single view, specify level**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2016 **2023 Medicare Utilization:** 82,560

2025 Work RVU: 0.16
2025 NF PE RVU: 0.55
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72040 **Radiologic examination, spine, cervical; 2 or 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2023 Medicare Utilization:** 560,009

2025 Work RVU: 0.22
2025 NF PE RVU: 0.95
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72050 **Radiologic examination, spine, cervical; 4 or 5 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2023 Medicare Utilization:** 321,240

2025 Work RVU: 0.27
2025 NF PE RVU: 1.33
2025 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72052 **Radiologic examination, spine, cervical; 6 or more views**

Global: XXX **Issue:** X-Ray Spine **Screen:** Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2010 **2023 Medicare Utilization:** 55,860

2025 Work RVU: 0.30
2025 NF PE RVU: 1.53
2025 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72070 **Radiologic examination, spine; thoracic, 2 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2013 **2023 Medicare Utilization:** 264,764

2025 Work RVU: 0.20
2025 NF PE RVU: 0.77
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

72072 **Radiologic examination, spine; thoracic, 3 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** April 2016 **2023 Medicare Utilization:** 135,303

2025 Work RVU: 0.23
2025 NF PE RVU: 0.93
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.23

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

72074 **Radiologic examination, spine; thoracic, minimum of 4 views**

Global: XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2023 Medicare Utilization:** 10,838

2025 Work RVU: 0.25
2025 NF PE RVU: 1.07
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72080 **Radiologic examination, spine; thoracolumbar junction, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2016 **2023 Medicare Utilization:** 43,064

2025 Work RVU: 0.21
2025 NF PE RVU: 0.81
2025 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72100 **Radiologic examination, spine, lumbosacral; 2 or 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / Low Value-High Volume / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2023 Medicare Utilization:** 1,513,682

2025 Work RVU: 0.22
2025 NF PE RVU: 0.95
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72110 **Radiologic examination, spine, lumbosacral; minimum of 4 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** October 2009 **2023 Medicare Utilization:** 721,892

2025 Work RVU: 0.26
2025 NF PE RVU: 1.28
2025 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72114 **Radiologic examination, spine, lumbosacral; complete, including bending views, minimum of 6 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2023 Medicare Utilization:** 82,383

2025 Work RVU: 0.30
2025 NF PE RVU: 1.51
2025 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72120 **Radiologic examination, spine, lumbosacral; bending views only, 2 or 3 views** **Global:** XXX **Issue:** X-Ray Spine **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 27 **Specialty Developing Recommendation:** AAOS, ACR, ASNR **First Identified:** February 2010 **2023 Medicare Utilization:** 41,373

2025 Work RVU: 0.22
2025 NF PE RVU: 0.98
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72125 **Computed tomography, cervical spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2023 Medicare Utilization:** 1,456,236

2025 Work RVU: 1.00
2025 NF PE RVU: 2.91
2025 Fac PE RVU: NA

RUC Recommendation: 1.07 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72126 **Computed tomography, cervical spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2023 Medicare Utilization:** 16,804

2025 Work RVU: 1.22
2025 NF PE RVU: 3.84
2025 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72127 **Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2023 Medicare Utilization:** 1,853

2025 Work RVU: 1.27
2025 NF PE RVU: 4.63
2025 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72128 **Computed tomography, thoracic spine; without contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2008 **2023 Medicare Utilization:** 227,277

2025 Work RVU: 1.00
2025 NF PE RVU: 2.90
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72129 **Computed tomography, thoracic spine; with contrast material** **Global:** XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2023 Medicare Utilization:** 39,752

2025 Work RVU: 1.22
2025 NF PE RVU: 3.88
2025 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

72130 **Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: February 2009 **2023 Medicare Utilization:** 1,518

2025 Work RVU: 1.27
2025 NF PE RVU: 4.70
2025 Fac PE RVU: NA

RUC Recommendation: 1.27

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72131 **Computed tomography, lumbar spine; without contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: February 2009 **2023 Medicare Utilization:** 526,477

2025 Work RVU: 1.00
2025 NF PE RVU: 2.89
2025 Fac PE RVU: NA

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72132 **Computed tomography, lumbar spine; with contrast material**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: February 2009 **2023 Medicare Utilization:** 62,667

2025 Work RVU: 1.22
2025 NF PE RVU: 3.86
2025 Fac PE RVU: NA

RUC Recommendation: 1.22

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72133 **Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Spine **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** February 2009 **2023 Medicare Utilization:** 3,730

2025 Work RVU: 1.27
2025 NF PE RVU: 4.64
2025 Fac PE RVU: NA

RUC Recommendation: 1.27 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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72141 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** September 2011 **2023 Medicare Utilization:** 551,282

2025 Work RVU: 1.48
2025 NF PE RVU: 4.23
2025 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

72142 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2023 Medicare Utilization:** 2,552

2025 Work RVU: 1.78
2025 NF PE RVU: 6.47
2025 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

Status Report: CMS Requests and Relativity Assessment Issues

72146 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2023 Medicare Utilization:** 220,544

2025 Work RVU: 1.48
2025 NF PE RVU: 4.24
2025 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72147 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2023 Medicare Utilization:** 2,394

2025 Work RVU: 1.78
2025 NF PE RVU: 6.40
2025 Fac PE RVU: NA

RUC Recommendation: 1.78 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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72148 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, AUR, ACR, NASS, ASNR **First Identified:** April 2011 **2023 Medicare Utilization:** 1,243,683

2025 Work RVU: 1.48
2025 NF PE RVU: 4.25
2025 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

72149 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2023 Medicare Utilization: 4,357

2025 Work RVU: 1.78
2025 NF PE RVU: 6.32
2025 Fac PE RVU: NA

RUC Recommendation: 1.78

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72156 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2023 Medicare Utilization: 114,278

2025 Work RVU: 2.29
2025 NF PE RVU: 7.29
2025 Fac PE RVU: NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72157 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2023 Medicare Utilization: 101,689

2025 Work RVU: 2.29
2025 NF PE RVU: 7.31
2025 Fac PE RVU: NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

72158 **Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar**

Global: XXX **Issue:** MRI Neck and Lumbar Spine **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: April 2013

2023 Medicare Utilization: 207,560

2025 Work RVU: 2.29
2025 NF PE RVU: 7.27
2025 Fac PE RVU: NA

RUC Recommendation: 2.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

72170 **Radiologic examination, pelvis; 1 or 2 views**

Global: XXX **Issue:** X-Ray Exam – Pelvis **Screen:** Low Value-High Volume / Codes Reported Together 75% or More-Part2 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 28 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2010

2023 Medicare Utilization: 708,889

2025 Work RVU: 0.17
2025 NF PE RVU: 0.65
2025 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72190 **Radiologic examination, pelvis; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Exam – Pelvis **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 28 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2017

2023 Medicare Utilization: 60,853

2025 Work RVU: 0.25
2025 NF PE RVU: 0.99
2025 Fac PE RVU: NA

RUC Recommendation: 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

72191 **Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography

Screen: High Volume Growth1 / CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013

Complete? Yes

Most Recent RUC Meeting: October 2013

Tab: 12

Specialty Developing Recommendation: ACR, SIR

First Identified: February 2008

2023 Medicare Utilization: 2,881

2025 Work RVU: 1.81

2025 NF PE RVU: 7.33

2025 Fac PE RVU: NA

RUC Recommendation: 1.81

Referred to CPT October 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72192 **Computed tomography, pelvis; without contrast material**

Global: XXX **Issue:** CT Pelvis

Screen: Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012

Complete? Yes

Most Recent RUC Meeting: October 2008

Tab: 26

Specialty Developing Recommendation: ACR

First Identified: October 2008

2023 Medicare Utilization: 186,824

2025 Work RVU: 1.09

2025 NF PE RVU: 2.90

2025 Fac PE RVU: NA

RUC Recommendation: 1.09

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72193 **Computed tomography, pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Pelvis

Screen: Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012

Complete? Yes

Most Recent RUC Meeting: October 2008

Tab: 26

Specialty Developing Recommendation: ACR

First Identified: October 2008

2023 Medicare Utilization: 32,542

2025 Work RVU: 1.16

2025 NF PE RVU: 5.67

2025 Fac PE RVU: NA

RUC Recommendation: 1.16

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72194 **Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / CMS Fastest Growing / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2023 Medicare Utilization:** 5,036

2025 Work RVU: 1.22
2025 NF PE RVU: 6.33
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.22 **Referred to CPT** October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

72195 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 84,364

2025 Work RVU: 1.46
2025 NF PE RVU: 5.39
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.46 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

72196 **Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 2,417

2025 Work RVU: 1.73
2025 NF PE RVU: 6.33
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.73 **Referred to CPT**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72197 **Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Pelvis **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 310,961

2025 Work RVU: 2.20
2025 NF PE RVU: 7.89
2025 Fac PE RVU: NA

RUC Recommendation: 2.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

72200 **Radiologic examination, sacroiliac joints; less than 3 views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2023 Medicare Utilization:** 13,677

2025 Work RVU: 0.17
2025 NF PE RVU: 0.82
2025 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

72202 **Radiologic examination, sacroiliac joints; 3 or more views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2016 **2023 Medicare Utilization:** 39,820

2025 Work RVU: 0.23
2025 NF PE RVU: 0.93
2025 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

72220 **Radiologic examination, sacrum and coccyx, minimum of 2 views**

Global: XXX **Issue:** X-Ray Sacrum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 29 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2016 **2023 Medicare Utilization:** 99,797

2025 Work RVU: 0.17
2025 NF PE RVU: 0.79
2025 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72240 **Myelography, cervical, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2023 Medicare Utilization:** 364

2025 Work RVU: 0.91
2025 NF PE RVU: 2.36
2025 Fac PE RVU: NA

RUC Recommendation: 0.91

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72255 **Myelography, thoracic, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2013 **2023 Medicare Utilization:** 92

2025 Work RVU: 0.91
2025 NF PE RVU: 2.22
2025 Fac PE RVU: NA

RUC Recommendation: 0.91

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

72265 **Myelography, lumbosacral, radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR

First Identified: October 2012 **2023 Medicare Utilization:** 1,951

2025 Work RVU: 0.83
2025 NF PE RVU: 2.36
2025 Fac PE RVU: NA

RUC Recommendation: 0.83

Referred to CPT October 2013
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

72270 **Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic, lumbar/cervical, lumbar/thoracic/cervical), radiological supervision and interpretation**

Global: XXX **Issue:** Myelography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** October 2012 **2023 Medicare Utilization:** 269

2025 Work RVU: 1.33
2025 NF PE RVU: 3.09
2025 Fac PE RVU: NA

RUC Recommendation: 1.33 **Referred to CPT** October 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

72275 **Epidurography, radiological supervision and interpretation**

Global: XXX **Issue:** Epidurography **Screen:** Different Performing Specialty from Survey3 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2009 and Q&A - May 2010

72291 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under fluoroscopic guidance**

Global: **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

72292 **Radiological supervision and interpretation, percutaneous vertebroplasty, vertebral augmentation, or sacral augmentation (sacroplasty), including cavity creation, per vertebral body or sacrum; under CT guidance**

Global: **Issue:** Percutaneous Vertebroplasty with Radiological S&I **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 06 **Specialty Developing Recommendation:**

First Identified: October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73000 **Radiologic examination; clavicle, complete**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2023 Medicare Utilization:** 91,107

2025 Work RVU: 0.16
2025 NF PE RVU: 0.80
2025 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73010 **Radiologic examination; scapula, complete**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2023 Medicare Utilization:** 42,233

2025 Work RVU: 0.17
2025 NF PE RVU: 0.53
2025 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73020 **Radiologic examination, shoulder; 1 view**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2023 Medicare Utilization:** 102,344

2025 Work RVU: 0.15
2025 NF PE RVU: 0.48
2025 Fac PE RVU: NA

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73030 **Radiologic examination, shoulder; complete, minimum of 2 views**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** Low Value-High Volume / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2010 **2023 Medicare Utilization:** 2,622,735

2025 Work RVU: 0.18
2025 NF PE RVU: 0.84
2025 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73050 **Radiologic examination; acromioclavicular joints, bilateral, with or without weighted distraction**

Global: XXX **Issue:** X-Ray – Clavicle/Shoulder **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 17 **Specialty Developing Recommendation:** ACR, AAOS

First Identified: October 2017 **2023 Medicare Utilization:** 5,655

2025 Work RVU: 0.18
2025 NF PE RVU: 0.67
2025 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

73060 **Radiologic examination; humerus, minimum of 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2023 Medicare Utilization:** 296,502

2025 Work RVU: 0.16
2025 NF PE RVU: 0.78
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73070 **Radiologic examination, elbow; 2 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2023 Medicare Utilization:** 185,459

2025 Work RVU: 0.16
2025 NF PE RVU: 0.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

73080 **Radiologic examination, elbow; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** Harvard Valued - Utilization over 100,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** October 2009 **2023 Medicare Utilization:** 387,981

2025 Work RVU: 0.17
2025 NF PE RVU: 0.79
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73090 **Radiologic examination; forearm, 2 views**

Global: XXX **Issue:** X-Ray Elbow/Forearm **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 30 **Specialty Developing Recommendation:** AAOS, ACR, ASSH **First Identified:** April 2016 **2023 Medicare Utilization:** 211,651

2025 Work RVU: 0.16
2025 NF PE RVU: 0.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73100 **Radiologic examination, wrist; 2 views**

Global: XXX **Issue:** X-Ray Wrist **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 32 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 202,638

2025 Work RVU: 0.16
2025 NF PE RVU: 0.83
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73110 **Radiologic examination, wrist; complete, minimum of 3 views**

Global: XXX **Issue:** X-Ray Wrist **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 32 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2023 Medicare Utilization:** 984,155

2025 Work RVU: 0.17
2025 NF PE RVU: 1.05
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73120 **Radiologic examination, hand; 2 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2023 Medicare Utilization: 226,183

2025 Work RVU: 0.16
2025 NF PE RVU: 0.76
2025 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73130 **Radiologic examination, hand; minimum of 3 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR

First Identified: October 2010

2023 Medicare Utilization: 1,259,249

2025 Work RVU: 0.17
2025 NF PE RVU: 0.93
2025 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73140 **Radiologic examination, finger(s), minimum of 2 views**

Global: XXX **Issue:** X-Ray of Hand/Fingers **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 33 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2023 Medicare Utilization: 342,464

2025 Work RVU: 0.13
2025 NF PE RVU: 1.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.13

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73200 **Computed tomography, upper extremity; without contrast material**

Global: XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 23 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2023 Medicare Utilization: 147,780

2025 Work RVU: 1.00
2025 NF PE RVU: 3.83
2025 Fac PE RVU: NA

RUC Recommendation: 1.09

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

73201 **Computed tomography, upper extremity; with contrast material(s)** **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2023 Medicare Utilization:** 21,330

2025 Work RVU: 1.16
2025 NF PE RVU: 4.85
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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73202 **Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections** **Global:** XXX **Issue:** CT Upper Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 40 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2023 Medicare Utilization:** 2,033

2025 Work RVU: 1.22
2025 NF PE RVU: 6.19
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

---

73206 **Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing** **Global:** XXX **Issue:** CT Angiography **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** May 2013 **2023 Medicare Utilization:** 8,029

2025 Work RVU: 1.81
2025 NF PE RVU: 7.10
2025 Fac PE RVU: NA

RUC Recommendation: Survey with all CTA codes for October 2013. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

---

73218 **Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)** **Global:** XXX **Issue:** MRI **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2023 Medicare Utilization:** 33,063

2025 Work RVU: 1.35
2025 NF PE RVU: 7.72
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant published. **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Feb 2011 **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

73221 **Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)**

Global: XXX **Issue:** MRI **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: October 2008

2023 Medicare Utilization: 442,176

2025 Work RVU: 1.35
2025 NF PE RVU: 4.76
2025 Fac PE RVU: NA

RUC Recommendation: 1.35

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

73500 **Radiologic examination, hip, unilateral; 1 view**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2011

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73501 **Radiologic examination, hip, unilateral, with pelvis when performed; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014

2023 Medicare Utilization: 203,505

2025 Work RVU: 0.18
2025 NF PE RVU: 0.80
2025 Fac PE RVU: NA

RUC Recommendation: 0.17

Referred to CPT October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

73502 **Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2023 Medicare Utilization:** 2,429,077

2025 Work RVU: 0.22
2025 NF PE RVU: 1.19
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73503 **Radiologic examination, hip, unilateral, with pelvis when performed; minimum of 4 views** **Global:** XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2023 Medicare Utilization:** 51,144

2025 Work RVU: 0.27
2025 NF PE RVU: 1.52
2025 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73510 **Radiologic examination, hip, unilateral; complete, minimum of 2 views** **Global:** **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73520 **Radiologic examination, hips, bilateral, minimum of 2 views of each hip, including anteroposterior view of pelvis**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73521 **Radiologic examination, hips, bilateral, with pelvis when performed; 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2023 Medicare Utilization:** 138,374

2025 Work RVU: 0.22
2025 NF PE RVU: 1.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.22

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73522 **Radiologic examination, hips, bilateral, with pelvis when performed; 3-4 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2023 Medicare Utilization:** 171,828

2025 Work RVU: 0.29
2025 NF PE RVU: 1.31
2025 Fac PE RVU: NA

RUC Recommendation: 0.29

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

73523 **Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2023 Medicare Utilization:** 101,552

2025 Work RVU: 0.31
2025 NF PE RVU: 1.52
2025 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

73540 **Radiologic examination, pelvis and hips, infant or child, minimum of 2 views**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

73542 **Radiological examination, sacroiliac joint arthrography, radiological supervision and interpretation**

Global: **Issue:** Sacroiliac Joint Arthrography **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ASA, AAPM, AAMPR, NASS, ACR, AUR, ISIS, ASNR **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

73550 **Radiologic examination, femur, 2 views**

Global: **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: April 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

73551 **Radiologic examination, femur; 1 view**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2023 Medicare Utilization:** 29,489

2025 Work RVU: 0.16
2025 NF PE RVU: 0.71
2025 Fac PE RVU: NA

RUC Recommendation: 0.16

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

73552 **Radiologic examination, femur; minimum 2 views**

Global: XXX **Issue:** Radiologic Exam-Hip and Pelvis **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAOS, ACR

First Identified: October 2014 **2023 Medicare Utilization:** 505,595

2025 Work RVU: 0.18
2025 NF PE RVU: 0.87
2025 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT October 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

73560 **Radiologic examination, knee; 1 or 2 views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2023 Medicare Utilization:** 1,379,033

2025 Work RVU: 0.16
2025 NF PE RVU: 0.84
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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73562 **Radiologic examination, knee; 3 views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2023 Medicare Utilization:** 2,307,698

2025 Work RVU: 0.18
2025 NF PE RVU: 1.02
2025 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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73564 **Radiologic examination, knee; complete, 4 or more views** **Global:** XXX **Issue:** X-Ray Exams **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2010 **2023 Medicare Utilization:** 1,782,295

2025 Work RVU: 0.22
2025 NF PE RVU: 1.18
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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73565 **Radiologic examination, knee; both knees, standing, anteroposterior** **Global:** XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2023 Medicare Utilization:** 94,415

2025 Work RVU: 0.16
2025 NF PE RVU: 1.02
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

73580 **Radiologic examination, knee, arthrography, radiological supervision and interpretation**

Global: XXX **Issue:** Contrast X-Ray of Knee Joint **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 16 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2023 Medicare Utilization:** 15,423

2025 Work RVU: 0.59
2025 NF PE RVU: 2.57
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.59

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Jun 2012

73590 **Radiologic examination; tibia and fibula, 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** April 2013 **2023 Medicare Utilization:** 438,885

2025 Work RVU: 0.16
2025 NF PE RVU: 0.77
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

73600 **Radiologic examination, ankle; 2 views**

Global: XXX **Issue:** X-Ray Exams **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 17 **Specialty Developing Recommendation:** AAOS, ACR, APMA **First Identified:** April 2013 **2023 Medicare Utilization:** 189,296

2025 Work RVU: 0.16
2025 NF PE RVU: 0.78
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.16

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73610 **Radiologic examination, ankle; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2023 Medicare Utilization:** 1,110,016

2025 Work RVU: 0.17
2025 NF PE RVU: 0.90
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73620 **Radiologic examination, foot; 2 views**

Global: XXX **Issue:** X-Ray Exam of Foot **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 27 **Specialty Developing Recommendation:** ACR, AAOS, APMA **First Identified:** October 2010 **2023 Medicare Utilization:** 391,217

2025 Work RVU: 0.16
2025 NF PE RVU: 0.67
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73630 **Radiologic examination, foot; complete, minimum of 3 views**

Global: XXX **Issue:** Radiologic Examination **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 24 **Specialty Developing Recommendation:** ACR, AAOS, APMA, AOFAS **First Identified:** October 2008 **2023 Medicare Utilization:** 2,572,705

2025 Work RVU: 0.17
2025 NF PE RVU: 0.83
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73650 **Radiologic examination; calcaneus, minimum of 2 views** **Global:** XXX **Issue:** X-Ray Heel **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 31 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2023 Medicare Utilization:** 59,629

2025 Work RVU: 0.16
2025 NF PE RVU: 0.67
2025 Fac PE RVU: NA

RUC Recommendation: 0.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73660 **Radiologic examination; toe(s), minimum of 2 views** **Global:** XXX **Issue:** X-Ray Toe **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 32 **Specialty Developing Recommendation:** AAOS, ACR, APMA, AOFAS **First Identified:** April 2016 **2023 Medicare Utilization:** 97,038

2025 Work RVU: 0.13
2025 NF PE RVU: 0.72
2025 Fac PE RVU: NA

RUC Recommendation: 0.13 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73700 **Computed tomography, lower extremity; without contrast material** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2023 Medicare Utilization:** 377,987

2025 Work RVU: 1.00
2025 NF PE RVU: 2.90
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73701 **Computed tomography, lower extremity; with contrast material(s)** **Global:** XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2023 Medicare Utilization:** 57,466

2025 Work RVU: 1.16
2025 NF PE RVU: 3.84
2025 Fac PE RVU: NA

RUC Recommendation: 1.16 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

73702 **Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Lower Extremity **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** February 2009 **2023 Medicare Utilization:** 5,197

2025 Work RVU: 1.22
2025 NF PE RVU: 4.65
2025 Fac PE RVU: NA

RUC Recommendation: 1.22 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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73706 **Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** February 2008 **2023 Medicare Utilization:** 20,796

2025 Work RVU: 1.90
2025 NF PE RVU: 7.79
2025 Fac PE RVU: NA

RUC Recommendation: Survey for October 2013. Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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73718 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 134,623

2025 Work RVU: 1.35
2025 NF PE RVU: 5.34
2025 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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73719 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 971

2025 Work RVU: 1.62
2025 NF PE RVU: 6.27
2025 Fac PE RVU: NA

RUC Recommendation: 1.62 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

73720 **Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences**

Global: XXX **Issue:** MRI Lower Extremity **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 63,110

2025 Work RVU: 2.15
2025 NF PE RVU: 7.95
2025 Fac PE RVU: NA

RUC Recommendation: 2.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

73721 **Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material**

Global: XXX **Issue:** MRI of Lower Extremity Joint **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2023 Medicare Utilization:** 614,643

2025 Work RVU: 1.35
2025 NF PE RVU: 4.75
2025 Fac PE RVU: NA

RUC Recommendation: 1.35 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74000 **Radiologic examination, abdomen; single anteroposterior view**

Global: **Issue:** Abdominal X-Ray **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74010 **Radiologic examination, abdomen; anteroposterior and additional oblique and cone views**

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74018 **Radiologic examination, abdomen; 1 view**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2023 Medicare Utilization:** 1,833,928

2025 Work RVU: 0.18
2025 NF PE RVU: 0.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74019 **Radiologic examination, abdomen; 2 views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** February 2016 **2023 Medicare Utilization:** 255,359

2025 Work RVU: 0.23
2025 NF PE RVU: 0.86
2025 Fac PE RVU: NA

RUC Recommendation: 0.23 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74020 **Radiologic examination, abdomen; complete, including decubitus and/or erect views**

Global: **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74021 **Radiologic examination, abdomen; 3 or more views**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR

First Identified: February 2016

2023 Medicare Utilization: 33,817

2025 Work RVU: 0.27
2025 NF PE RVU: 0.99
2025 Fac PE RVU: NA

RUC Recommendation: 0.27

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74022 **Radiologic examination, complete acute abdomen series, including 2 or more views of the abdomen (eg, supine, erect, decubitus), and a single view chest**

Global: XXX **Issue:** Abdominal X-Ray **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 08 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2023 Medicare Utilization: 102,128

2025 Work RVU: 0.32
2025 NF PE RVU: 1.15
2025 Fac PE RVU: NA

RUC Recommendation: 0.32

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74150 **Computed tomography, abdomen; without contrast material**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACR

First Identified: February 2008

2023 Medicare Utilization: 53,767

2025 Work RVU: 1.19
2025 NF PE RVU: 2.90
2025 Fac PE RVU: NA

RUC Recommendation: Review PE. 0.35

Referred to CPT October 2009

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

74160 **Computed tomography, abdomen; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** Codes Reported Together 95% or More / MPC List / CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2023 Medicare Utilization:** 71,208

2025 Work RVU: 1.27
2025 NF PE RVU: 5.67
2025 Fac PE RVU: NA

RUC Recommendation: 0.42

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74170 **Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections**

Global: XXX **Issue:** CT Abdomen **Screen:** Codes Reported Together 95% or More / CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 34 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2023 Medicare Utilization:** 96,525

2025 Work RVU: 1.40
2025 NF PE RVU: 6.41
2025 Fac PE RVU: NA

RUC Recommendation: 1.40

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74174 **Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: **2023 Medicare Utilization:** 388,453

2025 Work RVU: 2.20
2025 NF PE RVU: 9.20
2025 Fac PE RVU: NA

RUC Recommendation: 2.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

74175 **Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR

First Identified: October 2008 **2023 Medicare Utilization:** 27,692

2025 Work RVU: 1.82
2025 NF PE RVU: 7.36
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.82

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

74176 **Computed tomography, abdomen and pelvis; without contrast material**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 16 **Specialty Developing Recommendation:** ACR

First Identified: October 2009 **2023 Medicare Utilization:** 1,979,153

2025 Work RVU: 1.74
2025 NF PE RVU: 3.75
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.74

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

74177 **Computed tomography, abdomen and pelvis; with contrast material(s)**

Global: XXX **Issue:** CT Abdomen and Pelvis **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 44 **Specialty Developing Recommendation:** ACR

First Identified: October 2009 **2023 Medicare Utilization:** 3,381,644

2025 Work RVU: 1.82
2025 NF PE RVU: 7.25
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.82

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74178 **Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions**

Global: XXX **Issue:** CT Abdomen/CT Pelvis **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 16 **Specialty Developing Recommendation:** ACR **First Identified:** October 2009 **2023 Medicare Utilization:** 472,046

2025 Work RVU: 2.01
2025 NF PE RVU: 8.15
2025 Fac PE RVU: NA

RUC Recommendation: 2.01 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74181 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)** **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 101,267

2025 Work RVU: 1.46
2025 NF PE RVU: 4.40
2025 Fac PE RVU: NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74182 **Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)** **Global:** XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:** 3,724

2025 Work RVU: 1.73
2025 NF PE RVU: 7.35
2025 Fac PE RVU: NA

RUC Recommendation: 1.73 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74183 **Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences**

Global: XXX **Issue:** MRI of Abdomen **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 21 **Specialty Developing Recommendation:** ACR

First Identified: July 2015

2023 Medicare Utilization: 458,181

2025 Work RVU: 2.20
2025 NF PE RVU: 7.93
2025 Fac PE RVU: NA

RUC Recommendation: 2.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

74210 **Radiologic examination, pharynx and/or cervical esophagus, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2016

2023 Medicare Utilization: 845

2025 Work RVU: 0.59
2025 NF PE RVU: 2.15
2025 Fac PE RVU: NA

RUC Recommendation: 0.59

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74220 **Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

First Identified: April 2016

2023 Medicare Utilization: 88,237

2025 Work RVU: 0.60
2025 NF PE RVU: 2.24
2025 Fac PE RVU: NA

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

74221 **Radiologic examination, esophagus, including scout chest radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: October 2018 **2023 Medicare Utilization:** 69,443

2025 Work RVU: 0.70
2025 NF PE RVU: 2.49
2025 Fac PE RVU: NA

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74230 **Radiologic examination, swallowing function, with cineradiography/videoradiography, including scout neck radiograph(s) and delayed image(s), when performed, contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Esophagus **Screen:** CMS-Other - Utilization over 250,000 / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 25 **Specialty Developing Recommendation:** ACR

First Identified: April 2013 **2023 Medicare Utilization:** 310,233

2025 Work RVU: 0.53
2025 NF PE RVU: 3.08
2025 Fac PE RVU: NA

RUC Recommendation: 0.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

74240 **Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2023 Medicare Utilization:** 60,977

2025 Work RVU: 0.80
2025 NF PE RVU: 2.77
2025 Fac PE RVU: NA

RUC Recommendation: 0.80

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

74241 **Radiologic examination, gastrointestinal tract, upper; with or without delayed images, with KUB**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74245 **Radiologic examination, gastrointestinal tract, upper; with small intestine, includes multiple serial images**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74246 **Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered**

Global: XXX **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 43,307

2025 Work RVU: 0.90
2025 NF PE RVU: 3.14
2025 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** May 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74247 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with or without delayed images, with KUB**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74248 **Radiologic small intestine follow-through study, including multiple serial images (List separately in addition to code for primary procedure for upper GI radiologic examination)**

Global: ZZZ **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2023 Medicare Utilization:** 12,616

2025 Work RVU: 0.70
2025 NF PE RVU: 1.69
2025 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** February 2019-EC **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

74249 **Radiological examination, gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon; with small intestine follow-through**

Global: **Issue:** X-Ray Exam – Upper GI **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 12 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74250 **Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2023 Medicare Utilization:** 43,382

2025 Work RVU: 0.81
2025 NF PE RVU: 2.74
2025 Fac PE RVU: NA

RUC Recommendation: 0.81

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74251 **Radiologic examination, small intestine, including multiple serial images and scout abdominal radiograph(s), when performed; double-contrast (eg, high-density barium and air via enteroclysis tube) study, including glucagon, when administered**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2023 Medicare Utilization:** 322

2025 Work RVU: 1.17
2025 NF PE RVU: 9.26
2025 Fac PE RVU: NA

RUC Recommendation: 1.17

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74260 **Duodenography, hypotonic**

Global: **Issue:** X-Ray Exam – Small Intestine/Colon **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

74270 **Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; single-contrast (eg, barium) study**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: October 2017 **2023 Medicare Utilization:** 16,898

2025 Work RVU: 1.04
2025 NF PE RVU: 3.43
2025 Fac PE RVU: NA

RUC Recommendation: 1.04

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74280 **Radiologic examination, colon, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high density barium and air) study, including glucagon, when administered**

Global: XXX **Issue:** Lower Gastroinetstinal Tract Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 11 **Specialty Developing Recommendation:** ACR

First Identified: April 2011 **2023 Medicare Utilization:** 4,372

2025 Work RVU: 1.26
2025 NF PE RVU: 5.11
2025 Fac PE RVU: NA

RUC Recommendation: 1.26

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

74300 **Cholangiography and/or pancreatography; intraoperative, radiological supervision and interpretation**

Global: XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES

First Identified: October 2018 **2023 Medicare Utilization:** 16,766

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.32

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

74301 **Cholangiography and/or pancreatography; additional set intraoperative, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 19 **Specialty Developing Recommendation:** ACR, ACS, SAGES, SIR **First Identified:** October 2018 **2023 Medicare Utilization:** 81

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74305 **Deleted from CPT**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74320 **Cholangiography, percutaneous, transhepatic, radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74327 **Postoperative biliary duct calculus removal, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique), radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR

First Identified: February 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74328 **Endoscopic catheterization of the biliary ductal system, radiological supervision and interpretation** **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES

First Identified: October 2018 **2023 Medicare Utilization:** 58,126

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.47 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74329 **Endoscopic catheterization of the pancreatic ductal system, radiological supervision and interpretation** **Global:** XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES

First Identified: October 2018 **2023 Medicare Utilization:** 2,454

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74330 **Combined endoscopic catheterization of the biliary and pancreatic ductal systems, radiological supervision and interpretation**

Global: XXX **Issue:** X-Rays at Surgery Add-On **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ACR, SAGES **First Identified:** October 2018 **2023 Medicare Utilization:** 7,779

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

74400 **Urography (pyelography), intravenous, with or without KUB, with or without tomography**

Global: XXX **Issue:** Contrast X-Ray Exams **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 31 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2023 Medicare Utilization:** 2,715

2025 Work RVU: 0.49
2025 NF PE RVU: 3.44
2025 Fac PE RVU: NA

RUC Recommendation: 0.49 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

74420 **Urography, retrograde, with or without KUB**

Global: XXX **Issue:** X-Ray Urinary Tract **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 26 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2023 Medicare Utilization:** 142,618

2025 Work RVU: 0.52
2025 NF PE RVU: 1.79
2025 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74425 **Urography, antegrade, radiological supervision and interpretation**

Global: XXX **Issue:** Urography **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 18 **Specialty Developing Recommendation:** ACR, AUA, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 985

2025 Work RVU: 0.51
2025 NF PE RVU: 3.45
2025 Fac PE RVU: NA

RUC Recommendation: 0.51, editorially revised **Referred to CPT** September 2019 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

74475 **Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

74480 **Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous, radiological supervision and interpretation**

Global: **Issue:** Genitourinary Catheter Procedures **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 09 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

74485 **Dilation of ureter(s) or urethra, radiological supervision and interpretation**

Global: XXX **Issue:** Dilation of Urinary Tract **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 12 **Specialty Developing Recommendation:**

First Identified: September 2017

2023 Medicare Utilization: 1,129

2025 Work RVU: 0.83
2025 NF PE RVU: 2.66
2025 Fac PE RVU: NA

RUC Recommendation: 0.83

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

75561 **Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;**

Global: XXX **Issue:** **Screen:** High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: October 2020

2023 Medicare Utilization: 46,362

2025 Work RVU: 2.60
2025 NF PE RVU: 8.22
2025 Fac PE RVU: NA

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

75571 **Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, SCCT

First Identified: April 2022

2023 Medicare Utilization: 85,757

2025 Work RVU: 0.58
2025 NF PE RVU: 2.43
2025 Fac PE RVU: NA

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

75572 **Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** **Screen:** High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2023 Medicare Utilization:** 54,313

2025 Work RVU: 1.75
2025 NF PE RVU: 5.09
2025 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

75574 **Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)**

Global: XXX **Issue:** **Screen:** CMS Request - Final Rule for 2013 / High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** ACR, SIR, ACC **First Identified:** May 2013 **2023 Medicare Utilization:** 165,576

2025 Work RVU: 2.40
2025 NF PE RVU: 7.28
2025 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

75625 **Aortography, abdominal, by serialography, radiological supervision and interpretation**

Global: XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2023 Medicare Utilization:** 67,600

2025 Work RVU: 1.44
2025 NF PE RVU: 2.10
2025 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75630 **Aortography, abdominal plus bilateral iliofemoral lower extremity, catheter, by serialography, radiological supervision and interpretation**

Global: XXX **Issue:** Abdominal Aortography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 19 **Specialty Developing Recommendation:** ACC, SCAI, SIR, SVS **First Identified:** October 2017 **2023 Medicare Utilization:** 14,380

2025 Work RVU: 2.00
2025 NF PE RVU: 2.45
2025 Fac PE RVU: NA

RUC Recommendation: 2.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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75635 **Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing**

Global: XXX **Issue:** CT Angiography of Abdominal Arteries **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 34 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2023 Medicare Utilization:** 104,589

2025 Work RVU: 2.40
2025 NF PE RVU: 9.94
2025 Fac PE RVU: NA

RUC Recommendation: 2.40 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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75650 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation**

Global: **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

75671 **Angiography, carotid, cerebral, bilateral, radiological supervision and interpretation** **Global:** **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75680 **Angiography, carotid, cervical, bilateral, radiological supervision and interpretation** **Global:** **Issue:** Carotid Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AANS/CNS, ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75710 **Angiography, extremity, unilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2023 Medicare Utilization:** 117,596

2025 Work RVU: 1.75
2025 NF PE RVU: 2.45
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2021

Status Report: CMS Requests and Relativity Assessment Issues

75716 **Angiography, extremity, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Angiography of Extremities **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACC, RPA, SCAI, SIR, SVS **First Identified:** July 2015 **2023 Medicare Utilization:** 45,975

2025 Work RVU: 1.97
2025 NF PE RVU: 2.67
2025 Fac PE RVU: NA

RUC Recommendation: 1.97 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75722 **Angiography, renal, unilateral, selective (including flush aortogram), radiological supervision and interpretation** **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75724 **Angiography, renal, bilateral, selective (including flush aortogram), radiological supervision and interpretation** **Global:** **Issue:** Renal Angiography **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, ASNR, AUR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75726 **Angiography, visceral, selective or supraselective (with or without flush aortogram), radiological supervision and interpretation**

Global: XXX **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2023 Medicare Utilization:** 35,144

2025 Work RVU: 2.05
2025 NF PE RVU: 2.89
2025 Fac PE RVU: NA

RUC Recommendation: 2.05 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75774 **Angiography, selective, each additional vessel studied after basic examination, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Angiography **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 20 **Specialty Developing Recommendation:** SCAI, SIR, SVS **First Identified:** October 2017 **2023 Medicare Utilization:** 79,431

2025 Work RVU: 1.01
2025 NF PE RVU: 1.78
2025 Fac PE RVU: NA

RUC Recommendation: 1.01 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75790 **Deleted from CPT**

Global: **Issue:** Arteriovenous Shunt Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 9 **Specialty Developing Recommendation:** SVS, SIR, ACR **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75791 **Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological supervision and interpretation**

Global: **Issue:** Dialysis Circuit -1 **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 14 **Specialty Developing Recommendation:** ACR, RPA, SIR, SVS **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75820 **Venography, extremity, unilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2023 Medicare Utilization:** 19,209

2025 Work RVU: 1.05
2025 NF PE RVU: 2.05
2025 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

75822 **Venography, extremity, bilateral, radiological supervision and interpretation** **Global:** XXX **Issue:** Venography **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2019 **2023 Medicare Utilization:** 9,448

2025 Work RVU: 1.48
2025 NF PE RVU: 2.36
2025 Fac PE RVU: NA

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75885 **Percutaneous transhepatic portography with hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2023 Medicare Utilization:** 214

2025 Work RVU: 1.44
2025 NF PE RVU: 2.56
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

75887 **Percutaneous transhepatic portography without hemodynamic evaluation, radiological supervision and interpretation**

Global: XXX **Issue:** Interventional Radiology Procedures **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 21 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** NA **2023 Medicare Utilization:** 418

2025 Work RVU: 1.44
2025 NF PE RVU: 2.58
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

75894 **Transcatheter therapy, embolization, any method, radiological supervision and interpretation**

Global: XXX **Issue:** Endovascular Therapy with Imaging **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR **First Identified:** February 2010 **2023 Medicare Utilization:** 12,131

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 2.24 **Referred to CPT** February 2024 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75896 **Transcatheter therapy, infusion, other than for thrombolysis, radiological supervision and interpretation**

Global: **Issue:** Intracranial Endovascular Intervention **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 09 **Specialty Developing Recommendation:** AANS/CNS, ACR, ASNR, SCAI, SIR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 February 2015 May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75898 **Angiography through existing catheter for follow-up study for transcatheter therapy, embolization or infusion, other than for thrombolysis**

Global: XXX **Issue:** Endovascular Therapy Bundling **Screen:** Codes Reported Together 75% or More-Part1 / CPT Assistant Analysis / Code Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 04 **Specialty Developing Recommendation:** AANS, ACR, ASNR, CNS, OEIS, SIR **First Identified:** February 2010 **2023 Medicare Utilization:** 16,235

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.85 **Referred to CPT** February 2024 February 2014 February 2015 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2019

75940 **Percutaneous placement of IVC filter, radiological supervision and interpretation**

Global: **Issue:** Major Vein Revision **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75945 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; initial vessel**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75946 **Intravascular ultrasound (non-coronary vessel), radiological supervision and interpretation; each additional non-coronary vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Intravascular Ultrasound **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 07 **Specialty Developing Recommendation:** ACC,SCAI, SIR, SVS **First Identified:** July 2014 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75952 **Endovascular repair of infrarenal abdominal aortic aneurysm or dissection, radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75953 **Placement of proximal or distal extension prosthesis for endovascular repair of infrarenal aortic or iliac artery aneurysm, pseudoaneurysm, or dissection, radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75954 **Endovascular repair of iliac artery aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma, using ilio-iliac tube endoprosthesis, radiological supervision and interpretation**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75960 **Transcatheter introduction of intravascular stent(s) (except coronary, carotid, vertebral, iliac, and lower extremity artery), percutaneous and/or open, radiological supervision and interpretation, each vessel**

Global: **Issue:** RAW **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 27 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75961 **Transcatheter retrieval, percutaneous, of intravascular foreign body (eg, fractured venous or arterial catheter), radiological supervision and interpretation**

Global: **Issue:** Transcatheter Procedures **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC, ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75962 **Transluminal balloon angioplasty, peripheral artery other than renal, or other visceral artery, iliac or lower extremity, radiological supervision and interpretation**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75964 **Transluminal balloon angioplasty, each additional peripheral artery other than renal or other visceral artery, iliac or lower extremity, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75966 **Transluminal balloon angioplasty, renal or other visceral artery, radiological supervision and interpretation**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75968 **Transluminal balloon angioplasty, each additional visceral artery, radiological supervision and interpretation (List separately in addition to code for primary procedure)**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** January 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75978 **Transluminal balloon angioplasty, venous (eg, subclavian stenosis), radiological supervision and interpretation**

Global: **Issue:** Open and Percutaneous Transluminal Angioplasty **Screen:** CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 15 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75980 **Percutaneous transhepatic biliary drainage with contrast monitoring, radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75982 **Percutaneous placement of drainage catheter for combined internal and external biliary drainage or of a drainage stent for internal biliary drainage in patients with an inoperable mechanical biliary obstruction, radiological supervision and interpretation**

Global: **Issue:** Percutaneous Biliary Procedures Bundling **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 06 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

75984 **Change of percutaneous tube or drainage catheter with contrast monitoring (eg, genitourinary system, abscess), radiological supervision and interpretation**

Global: XXX **Issue:** Introduction of Catheter or Stent **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 20,412

2025 Work RVU: 0.83
2025 NF PE RVU: 1.94
2025 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** RAW will assess Oct 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75992 **Deleted from CPT** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75993 **Deleted from CPT** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75994 **Revised to Category III** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

75995 **Revised to Category III** **Global:** **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

75996 **Revised to Category III**

Global: **Issue:** Transluminal Arthrectomy **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 57 **Specialty Developing Recommendation:** SIR, ACR, SVS **First Identified:** April 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76000 **Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time**

Global: XXX **Issue:** Fluoroscopy **Screen:** Low Value-Billed in Multiple Units / CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 27 **Specialty Developing Recommendation:** ACR, APMA **First Identified:** October 2010 **2023 Medicare Utilization:** 91,328

2025 Work RVU: 0.30
2025 NF PE RVU: 0.95
2025 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76001 **Fluoroscopy, physician or other qualified health care professional time more than 1 hour, assisting a nonradiologic physician or other qualified health care professional (eg, nephrostolithotomy, ERCP, bronchoscopy, transbronchial biopsy)**

Global: **Issue:** Fluoroscopy **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 27 **Specialty Developing Recommendation:** ACR **First Identified:** October 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76098 **Radiological examination, surgical specimen** **Global:** XXX **Issue:** X-Ray Exam Specimen **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 21 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 71,578

2025 Work RVU: 0.31
2025 NF PE RVU: 0.95
2025 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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76100 **Radiologic examination, single plane body section (eg, tomography), other than with urography** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2023 Medicare Utilization:** 8,652

2025 Work RVU: 0.58
2025 NF PE RVU: 2.01
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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76101 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; unilateral** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: New PE inputs. Deleted from CPT for 2022. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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76102 **Radiologic examination, complex motion (ie, hypercycloidal) body section (eg, mastoid polytomography), other than with urography; bilateral** **Global:** XXX **Issue:** Fluroscopy **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 27 **Specialty Developing Recommendation:** ACR, ISIS **First Identified:** April 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: New PE inputs. Deleted from CPT for 2022. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

76376 **3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation**

Global: XXX **Issue:** 3D Rendering **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 23 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** April 2017 **2023 Medicare Utilization:** 329,368

2025 Work RVU: 0.20
2025 NF PE RVU: 0.55
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

76377 **3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation**

Global: XXX **Issue:** 3D Rendering with Interpretation and Report **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASNR **First Identified:** July 2019 **2023 Medicare Utilization:** 194,943

2025 Work RVU: 0.79
2025 NF PE RVU: 1.53
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.79

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

76510 **Ophthalmic ultrasound, diagnostic; B-scan and quantitative A-scan performed during the same patient encounter**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2023 Medicare Utilization:** 13,065

2025 Work RVU: 0.70
2025 NF PE RVU: 1.31
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76511 **Ophthalmic ultrasound, diagnostic; quantitative A-scan only**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** April 2016 **2023 Medicare Utilization:** 4,313

2025 Work RVU: 0.64
2025 NF PE RVU: 1.03
2025 Fac PE RVU: NA

RUC Recommendation: 0.64 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76512 **Ophthalmic ultrasound, diagnostic; B-scan (with or without superimposed non-quantitative A-scan)**

Global: XXX **Issue:** Opthalmic Ultrasound **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 23 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2023 Medicare Utilization:** 221,873

2025 Work RVU: 0.56
2025 NF PE RVU: 0.85
2025 Fac PE RVU: NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76513 **Ophthalmic ultrasound, diagnostic; anterior segment ultrasound, immersion (water bath) B-scan or high resolution biomicroscopy, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmic Ultrasound Anterior Segment **Screen:** High Volume Growth1 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 17 **Specialty Developing Recommendation:** AAO, AOA (optometric), ASCRS **First Identified:** February 2008 **2023 Medicare Utilization:** 13,820

2025 Work RVU: 0.60
2025 NF PE RVU: 1.61
2025 Fac PE RVU: NA

RUC Recommendation: 0.60 and CPT Assistant article published **Referred to CPT** September 2019 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2013

Status Report: CMS Requests and Relativity Assessment Issues

76514 **Ophthalmic ultrasound, diagnostic; corneal pachymetry, unilateral or bilateral (determination of corneal thickness)**

Global: XXX **Issue:** Echo Exam of Eye Thickness **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 12 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2017 **2023 Medicare Utilization:** 426,372

2025 Work RVU: 0.14
2025 NF PE RVU: 0.18
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76516 **Ophthalmic biometry by ultrasound echography, A-scan;**

Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** April 2016 **2023 Medicare Utilization:** 1,849

2025 Work RVU: 0.40
2025 NF PE RVU: 0.98
2025 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76519 **Ophthalmic biometry by ultrasound echography, A-scan; with intraocular lens power calculation**

Global: XXX **Issue:** Opthalmic Biometry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** July 2015 **2023 Medicare Utilization:** 107,065

2025 Work RVU: 0.54
2025 NF PE RVU: 1.48
2025 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76536 **Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation**

Global: XXX **Issue:** Soft Tissue Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** ACR, ASNR, TES, AACE **First Identified:** October 2008 **2023 Medicare Utilization:** 902,754

2025 Work RVU: 0.56
2025 NF PE RVU: 2.67
2025 Fac PE RVU: NA

RUC Recommendation: 0.56 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76604 **Ultrasound, chest (includes mediastinum), real time with image documentation** **Global:** XXX **Issue:** Ultrasound Exam - Chest **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 24 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 118,852

2025 Work RVU: 0.59
2025 NF PE RVU: 1.11
2025 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76641 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete** **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2023 Medicare Utilization:** 679,681

2025 Work RVU: 0.73
2025 NF PE RVU: 2.28
2025 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76642 **Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited** **Global:** XXX **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2023 Medicare Utilization:** 717,334

2025 Work RVU: 0.68
2025 NF PE RVU: 1.81
2025 Fac PE RVU: NA

RUC Recommendation: 0.68 **Referred to CPT** October 2013 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76645 **Ultrasound, breast(s) (unilateral or bilateral), real time with image documentation** **Global:** **Issue:** Breast Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76700 **Ultrasound, abdominal, real time with image documentation; complete** **Global:** XXX **Issue:** Ultrasound **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2023 Medicare Utilization:** 680,635

2025 Work RVU: 0.81
2025 NF PE RVU: 2.59
2025 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76705 **Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)** **Global:** XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR, ASBS **First Identified:** April 2011 **2023 Medicare Utilization:** 984,573

2025 Work RVU: 0.59
2025 NF PE RVU: 1.97
2025 Fac PE RVU: NA

RUC Recommendation: 0.59 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76706 **Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)** **Global:** XXX **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** May 2015 **2023 Medicare Utilization:** 145,634

2025 Work RVU: 0.55
2025 NF PE RVU: 2.61
2025 Fac PE RVU: NA

RUC Recommendation: 0.55 **Referred to CPT** May 2015 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

76770 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete** **Global:** XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2023 Medicare Utilization:** 1,190,647

2025 Work RVU: 0.74
2025 NF PE RVU: 2.43
2025 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76775 **Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2023 Medicare Utilization:** 395,902

2025 Work RVU: 0.58
2025 NF PE RVU: 1.20
2025 Fac PE RVU: NA

RUC Recommendation: 0.58 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76819 **Fetal biophysical profile; without non-stress testing**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2023 Medicare Utilization:** 7,127

2025 Work RVU: 0.77
2025 NF PE RVU: 1.76
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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76830 **Ultrasound, transvaginal**

Global: XXX **Issue:** Transvaginal and Transrectal Ultrasound **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 44 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2023 Medicare Utilization:** 369,833

2025 Work RVU: 0.69
2025 NF PE RVU: 2.79
2025 Fac PE RVU: NA

RUC Recommendation: 0.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76856 **Ultrasound, pelvic (nonobstetric), real time with image documentation; complete**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2011 **2023 Medicare Utilization:** 340,665

2025 Work RVU: 0.69
2025 NF PE RVU: 2.40
2025 Fac PE RVU: NA

RUC Recommendation: 0.69 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

76857 **Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)**

Global: XXX **Issue:** Ultrasound **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 13 **Specialty Developing Recommendation:** ACR **First Identified:** April 2013 **2023 Medicare Utilization:** 198,809

2025 Work RVU: 0.50
2025 NF PE RVU: 0.97
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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76870 **Ultrasound, scrotum and contents**

Global: XXX **Issue:** Ultrasound Exam - Scrotum **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 28 **Specialty Developing Recommendation:** ACR, AUA **First Identified:** April 2016 **2023 Medicare Utilization:** 128,464

2025 Work RVU: 0.64
2025 NF PE RVU: 2.30
2025 Fac PE RVU: NA

RUC Recommendation: 0.64 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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76872 **Ultrasound, transrectal;**

Global: XXX **Issue:** Prostate Biopsy Services **Screen:** CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 08 **Specialty Developing Recommendation:** ACOG, ACR, AUA **First Identified:** September 2011 **2023 Medicare Utilization:** 193,444

2025 Work RVU: 0.69
2025 NF PE RVU: 5.16
2025 Fac PE RVU: NA

RUC Recommendation: 0.67 **Referred to CPT** May 2024 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

76880 **Deleted from CPT**

Global: **Issue:** Lower Extremity Ultrasound **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 26 **Specialty Developing Recommendation:** APMA, ACR **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76881 **Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation**

Global: XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** CMS Fastest Growing / New Technology/New Services / CMS Request-Final Rule for 2023 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2023 Medicare Utilization:** 173,075

2025 Work RVU: 0.90
2025 NF PE RVU: 0.65
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.90 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Winter 2011; Apr 2016

76882 **Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation**

Global: XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** CMS Fastest Growing / New Technology/New Services / CMS Request-Final Rule for 2023 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** April 2010 **2023 Medicare Utilization:** 314,905

2025 Work RVU: 0.69
2025 NF PE RVU: 1.19
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.69 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Clinical Examples of Radiology Summer and Winter 2011; Apr 2016

Status Report: CMS Requests and Relativity Assessment Issues

76883 **Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity**

Global: XXX **Issue:** Neuromuscular Ultrasound (PE Only) **Screen:** New Technology/New Services / CMS Request-Final Rule for 2023 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AANEM, AAPM&R, ACR, ACRh, APMA **First Identified:** October 2021 **2023 Medicare Utilization:** 2,244

2025 Work RVU: 1.21
2025 NF PE RVU: 0.90
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 1.21 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76930 **Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation**

Global: **Issue:** Pericardiocentesis and Pericardial Drainage **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 04 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76932 **Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 34 **Specialty Developing Recommendation:** ACC **First Identified:** July 2013 **2023 Medicare Utilization:** 951

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.67 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76936 **Ultrasound guided compression repair of arterial pseudoaneurysm or arteriovenous fistulae (includes diagnostic ultrasound evaluation, compression of lesion and imaging)**

Global: XXX **Issue:** RAW **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:**

First Identified: July 2013

2023 Medicare Utilization: 657

2025 Work RVU: 1.99
2025 NF PE RVU: 5.49
2025 Fac PE RVU: NA

RUC Recommendation: Maintain

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76937 **Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Ultrasound Guidance for Vascular Access **Screen:** Identified in RUC review of other services **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 07 **Specialty Developing Recommendation:** ACR, SIR, SVS

First Identified: January 2018

2023 Medicare Utilization: 615,284

2025 Work RVU: 0.30
2025 NF PE RVU: 0.82
2025 Fac PE RVU: NA

RUC Recommendation: 0.30

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

76940 **Ultrasound guidance for, and monitoring of, parenchymal tissue ablation**

Global: YYY **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 29 **Specialty Developing Recommendation:** ACS, ACR, SIR

First Identified: July 2013

2023 Medicare Utilization: 1,014

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 2.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

76942 **Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation**

Global: XXX **Issue:** Somatic Nerve Injections **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** April 2011 **2023 Medicare Utilization:** 690,567

2025 Work RVU: 0.67
2025 NF PE RVU: 1.06
2025 Fac PE RVU: NA

RUC Recommendation: 0.67 **Referred to CPT** May 2021 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76948 **Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation**

Global: XXX **Issue:** Echo Guidance for Ova Aspiration **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 25 **Specialty Developing Recommendation:** ACOG **First Identified:** July 2013 **2023 Medicare Utilization:** 7

2025 Work RVU: 0.67
2025 NF PE RVU: 1.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

76950 **Ultrasonic guidance for placement of radiation therapy fields**

Global: **Issue:** Ultrasound Guidance **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 34 **Specialty Developing Recommendation:** **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76965 **Ultrasonic guidance for interstitial radioelement application**

Global: XXX **Issue:** Ultrasound Guidance **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** NO INTERESET **First Identified:** July 2013 **2023 Medicare Utilization:** 4,867

2025 Work RVU: 1.34
2025 NF PE RVU: 1.47
2025 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

76970 **Ultrasound study follow-up (specify)**

Global: **Issue:** IMRT with Ultrasound Guidance **Screen:** High Volume Growth1 / CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACS, ACR, AACE **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2020 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

76978 **Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion**

Global: XXX **Issue:** RAW **Screen:** New Technology/New Services List **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2023 Medicare Utilization:** 901

2025 Work RVU: 1.62
2025 NF PE RVU: 4.11
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

Status Report: CMS Requests and Relativity Assessment Issues

76979 **Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** RAW **Screen:** New Technology/New Services List **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2023 Medicare Utilization:** 47

2025 Work RVU: 0.85
2025 NF PE RVU: 2.80
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2023

76984 **Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76987 **Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

76988 **Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76989 **Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** May 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.55 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

76998 **Ultrasonic guidance, intraoperative**

Global: XXX **Issue:** Intraoperative Ultrasound Services **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 05 **Specialty Developing Recommendation:** AATS, ACC, ACS, ASBrS, STS **First Identified:** January 2019 **2023 Medicare Utilization:** 28,979

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** May 2022 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77001 **Fluoroscopic guidance for central venous access device placement, replacement (catheter only or complete), or removal (includes fluoroscopic guidance for vascular access and catheter manipulation, any necessary contrast injections through access site or catheter with related venography radiologic supervision and interpretation, and radiographic documentation of final catheter position) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** PICC Line Procedures **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 09 **Specialty Developing Recommendation:** AANS, AANEM, AAPM, AAPM&R, ACR, ASIPP, ASA, ASNR, CNS, ISIS, NASS **First Identified:** January 2012 **2023 Medicare Utilization:** 233,736

2025 Work RVU: 0.38
2025 NF PE RVU: 2.48
2025 Fac PE RVU: NA

RUC Recommendation: 0.38 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77002 **Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Somatic Nerve Injections **Screen:** MPC List / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2015 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** January 2012 **2023 Medicare Utilization:** 546,397

2025 Work RVU: 0.54
2025 NF PE RVU: 2.83
2025 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

77003 **Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Somatic Nerve Injections **Screen:** MPC List / CMS Request - Final Rule for 2013 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 05 **Specialty Developing Recommendation:** AAPM, AAPM&R, ACR, SIR, SIS **First Identified:** October 2010 **2023 Medicare Utilization:** 23,715

2025 Work RVU: 0.60
2025 NF PE RVU: 2.44
2025 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** October 2015 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77011 **Computed tomography guidance for stereotactic localization**

Global: XXX **Issue:** IMRT with CT Guidance **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 15 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** **2023 Medicare Utilization:** 4,209

2025 Work RVU: 1.21
2025 NF PE RVU: 5.25
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77012 **Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation**

Global: XXX **Issue:** CT Guidance Needle Placement **Screen:** CMS-Other - Utilization over 100,000 / Codes Reported Together 75% or More-Part4 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 14 **Specialty Developing Recommendation:** ACR, SIR **First Identified:** April 2016 **2023 Medicare Utilization:** 136,965

2025 Work RVU: 1.50
2025 NF PE RVU: 2.19
2025 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2019 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77014 **Computed tomography guidance for placement of radiation therapy fields**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ASTRO, ACR **First Identified:** October 2010 **2023 Medicare Utilization:** 2,618,399

2025 Work RVU: 0.85
2025 NF PE RVU: 2.68
2025 Fac PE RVU: NA

RUC Recommendation: Deleted at CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77031 **Stereotactic localization guidance for breast biopsy or needle placement (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77032 **Mammographic guidance for needle placement, breast (eg, for wire localization or for injection), each lesion, radiological supervision and interpretation**

Global: **Issue:** Breast Biopsy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 04 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77046 **Magnetic resonance imaging, breast, without contrast material; unilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR **First Identified:** June 2017 **2023 Medicare Utilization:** 235

2025 Work RVU: 1.45
2025 NF PE RVU: 4.92
2025 Fac PE RVU: NA

RUC Recommendation: 1.45 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77047 **Magnetic resonance imaging, breast, without contrast material; bilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017

2023 Medicare Utilization: 3,360

2025 Work RVU: 1.60
2025 NF PE RVU: 4.96
2025 Fac PE RVU: NA

RUC Recommendation: 1.60

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77048 **Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017

2023 Medicare Utilization: 901

2025 Work RVU: 2.10
2025 NF PE RVU: 7.97
2025 Fac PE RVU: NA

RUC Recommendation: 2.10

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

77049 **Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral**

Global: XXX **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR

First Identified: June 2017

2023 Medicare Utilization: 118,969

2025 Work RVU: 2.30
2025 NF PE RVU: 7.95
2025 Fac PE RVU: NA

RUC Recommendation: 2.30

Referred to CPT June 2017
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

77051 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; diagnostic mammography (List separately in addition to code for primary procedure)**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77052 **Computer-aided detection (computer algorithm analysis of digital image data for lesion detection) with further review for interpretation, with or without digitization of film radiographic images; screening mammography (List separately in addition to code for primary procedure)**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77055 **Mammography; unilateral**

Global: **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** CMS-Other - Utilization over 250,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77056 **Mammography; bilateral**

Global:

Issue: Mammography-Computer Aided Detection Bundling

Screen: CMS-Other - Utilization over 250,000 / Final Rule for 2015

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 20

Specialty Developing Recommendation: ACR

First Identified: January 2014

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77057 **Screening mammography, bilateral (2-view study of each breast)**

Global:

Issue: Mammography-Computer Aided Detection Bundling

Screen: CMS-Other - Utilization over 250,000 / Final Rule for 2015

Complete? Yes

Most Recent RUC Meeting: January 2016

Tab: 20

Specialty Developing Recommendation: ACR

First Identified: January 2014

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77058 **Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral**

Global:

Issue: Breast MRI with Computer-Aided Detection

Screen: CMS High Expenditure Procedural Codes2

Complete? Yes

Most Recent RUC Meeting: October 2017

Tab: 06

Specialty Developing Recommendation: ACR

First Identified: July 2015

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT June 2017

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77059 **Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral**

Global: **Issue:** Breast MRI with Computer-Aided Detection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 06 **Specialty Developing Recommendation:** ACR **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77065 **Diagnostic mammography, including computer-aided detection (CAD) when performed; unilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2023 Medicare Utilization:** 684,661

2025 Work RVU: 0.81
2025 NF PE RVU: 2.90
2025 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** October 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77066 **Diagnostic mammography, including computer-aided detection (CAD) when performed; bilateral**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2023 Medicare Utilization:** 549,552

2025 Work RVU: 1.00
2025 NF PE RVU: 3.69
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** October 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77067 **Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (CAD) when performed**

Global: XXX **Issue:** Mammography-Computer Aided Detection Bundling **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** October 2015 **2023 Medicare Utilization:** 5,667,727

2025 Work RVU: 0.76
2025 NF PE RVU: 3.04
2025 Fac PE RVU: NA

RUC Recommendation: 0.76 **Referred to CPT** October 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77073 **Bone length studies (orthoroentgenogram, scanogram)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** AAOS, ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 69,355

2025 Work RVU: 0.26
2025 NF PE RVU: 1.07
2025 Fac PE RVU: NA

RUC Recommendation: 0.26 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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77074 **Radiologic examination, osseous survey; limited (eg, for metastases)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 2,333

2025 Work RVU: 0.44
2025 NF PE RVU: 1.49
2025 Fac PE RVU: NA

RUC Recommendation: 0.44 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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77075 **Radiologic examination, osseous survey; complete (axial and appendicular skeleton)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 25,091

2025 Work RVU: 0.55
2025 NF PE RVU: 2.37
2025 Fac PE RVU: NA

RUC Recommendation: 0.55 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Increase

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77076 **Radiologic examination, osseous survey, infant**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 17

2025 Work RVU: 0.70
2025 NF PE RVU: 2.45
2025 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

77077 **Joint survey, single view, 2 or more joints (specify)**

Global: XXX **Issue:** X-Ray Exam - Bone **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 25 **Specialty Developing Recommendation:** ACR **First Identified:** October 2017 **2023 Medicare Utilization:** 35,269

2025 Work RVU: 0.33
2025 NF PE RVU: 1.03
2025 Fac PE RVU: NA

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77079 **Computed tomography, bone mineral density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: **Issue:** CT Bone Density Study **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACR, AAFP, ACP **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77080 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2023 Medicare Utilization:** 2,669,696

2025 Work RVU: 0.20
2025 NF PE RVU: 0.96
2025 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77081 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eg, radius, wrist, heel)**

Global: XXX **Issue:** Dual-energy X-Ray Absorptiometry (DXA) **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 25 **Specialty Developing Recommendation:** **First Identified:** April 2017 **2023 Medicare Utilization:** 103,996

2025 Work RVU: 0.20
2025 NF PE RVU: 0.74
2025 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77082 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; vertebral fracture assessment**

Global: **Issue:** Dual Energy X-Ray **Screen:** CMS Request - Final Rule for 2012 / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77083 **Radiographic absorptiometry (eg, photodensitometry, radiogrammetry), 1 or more sites**

Global: **Issue:** Radiographic Absorptiometry **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACR, ACP **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77085 **Dual-energy X-ray absorptiometry (DXA), bone density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine), including vertebral fracture assessment**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2023 Medicare Utilization:** 105,283

2025 Work RVU: 0.30
2025 NF PE RVU: 1.29
2025 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77086 **Vertebral fracture assessment via dual-energy X-ray absorptiometry (DXA)**

Global: XXX **Issue:** Dual Energy X-Ray **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 07 **Specialty Developing Recommendation:** AACE, ACNM, ACR, ACRh, SNMMI, TES **First Identified:** **2023 Medicare Utilization:** 1,282

2025 Work RVU: 0.17
2025 NF PE RVU: 0.84
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** May 2013 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77261 **Therapeutic radiology treatment planning; simple**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 37 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2023 Medicare Utilization:** 11,946

2025 Work RVU: 1.30
2025 NF PE RVU: 0.76
2025 Fac PE RVU: 0.76

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77262 **Therapeutic radiology treatment planning; intermediate**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 37 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015

2023 Medicare Utilization: 3,087

2025 Work RVU: 2.00
2025 NF PE RVU: 1.15
2025 Fac PE RVU: 1.15

RUC Recommendation: 2.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77263 **Therapeutic radiology treatment planning; complex**

Global: XXX **Issue:** Radiation Therapy Planning **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 37 **Specialty Developing Recommendation:** ASTRO

First Identified: July 2015

2023 Medicare Utilization: 286,115

2025 Work RVU: 3.14
2025 NF PE RVU: 1.72
2025 Fac PE RVU: 1.72

RUC Recommendation: 3.14

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

77280 **Therapeutic radiology simulation-aided field setting; simple**

Global: XXX **Issue:** Set Radiation Therapy Field **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time / Different Performing Specialty from Survey6/ Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: April 2011

2023 Medicare Utilization: 451,327

2025 Work RVU: 0.70
2025 NF PE RVU: 7.29
2025 Fac PE RVU: NA

RUC Recommendation: 0.70

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77285 **Therapeutic radiology simulation-aided field setting; intermediate**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2011 **2023 Medicare Utilization:** 6,698

2025 Work RVU: 1.05
2025 NF PE RVU: 12.23
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.05 **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

77290 **Therapeutic radiology simulation-aided field setting; complex**

Global: XXX **Issue:** Respiratory Motion Management Simulation **Screen:** MPC List / Harvard Valued - Utilization over 30,000 / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2023 Medicare Utilization:** 162,009

2025 Work RVU: 1.56
2025 NF PE RVU: 11.57
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.56 **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

77293 **Respiratory motion management simulation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Respiratory Motion Management Simulation **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2023 Medicare Utilization:** 35,923

2025 Work RVU: 2.00
2025 NF PE RVU: 9.98
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.00 **Referred to CPT** October 2012
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77295 **3-dimensional radiotherapy plan, including dose-volume histograms**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: September 2011 **2023 Medicare Utilization:** 104,889

2025 Work RVU: 4.29
2025 NF PE RVU: 10.06
2025 Fac PE RVU: NA

RUC Recommendation: 4.29

Referred to CPT October 2012, October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77300 **Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of non-ionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** MPC List / Codes Reported Together 75% or More-Part2 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2010 **2023 Medicare Utilization:** 1,170,024

2025 Work RVU: 0.62
2025 NF PE RVU: 1.36
2025 Fac PE RVU: NA

RUC Recommendation: Maintain. 0.62

Referred to CPT February 2014, October 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

77301 **Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications**

Global: XXX **Issue:** IMRT - PE Only **Screen:** CMS Fastest Growing / CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes1 / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASTRO

First Identified: October 2008 **2023 Medicare Utilization:** 177,572

2025 Work RVU: 7.99
2025 NF PE RVU: 46.89
2025 Fac PE RVU: NA

RUC Recommendation: Maintain. New PE Inputs. 7.99. CPT Assistant article published.

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

77305 **Teletherapy, isodose plan (whether hand or computer calculated); simple (1 or 2 parallel opposed unmodified ports directed to a single area of interest)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77306 **Teletherapy isodose plan; simple (1 or 2 unmodified ports directed to a single area of interest), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2023 Medicare Utilization:** 796

2025 Work RVU: 1.40
2025 NF PE RVU: 3.03
2025 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77307 **Teletherapy isodose plan; complex (multiple treatment areas, tangential ports, the use of wedges, blocking, rotational beam, or special beam considerations), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2023 Medicare Utilization:** 22,821

2025 Work RVU: 2.90
2025 NF PE RVU: 5.69
2025 Fac PE RVU: NA

RUC Recommendation: 2.90 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77310 **Teletherapy, isodose plan (whether hand or computer calculated); intermediate (3 or more treatment ports directed to a single area of interest)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77315 **Teletherapy, isodose plan (whether hand or computer calculated); complex (mantle or inverted Y, tangential ports, the use of wedges, compensators, complex blocking, rotational beam, or special beam considerations)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77316 **Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2023 Medicare Utilization:** 4,093

2025 Work RVU: 1.40
2025 NF PE RVU: 5.95
2025 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77317 **Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2023 Medicare Utilization:** 1,884

2025 Work RVU: 1.83
2025 NF PE RVU: 7.84
2025 Fac PE RVU: NA

RUC Recommendation: 1.83

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77318 **Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)**

Global: XXX **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 / RUC Request **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:**

First Identified: October 2012 **2023 Medicare Utilization:** 4,301

2025 Work RVU: 2.90
2025 NF PE RVU: 10.81
2025 Fac PE RVU: NA

RUC Recommendation: 2.90

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

77326 **Brachytherapy isodose plan; simple (calculation made from single plane, 1 to 4 sources/ribbon application, remote afterloading brachytherapy, 1 to 8 sources)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2014
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

77327 **Brachytherapy isodose plan; intermediate (multiplane dosage calculations, application involving 5 to 10 sources/ribbons, remote afterloading brachytherapy, 9 to 12 sources)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77328 **Brachytherapy isodose plan; complex (multiplane isodose plan, volume implant calculations, over 10 sources/ribbons used, special spatial reconstruction, remote afterloading brachytherapy, over 12 sources)**

Global: **Issue:** Isodose Calculation with Isodose Planning Bundle **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77332 **Treatment devices, design and construction; simple (simple block, simple bolus)** **Global:** XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2023 Medicare Utilization:** 72,051

2025 Work RVU: 0.45
2025 NF PE RVU: 0.75
2025 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77333 **Treatment devices, design and construction; intermediate (multiple blocks, stents, bite blocks, special bolus)**

Global: XXX **Issue:** RAW **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2015 **2023 Medicare Utilization:** 12,465

2025 Work RVU: 0.75
2025 NF PE RVU: 3.32
2025 Fac PE RVU: NA

RUC Recommendation: 0.84 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77334 **Treatment devices, design and construction; complex (irregular blocks, special shields, compensators, wedges, molds or casts)**

Global: XXX **Issue:** **Screen:** MPC List / RUC request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2010 **2023 Medicare Utilization:** 667,608

2025 Work RVU: 1.15
2025 NF PE RVU: 2.60
2025 Fac PE RVU: NA

RUC Recommendation: 1.24 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77336 **Continuing medical physics consultation, including assessment of treatment parameters, quality assurance of dose delivery, and review of patient treatment documentation in support of the radiation oncologist, reported per week of therapy**

Global: XXX **Issue:** Continuing Medical Physics Consultation-PE Only **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 31 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:** 347,118

2025 Work RVU: 0.00
2025 NF PE RVU: 2.67
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77338 **Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan**

Global: XXX **Issue:** IMRT - PE Only **Screen:** Services with Stand-Alone PE Procedure Time/ Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:** 195,127

2025 Work RVU: 4.29
2025 NF PE RVU: 9.73
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: Maintain. New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77371 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source Cobalt 60 based**

Global: XXX **Issue:** Radiation Treatment Delivery, Stereotactic Radiosurgery **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 30 **Specialty Developing Recommendation:** ASTRO **First Identified:** NA **2023 Medicare Utilization:** 96

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

77372 **Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** **First Identified:** October 2012 **2023 Medicare Utilization:** 575

2025 Work RVU: 0.00
2025 NF PE RVU: 27.74
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77373 **Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 18 **Specialty Developing Recommendation:** ACR, ASTRO, ACRO **First Identified:** July 2012 **2023 Medicare Utilization:** 43,336

2025 Work RVU: 0.00
2025 NF PE RVU: 29.08
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77385 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Deleted at CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77386 **Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Deleted at CPT **Referred to CPT** September 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77387 **Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 0.70 **Referred to CPT** September 2024 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

77401 **Radiation treatment delivery, superficial and/or ortho voltage, per day**

Global: XXX **Issue:** Superficial Radiation Therapy **Screen:** High Volume Growth5 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** October 2018 **2023 Medicare Utilization:** 337,457

2025 Work RVU: 0.00
2025 NF PE RVU: 1.22
2025 Fac PE RVU: NA

RUC Recommendation: Deleted at CPT **Referred to CPT** May 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77402 **Radiation treatment delivery, >=1 MeV; simple**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** September 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77403 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 6-10 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77404 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 11-19 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77406 **Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks; 20 MeV or greater**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77407 **Radiation treatment delivery, >=1 MeV; intermediate**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** September 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77408 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 6-10 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77409 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 11-19 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77411 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks; 20 MeV or greater**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77412 **Radiation treatment delivery, >=1 MeV; complex**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** September 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77413 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 MeV**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77414 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 MeV**

Global: **Issue:** Radiation Treatment Delivery **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77416 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 MeV or greater**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77417 **Therapeutic radiology port image(s)**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:** 23,258

2025 Work RVU: 0.00
2025 NF PE RVU: 0.47
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77418 **Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** CMS Fastest Growing / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Nov 2009 and Q&A - Mar 2010

77421 **Stereoscopic X-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: **Issue:** Radiation Treatment Delivery - PE Only **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 14 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77422 **High energy neutron radiation treatment delivery; single treatment area using a single port or parallel-opposed ports with no blocks or simple blocking**

Global: **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Contractor Price **Referred to CPT**

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77423 **High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)**

Global: XXX **Issue:** High Energy Neutron Radiation Treatment **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 35 **Specialty Developing Recommendation:** AAOS, ASPS, ASSH **First Identified:** November 2014 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

77427 **Radiation treatment management, 5 treatments**

Global: XXX **Issue:** Radiation Treatment Management **Screen:** Site of Service Anomaly / High Level E/M in Global Period **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ASTRO **First Identified:** September 2007 **2023 Medicare Utilization:** 900,476

2025 Work RVU: 3.37
2025 NF PE RVU: 2.17
2025 Fac PE RVU: 2.17

RUC Recommendation: 3.45. Remove from high E/M screen. **Referred to CPT** June 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77435 **Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2023 Medicare Utilization:** 48,445

2025 Work RVU: 11.87
2025 NF PE RVU: 6.67
2025 Fac PE RVU: 6.67

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77470 **Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)** **Global:** XXX **Issue:** Special Radiation Treatment **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 41 **Specialty Developing Recommendation:** ASTRO **First Identified:** July 2015 **2023 Medicare Utilization:** 81,139

2025 Work RVU: 2.03
2025 NF PE RVU: 2.27
2025 Fac PE RVU: NA

RUC Recommendation: 2.03 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77520 **Proton treatment delivery; simple, without compensation** **Global:** XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2018 **2023 Medicare Utilization:** 96

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77522 **Proton treatment delivery; simple, with compensation** **Global:** XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO **First Identified:** January 2018 **2023 Medicare Utilization:** 7,240

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77523 **Proton treatment delivery; intermediate**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** High Volume Growth4 / Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2016 **2023 Medicare Utilization:** 59,938

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

77525 **Proton treatment delivery; complex**

Global: XXX **Issue:** Proton Beam Treatment Delivery (PE Only) **Screen:** Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 19 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2018 **2023 Medicare Utilization:** 13,585

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

77600 **Hyperthermia, externally generated; superficial (ie, heating to a depth of 4 cm or less)**

Global: XXX **Issue:** Hyperthermia - PE Only **Screen:** Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:** 13,129

2025 Work RVU: 1.31
2025 NF PE RVU: 14.90
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: Maintain. New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77767 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2023 Medicare Utilization:** 4,841

2025 Work RVU: 1.05
2025 NF PE RVU: 6.39
2025 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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77768 **Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2023 Medicare Utilization:** 5,761

2025 Work RVU: 1.40
2025 NF PE RVU: 9.53
2025 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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77770 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2023 Medicare Utilization:** 15,023

2025 Work RVU: 1.95
2025 NF PE RVU: 8.42
2025 Fac PE RVU: NA

RUC Recommendation: 1.95 **Referred to CPT** October 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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Status Report: CMS Requests and Relativity Assessment Issues

77771 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2023 Medicare Utilization:** 8,778

2025 Work RVU: 3.80
2025 NF PE RVU: 14.29
2025 Fac PE RVU: NA

RUC Recommendation: 3.80 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77772 **Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels**

Global: XXX **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO, ACRO **First Identified:** October 2014 **2023 Medicare Utilization:** 2,971

2025 Work RVU: 5.40
2025 NF PE RVU: 21.66
2025 Fac PE RVU: NA

RUC Recommendation: 5.40 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77776 **Interstitial radiation source application; simple**

Global: **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77777 **Interstitial radiation source application; intermediate**

Global: **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 17 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** February 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77778 **Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed**

Global: 000 **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:** 3,083

2025 Work RVU: 8.78
2025 NF PE RVU: 18.74
2025 Fac PE RVU: NA

RUC Recommendation: 8.78 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77781 **Deleted from CPT**

Global: **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77782 **Deleted from CPT**

Global: **Issue:** Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77784 **Deleted from CPT**

Global: **Issue:** Brachytherapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ASTRO **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77785 **Remote afterloading high dose rate radionuclide brachytherapy; 1 channel**

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77786 **Remote afterloading high dose rate radionuclide brachytherapy; 2-12 channels**

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77787 **Remote afterloading high dose rate radionuclide brachytherapy; over 12 channels**

Global: **Issue:** Surface Radionuclide High Does Rate Brachytherapy **Screen:** High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Procedure Time / Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASTRO **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

77790 **Supervision, handling, loading of radiation source**

Global: XXX **Issue:** Interstitial Radiation Source Codes **Screen:** Codes Reported Together 75% or More-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ACR, ASTRO, SIR **First Identified:** October 2012 **2023 Medicare Utilization:** 59

2025 Work RVU: 0.00
2025 NF PE RVU: 0.55
2025 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77X05

Global: **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 0.77 **Referred to CPT**

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

77X07

Global: **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: PE Only **Referred to CPT**

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

77X08

Global: **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: PE Only **Referred to CPT**

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

77X09

Global: **Issue:** Superficial Radiation Therapy **Screen:** Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ACRO, ASTRO **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78000 **Thyroid uptake; single determination**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78001 **Thyroid uptake; multiple determinations**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78003 **Thyroid uptake; stimulation, suppression or discharge (not including initial uptake studies)**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78006 **Thyroid imaging, with uptake; single determination**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78007 **Thyroid imaging, with uptake; multiple determinations**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78010 **Thyroid imaging; only**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78011 **Thyroid imaging; with vascular flow**

Global: **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78012 **Thyroid uptake, single or multiple quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:** 829

2025 Work RVU: 0.19
2025 NF PE RVU: 2.20
2025 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78013 **Thyroid imaging (including vascular flow, when performed);**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:** 786

2025 Work RVU: 0.37
2025 NF PE RVU: 4.62
2025 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78014 **Thyroid imaging (including vascular flow, when performed); with single or multiple uptake(s) quantitative measurement(s) (including stimulation, suppression, or discharge, when performed)**

Global: XXX **Issue:** Thyroid Uptake/Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 22 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** **2023 Medicare Utilization:** 10,487

2025 Work RVU: 0.50
2025 NF PE RVU: 5.85
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78070 **Parathyroid planar imaging (including subtraction, when performed);**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2023 Medicare Utilization:** 8,569

2025 Work RVU: 0.80
2025 NF PE RVU: 7.06
2025 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78071 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT)**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2023 Medicare Utilization:** 6,410

2025 Work RVU: 1.20
2025 NF PE RVU: 8.13
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

Status Report: CMS Requests and Relativity Assessment Issues

78072 **Parathyroid planar imaging (including subtraction, when performed); with tomographic (SPECT), and concurrently acquired computed tomography (CT) for anatomical localization**

Global: XXX **Issue:** Parathyroid Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT 2013 Utilization Review **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 54 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** April 2011 **2023 Medicare Utilization:** 11,950

2025 Work RVU: 1.60
2025 NF PE RVU: 9.96
2025 Fac PE RVU: NA

RUC Recommendation: 1.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

78223 **Hepatobiliary ductal system imaging, including gallbladder, with or without pharmacologic intervention, with or without quantitative measurement of gallbladder function**

Global: **Issue:** Hepatobiliary Ductal System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78226 **Hepatobiliary system imaging, including gallbladder when present;**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2023 Medicare Utilization:** 44,285

2025 Work RVU: 0.74
2025 NF PE RVU: 7.88
2025 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78227 **Hepatobiliary system imaging, including gallbladder when present; with pharmacologic intervention, including quantitative measurement(s) when performed**

Global: XXX **Issue:** Hepatobiliary System Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 12 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** **2023 Medicare Utilization:** 41,967

2025 Work RVU: 0.90
2025 NF PE RVU: 10.68
2025 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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78265 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2023 Medicare Utilization:** 286

2025 Work RVU: 0.98
2025 NF PE RVU: 9.51
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2015 **Result:** Not Part of RAW

78266 **Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days**

Global: XXX **Issue:** Colon Transit Imaging **Screen:** New code for CPT 2016. **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 18 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** April 2015 **2023 Medicare Utilization:** 239

2025 Work RVU: 1.08
2025 NF PE RVU: 10.72
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published **Referred to CPT** **Referred to CPT Asst** ☑ **Published in CPT Asst:** Dec 2015 **Result:** Not Part of RAW

78278 **Acute gastrointestinal blood loss imaging**

Global: XXX **Issue:** Acute GI Blood Loss Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 34 **Specialty Developing Recommendation:** ACR, SNM, ACNM **First Identified:** April 2011 **2023 Medicare Utilization:** 13,173

2025 Work RVU: 0.99
2025 NF PE RVU: 8.29
2025 Fac PE RVU: NA

RUC Recommendation: 0.99 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

78300 **Bone and/or joint imaging; limited area**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2023 Medicare Utilization:** 3,122

2025 Work RVU: 0.62
2025 NF PE RVU: 5.40
2025 Fac PE RVU: NA

RUC Recommendation: 0.62 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78305 **Bone and/or joint imaging; multiple areas**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2023 Medicare Utilization:** 1,006

2025 Work RVU: 0.83
2025 NF PE RVU: 6.50
2025 Fac PE RVU: NA

RUC Recommendation: 0.83 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78306 **Bone and/or joint imaging; whole body**

Global: XXX **Issue:** Bone Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 38 **Specialty Developing Recommendation:** ACNM, ACR, SNMMI **First Identified:** July 2015 **2023 Medicare Utilization:** 156,600

2025 Work RVU: 0.86
2025 NF PE RVU: 6.98
2025 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78429 **Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 1,301

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.76

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78430 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 539

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.67

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78431 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 124,599

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78432 **Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 82

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 2.07

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78433 **Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 2,007

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 2.26

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78434 **Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 105,532

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.63

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78451 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2023 Medicare Utilization:** 22,019

2025 Work RVU: 1.38
2025 NF PE RVU: 7.72
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78452 **Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2023 Medicare Utilization:** 1,303,381

2025 Work RVU: 1.62
2025 NF PE RVU: 10.90
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78453 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2023 Medicare Utilization:** 858

2025 Work RVU: 1.00
2025 NF PE RVU: 6.83
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78454 **Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection**

Global: XXX **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** NA **2023 Medicare Utilization:** 4,740

2025 Work RVU: 1.34
2025 NF PE RVU: 10.25
2025 Fac PE RVU: NA

RUC Recommendation: 1.34 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78459 **Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 580

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.61 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

78460 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78461 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78464 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78465 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78472 **Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing**

Global: XXX **Issue:** Cardiac Blood Pool Imaging **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 35 **Specialty Developing Recommendation:** ACC, ACR, SNM, ACNM **First Identified:** April 2011 **2023 Medicare Utilization:** 9,113

2025 Work RVU: 0.98
2025 NF PE RVU: 5.13
2025 Fac PE RVU: NA

RUC Recommendation: 0.98 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78478 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78480 **Deleted from CPT**

Global: **Issue:** Myocardial Perfusion Imaging **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 16 **Specialty Developing Recommendation:** SNM, ACR, ASNC, ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2008 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78491 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** May 2018 **2023 Medicare Utilization:** 230

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

78492 **Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)**

Global: XXX **Issue:** Myocardial PET **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 13 **Specialty Developing Recommendation:** ACC, ACR, ACNM, SNMMI **First Identified:** October 2016 **2023 Medicare Utilization:** 98,169

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.80

Referred to CPT May 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

78579 **Pulmonary ventilation imaging (eg, aerosol or gas)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2023 Medicare Utilization:** 224

2025 Work RVU: 0.49
2025 NF PE RVU: 4.52
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.49

Referred to CPT October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78580 **Pulmonary perfusion imaging (eg, particulate)**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACR, ACNM, SIR, SNMMI **First Identified:** February 2010 **2023 Medicare Utilization:** 40,533

2025 Work RVU: 0.74
2025 NF PE RVU: 5.57
2025 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

78582 **Pulmonary ventilation (eg, aerosol or gas) and perfusion imaging**

Global: XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2023 Medicare Utilization:** 55,931

2025 Work RVU: 1.07
2025 NF PE RVU: 7.74
2025 Fac PE RVU: NA

RUC Recommendation: 1.07 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78584 **Pulmonary perfusion imaging, particulate, with ventilation; single breath**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78585 **Pulmonary perfusion imaging, particulate, with ventilation; rebreathing and washout, with or without single breath**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78586 **Pulmonary ventilation imaging, aerosol; single projection**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78587 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78588 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78591 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78593 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78594 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

78596 **Deleted from CPT**

Global: **Issue:** Pulmonary Perfusion Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

78597 **Quantitative differential pulmonary perfusion, including imaging when performed** **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2023 Medicare Utilization:** 1,996

2025 Work RVU: 0.75
2025 NF PE RVU: 4.63
2025 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78598 **Quantitative differential pulmonary perfusion and ventilation (eg, aerosol or gas), including imaging when performed** **Global:** XXX **Issue:** Pulmonary Imaging **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 13 **Specialty Developing Recommendation:** ACR, SNM **First Identified:** February 2010 **2023 Medicare Utilization:** 1,350

2025 Work RVU: 0.85
2025 NF PE RVU: 7.14
2025 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

78803 **Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (SPECT), single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging** **Global:** XXX **Issue:** RAW **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 14 **Specialty Developing Recommendation:** ACR, ACNM, SNM **First Identified:** January 2016 **2023 Medicare Utilization:** 39,570

2025 Work RVU: 1.09
2025 NF PE RVU: 8.97
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2016

Status Report: CMS Requests and Relativity Assessment Issues

78815 **Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh**

Global: XXX **Issue:** **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** ACR, SNM

First Identified: October 2010

2023 Medicare Utilization: 683,960

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: Reaffirmed RUC recommendation

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

79101 **Radiopharmaceutical therapy, by intravenous administration**

Global: XXX **Issue:** Radiopharmaceutical Therapy **Screen:** Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** SNM, ACR

First Identified: October 2009

2023 Medicare Utilization: 17,398

2025 Work RVU: 1.96
2025 NF PE RVU: 2.32
2025 Fac PE RVU: NA

RUC Recommendation: Article published Feb 2012

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Feb 2012

Result: Maintain

80500 **Clinical pathology consultation; limited, without review of patient's history and medical records**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2019

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

80502 **Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

80503 **Pathology clinical consultation; for a clinical problem, with limited review of patient's history and medical records and straightforward medical decision making When using time for code selection, 5-20 minutes of total time is spent on the date of the consultation.**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2023 Medicare Utilization:** 22,363

2025 Work RVU: 0.43
2025 NF PE RVU: 0.36
2025 Fac PE RVU: 0.20

RUC Recommendation: 0.50

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

80504 **Pathology clinical consultation; for a moderately complex clinical problem, with review of patient's history and medical records and moderate level of medical decision making When using time for code selection, 21-40 minutes of total time is spent on the date of the consultation.**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2023 Medicare Utilization:** 3,904

2025 Work RVU: 0.91
2025 NF PE RVU: 0.62
2025 Fac PE RVU: 0.44

RUC Recommendation: 0.91

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

80505 **Pathology clinical consultation; for a highly complex clinical problem, with comprehensive review of patient's history and medical records and high level of medical decision making When using time for code selection, 41-60 minutes of total time is spent on the date of the consultation.**

Global: XXX **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2023 Medicare Utilization:** 6,951

2025 Work RVU: 1.71
2025 NF PE RVU: 1.06
2025 Fac PE RVU: 0.84

RUC Recommendation: 1.80

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

80506 **Pathology clinical consultation; prolonged service, each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pathology Clinical Consult **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 20 **Specialty Developing Recommendation:** CAP

First Identified: January 2021 **2023 Medicare Utilization:** 13,451

2025 Work RVU: 0.80
2025 NF PE RVU: 0.42
2025 Fac PE RVU: NA

RUC Recommendation: 0.80

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

85060 **Blood smear, peripheral, interpretation by physician with written report**

Global: XXX **Issue:** Blood Smear Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 30 **Specialty Developing Recommendation:** CAP

First Identified: April 2016 **2023 Medicare Utilization:** 150,972

2025 Work RVU: 0.45
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.22

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

85097 **Bone marrow, smear interpretation**

Global: XXX **Issue:** Bone Marrow Interpretation **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 31 **Specialty Developing Recommendation:** CAP

First Identified: April 2016

2023 Medicare Utilization: 131,648

2025 Work RVU: 0.94
2025 NF PE RVU: 1.10
2025 Fac PE RVU: 0.42

RUC Recommendation: 1.00

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

85390 **Fibrinolysins or coagulopathy screen, interpretation and report**

Global: XXX **Issue:** Fibrinolysins Screen **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 26 **Specialty Developing Recommendation:**

First Identified: April 2017

2023 Medicare Utilization: 23,501

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 0.75

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

88104 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; smears with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP

First Identified: October 2009

2023 Medicare Utilization: 30,163

2025 Work RVU: 0.56
2025 NF PE RVU: 1.81
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88106 **Cytopathology, fluids, washings or brushings, except cervical or vaginal; simple filter method with interpretation**

Global: XXX **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2023 Medicare Utilization:** 884

2025 Work RVU: 0.37
2025 NF PE RVU: 1.73
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88107 **Deleted from CPT**

Global: **Issue:** Cytopathology **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 17 **Specialty Developing Recommendation:** AUR, ASC, CAP **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88108 **Cytopathology, concentration technique, smears and interpretation (eg, Saccomanno technique)**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** ACR, CAP **First Identified:** February 2010 **2023 Medicare Utilization:** 172,298

2025 Work RVU: 0.44
2025 NF PE RVU: 1.64
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88112 **Cytopathology, selective cellular enhancement technique with interpretation (eg, liquid based slide preparation method), except cervical or vaginal**

Global: XXX **Issue:** Cytopathology Concentration Technique-PE Only **Screen:** CMS High Expenditure Procedural Codes1 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:** ACR, CAP **First Identified:** September 2011 **2023 Medicare Utilization:** 741,316

2025 Work RVU: 0.56
2025 NF PE RVU: 1.45
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.56 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Decrease

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88120 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; manual**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** November 2012 **2023 Medicare Utilization:** 42,539

2025 Work RVU: 1.20
2025 NF PE RVU: 15.52
2025 Fac PE RVU: NA

RUC Recommendation: Utilization shift is appropriate. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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88121 **Cytopathology, in situ hybridization (eg, FISH), urinary tract specimen with morphometric analysis, 3-5 molecular probes, each specimen; using computer-assisted technology**

Global: XXX **Issue:** RAW review **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** November 2012 **2023 Medicare Utilization:** 18,332

2025 Work RVU: 1.00
2025 NF PE RVU: 11.12
2025 Fac PE RVU: NA

RUC Recommendation: Utilization shift is appropriate. **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

88141 **Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017

2023 Medicare Utilization: 40,110

2025 Work RVU: 0.26
2025 NF PE RVU: 0.48
2025 Fac PE RVU: 0.48

RUC Recommendation: 0.42

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

88160 **Cytopathology, smears, any other source; screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2023 Medicare Utilization: 4,629

2025 Work RVU: 0.50
2025 NF PE RVU: 1.97
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

88161 **Cytopathology, smears, any other source; preparation, screening and interpretation**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2023 Medicare Utilization: 3,913

2025 Work RVU: 0.50
2025 NF PE RVU: 1.99
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

88162 **Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains**

Global: XXX **Issue:** Cytopathology Concentration Technique - PE Only **Screen:** CMS Request - Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 36 **Specialty Developing Recommendation:**

First Identified: April 2015

2023 Medicare Utilization: 403

2025 Work RVU: 0.76
2025 NF PE RVU: 3.16
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88184 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; first marker**

Global: XXX **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2023 Medicare Utilization: 92,795

2025 Work RVU: 0.00
2025 NF PE RVU: 2.31
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

88185 **Flow cytometry, cell surface, cytoplasmic, or nuclear marker, technical component only; each additional marker (List separately in addition to code for first marker)**

Global: ZZZ **Issue:** Flow Cytometry **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2023 Medicare Utilization: 2,029,865

2025 Work RVU: 0.00
2025 NF PE RVU: 0.68
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. Removed from FR 2018 as misvalued.

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88187 **Flow cytometry, interpretation; 2 to 8 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2023 Medicare Utilization: 24,389

2025 Work RVU: 0.74
2025 NF PE RVU: 0.29
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.74

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88188 **Flow cytometry, interpretation; 9 to 15 markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2023 Medicare Utilization: 42,009

2025 Work RVU: 1.20
2025 NF PE RVU: 0.55
2025 Fac PE RVU: 0.55

RUC Recommendation: 1.40

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

88189 **Flow cytometry, interpretation; 16 or more markers**

Global: XXX **Issue:** Flow Cytometry Interpretation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 42 **Specialty Developing Recommendation:** CAP

First Identified: July 2015

2023 Medicare Utilization: 249,420

2025 Work RVU: 1.70
2025 NF PE RVU: 0.68
2025 Fac PE RVU: 0.68

RUC Recommendation: 1.70

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

88300 **Level I - Surgical pathology, gross examination only**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-Billed in Multiple Units / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2023 Medicare Utilization:** 162,101

2025 Work RVU: 0.08
2025 NF PE RVU: 0.40
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.08 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88302 **Level II - Surgical pathology, gross and microscopic examination Appendix, incidental Fallopian tube, sterilization Fingers/toes, amputation, traumatic Foreskin, newborn Hernia sac, any location Hydrocele sac Nerve Skin, plastic repair Sympathetic ganglion Testis, castration Vaginal mucosa, incidental Vas deferens, sterilization**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2023 Medicare Utilization:** 56,973

2025 Work RVU: 0.13
2025 NF PE RVU: 0.85
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.13 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88304 **Level III - Surgical pathology, gross and microscopic examination Abortion, induced Abscess Aneurysm - arterial/ventricular Anus, tag Appendix, other than incidental Artery, atheromatous plaque Bartholin's gland cyst Bone fragment(s), other than pathologic fracture Bursa/synovial cyst Carpal tunnel tissue Cartilage, shavings Cholesteatoma Colon, colostomy stoma Conjunctiva - biopsy/pterygium Cornea Diverticulum - esophagus/small intestine Dupuytren's contracture tissue Femoral head, other than fracture Fissure/fistula Foreskin, other than newborn Gallbladder Ganglion cyst Hematoma Hemorrhoids Hydatid of Morgagni Intervertebral disc Joint, loose body Meniscus Mucocele, salivary Neuroma - Morton's/traumatic Pilonidal cyst/sinus Polyps, inflammatory - nasal/sinusoidal Skin - cyst/tag/debridement Soft tissue, debridement Soft tissue, lipoma Spermatocele Tendon/tendon sheath Testicular appendage Thrombus or embolus Tonsil and/or adenoids Varicocele Vas deferens, other than sterilization Vein, varicosity**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2023 Medicare Utilization:** 769,848

2025 Work RVU: 0.22
2025 NF PE RVU: 1.04
2025 Fac PE RVU: NA

RUC Recommendation: 0.22 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88305 **Level IV - Surgical pathology, gross and microscopic examination Abortion - spontaneous/missed Artery, biopsy Bone marrow, biopsy Bone exostosis Brain/meninges, other than for tumor resection Breast, biopsy, not requiring microscopic evaluation of surgical margins Breast, reduction mammoplasty Bronchus, biopsy Cell block, any source Cervix, biopsy Colon, biopsy Duodenum, biopsy Endocervix, curettings/biopsy Endometrium, curettings/biopsy Esophagus, biopsy Extremity, amputation, traumatic Fallopian tube, biopsy Fallopian tube, ectopic pregnancy Femoral head, fracture Fingers/toes, amputation, non-traumatic Gingiva/oral mucosa, biopsy Heart valve Joint, resection Kidney, biopsy Larynx, biopsy Leiomyoma(s), uterine myomectomy - without uterus Lip, biopsy/wedge resection Lung, transbronchial biopsy Lymph node, biopsy Muscle, biopsy Nasal mucosa, biopsy Nasopharynx/oropharynx, biopsy Nerve, biopsy Odontogenic/dental cyst Omentum, biopsy Ovary with or without tube, non-neoplastic Ovary, biopsy/wedge resection Parathyroid gland Peritoneum, biopsy Pituitary tumor Placenta, other than third trimester Pleura/pericardium - biopsy/tissue Polyp, cervical/endometrial Polyp, colorectal Polyp, stomach/small intestine Prostate, needle biopsy Prostate, TUR Salivary gland, biopsy Sinus, paranasal biopsy Skin, other than cyst/tag/debridement/plastic repair Small intestine, biopsy Soft tissue, other than tumor/mass/lipoma/debridement Spleen Stomach, biopsy Synovium Testis, other than tumor/biopsy/castration Thyroglossal duct/brachial cleft cyst Tongue, biopsy Tonsil, biopsy Trachea, biopsy Ureter, biopsy Urethra, biopsy Urinary bladder, biopsy Uterus, with or without tubes and ovaries, for prolapse Vagina, biopsy Vulva/labia, biopsy**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request - Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** October 2008 **2023 Medicare Utilization:** 16,067,106

2025 Work RVU: 0.75
2025 NF PE RVU: 1.38
2025 Fac PE RVU: NA

RUC Recommendation: 0.75 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

88307 **Level V - Surgical pathology, gross and microscopic examination Adrenal, resection Bone - biopsy/curettings Bone fragment(s), pathologic fracture Brain, biopsy Brain/meninges, tumor resection Breast, excision of lesion, requiring microscopic evaluation of surgical margins Breast, mastectomy - partial/simple Cervix, conization Colon, segmental resection, other than for tumor Extremity, amputation, non-traumatic Eye, enucleation Kidney, partial/total nephrectomy Larynx, partial/total resection Liver, biopsy - needle/wedge Liver, partial resection Lung, wedge biopsy Lymph nodes, regional resection Mediastinum, mass Myocardium, biopsy Odontogenic tumor Ovary with or without tube, neoplastic Pancreas, biopsy Placenta, third trimester Prostate, except radical resection Salivary gland Sentinel lymph node Small intestine, resection, other than for tumor Soft tissue mass (except lipoma) - biopsy/simple excision Stomach - subtotal/total resection, other than for tumor Testis, biopsy Thymus, tumor Thyroid, total/lobe Ureter, resection Urinary bladder, TUR Uterus, with or without tubes and ovaries, other than neoplastic/prolapse**

Global: XXX **Issue:** Pathology Consultations **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2023 Medicare Utilization:** 898,969

2025 Work RVU: 1.59
2025 NF PE RVU: 6.94
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.59 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88309 **Level VI - Surgical pathology, gross and microscopic examination Bone resection Breast, mastectomy - with regional lymph nodes Colon, segmental resection for tumor Colon, total resection Esophagus, partial/total resection Extremity, disarticulation Fetus, with dissection Larynx, partial/total resection - with regional lymph nodes Lung - total/lobe/segment resection Pancreas, total/subtotal resection Prostate, radical resection Small intestine, resection for tumor Soft tissue tumor, extensive resection Stomach - subtotal/total resection for tumor Testis, tumor Tongue/tonsil -resection for tumor Urinary bladder, partial/total resection Uterus, with or without tubes and ovaries, neoplastic Vulva, total/subtotal resection**

Global: XXX **Issue:** Pathology Services **Screen:** Havard Valued - Utilization over 1 Million / CMS Request- Final Rule for 2012 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 24 **Specialty Developing Recommendation:** AAD, AGA, CAP, ASGE **First Identified:** February 2009 **2023 Medicare Utilization:** 128,398

2025 Work RVU: 2.80
2025 NF PE RVU: 9.96
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 2.80 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88312 **Special stain including interpretation and report; Group I for microorganisms (eg, acid fast, methenamine silver)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2023 Medicare Utilization:** 1,200,927

2025 Work RVU: 0.54
2025 NF PE RVU: 2.78
2025 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88313 **Special stain including interpretation and report; Group II, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million / Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** October 2008 **2023 Medicare Utilization:** 1,258,216

2025 Work RVU: 0.24
2025 NF PE RVU: 2.20
2025 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88314 **Special stain including interpretation and report; histochemical stain on frozen tissue block (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** February 2009 **2023 Medicare Utilization:** 26,516

2025 Work RVU: 0.45
2025 NF PE RVU: 2.09
2025 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88318 **Deleted from CPT**

Global: **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 22 **Specialty Developing Recommendation:** CAP, AAD **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88319 **Special stain including interpretation and report; Group III, for enzyme constituents**

Global: XXX **Issue:** Special Stains **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 33 **Specialty Developing Recommendation:** CAP **First Identified:** **2023 Medicare Utilization:** 12,847

2025 Work RVU: 0.53
2025 NF PE RVU: 3.50
2025 Fac PE RVU: NA

RUC Recommendation: 0.53 **Referred to CPT** June 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88321 **Consultation and report on referred slides prepared elsewhere**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2023 Medicare Utilization:** 165,401

2025 Work RVU: 1.63
2025 NF PE RVU: 1.20
2025 Fac PE RVU: 0.75

RUC Recommendation: 1.63 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88323 **Consultation and report on referred material requiring preparation of slides**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2023 Medicare Utilization:** 31,145

2025 Work RVU: 1.83
2025 NF PE RVU: 1.62
2025 Fac PE RVU: NA

RUC Recommendation: 1.83 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88325 **Consultation, comprehensive, with review of records and specimens, with report on referred material**

Global: XXX **Issue:** Microslide Consultation **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 43 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** July 2015 **2023 Medicare Utilization:** 11,312

2025 Work RVU: 2.85
2025 NF PE RVU: 1.72
2025 Fac PE RVU: 1.00
Result: Increase

RUC Recommendation: 2.85

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88329 **Pathology consultation during surgery;**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 18 **Specialty Developing Recommendation:** CAP **First Identified:** February 2010 **2023 Medicare Utilization:** 19,229

2025 Work RVU: 0.67
2025 NF PE RVU: 0.92
2025 Fac PE RVU: 0.32
Result: Maintain

RUC Recommendation: 0.67

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88331 **Pathology consultation during surgery; first tissue block, with frozen section(s), single specimen**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2023 Medicare Utilization:** 319,397

2025 Work RVU: 1.19
2025 NF PE RVU: 1.80
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.19

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

88332 **Pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 18 **Specialty Developing Recommendation:** CAP **First Identified:** October 2009 **2023 Medicare Utilization:** 119,898

2025 Work RVU: 0.59
2025 NF PE RVU: 1.03
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.59

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88333 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), initial site**

Global: XXX **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2023 Medicare Utilization:** 57,998

2025 Work RVU: 1.20
2025 NF PE RVU: 1.50
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88334 **Pathology consultation during surgery; cytologic examination (eg, touch prep, squash prep), each additional site (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pathology Consultation During Surgery **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 39 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2023 Medicare Utilization:** 27,033

2025 Work RVU: 0.73
2025 NF PE RVU: 0.93
2025 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

88341 **Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2023 Medicare Utilization:** 3,461,065

2025 Work RVU: 0.56
2025 NF PE RVU: 2.32
2025 Fac PE RVU: NA

RUC Recommendation: 0.65 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88342 **Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS-Other - Utilization over 500,000 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** April 2011 **2023 Medicare Utilization:** 2,174,347

2025 Work RVU: 0.70
2025 NF PE RVU: 2.65
2025 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** May 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88343 **Immunohistochemistry or immunocytochemistry, each separately identifiable antibody per block, cytologic preparation, or hematologic smear; each additional separately identifiable antibody per slide (List separately in addition to code for primary procedure)**

Global: **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88344 **Immunohistochemistry or immunocytochemistry, per specimen; each multiplex antibody stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** November 2013 **2023 Medicare Utilization:** 175,628

2025 Work RVU: 0.77
2025 NF PE RVU: 4.38
2025 Fac PE RVU: NA

RUC Recommendation: 0.77 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88346 **Immunofluorescence, per specimen; initial single antibody stain procedure** **Global:** XXX **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** April 2013 **2023 Medicare Utilization:** 54,878

2025 Work RVU: 0.74
2025 NF PE RVU: 3.56
2025 Fac PE RVU: NA

RUC Recommendation: 0.74 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88347 **Immunofluorescent study, each antibody; indirect method** **Global:** **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88348 **Electron microscopy, diagnostic** **Global:** XXX **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2023 Medicare Utilization:** 13,572

2025 Work RVU: 1.51
2025 NF PE RVU: 13.12
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88349 **Electron microscopy; scanning**

Global: **Issue:** Electron Microscopy-PE Only **Screen:** Services with Stand-Alone PE Procedure Time **Complete?** Yes

Most Recent RUC Meeting: October 2013 **Tab:** 14 **Specialty Developing Recommendation:** CAP **First Identified:** October 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** Oct 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

88350 **Immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunofluorescent Studies **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 17 **Specialty Developing Recommendation:** CAP, ASC **First Identified:** October 2014 **2023 Medicare Utilization:** 234,386

2025 Work RVU: 0.59
2025 NF PE RVU: 2.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** October 2014 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88356 **Morphometric analysis; nerve**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 37 **Specialty Developing Recommendation:** ASCP, CAP **First Identified:** April 2013 **2023 Medicare Utilization:** 24,282

2025 Work RVU: 2.80
2025 NF PE RVU: 4.22
2025 Fac PE RVU: NA

RUC Recommendation: 2.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88360 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; manual**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2023 Medicare Utilization:** 660,189

2025 Work RVU: 0.85
2025 NF PE RVU: 2.70
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.85 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

88361 **Morphometric analysis, tumor immunohistochemistry (eg, Her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure; using computer-assisted technology**

Global: XXX **Issue:** Tumor Immunohistochemistry **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 40 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2015 **2023 Medicare Utilization:** 138,656

2025 Work RVU: 0.95
2025 NF PE RVU: 2.50
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.95 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

88364 **In situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2023 Medicare Utilization:** 39,774

2025 Work RVU: 0.70
2025 NF PE RVU: 3.15
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.88 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88365 **In situ hybridization (eg, FISH), per specimen; initial single probe stain procedure** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP **First Identified:** September 2011 **2023 Medicare Utilization:** 62,947

2025 Work RVU: 0.88
2025 NF PE RVU: 4.31
2025 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88366 **In situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2023 Medicare Utilization:** 3,001

2025 Work RVU: 1.24
2025 NF PE RVU: 6.75
2025 Fac PE RVU: NA

RUC Recommendation: 1.24 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88367 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; initial single probe stain procedure** **Global:** XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2023 Medicare Utilization:** 3,872

2025 Work RVU: 0.73
2025 NF PE RVU: 2.51
2025 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

Status Report: CMS Requests and Relativity Assessment Issues

88368 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; initial single probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 18 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** September 2011 **2023 Medicare Utilization:** 16,239

2025 Work RVU: 0.88
2025 NF PE RVU: 3.56
2025 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2011 & May 2012

88373 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** November 2013 **2023 Medicare Utilization:** 5,407

2025 Work RVU: 0.58
2025 NF PE RVU: 1.38
2025 Fac PE RVU: NA

RUC Recommendation: 0.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88374 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), using computer-assisted technology, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 21 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** **2023 Medicare Utilization:** 149,418

2025 Work RVU: 0.93
2025 NF PE RVU: 7.21
2025 Fac PE RVU: NA

RUC Recommendation: 1.04 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

88377 **Morphometric analysis, in situ hybridization (quantitative or semi-quantitative), manual, per specimen; each multiplex probe stain procedure**

Global: XXX **Issue:** Morphometric Analysis In Situ Hybridization for Gene Rearrangement(s) **Screen:** CMS Request - Final Rule for 2012 / CMS Request - Final Rule for 2013 / PE Units Screen **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 24 **Specialty Developing Recommendation:** CAP, ASCP, ASC **First Identified:** May 2013 **2023 Medicare Utilization:** 118,475

2025 Work RVU: 1.40
2025 NF PE RVU: 10.19
2025 Fac PE RVU: NA

RUC Recommendation: 1.40 **Referred to CPT** May 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

88381 **Microdissection (ie, sample preparation of microscopically identified target); manual**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth8 **Complete?** No

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ASC, AP **First Identified:** April 2022 **2023 Medicare Utilization:** 73,067

2025 Work RVU: 0.53
2025 NF PE RVU: 5.25
2025 Fac PE RVU: NA

RUC Recommendation: Review action plan **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

90460 **Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2023 Medicare Utilization:** 140

2025 Work RVU: 0.24
2025 NF PE RVU: 0.43
2025 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90461 **Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2023 Medicare Utilization:** 27

2025 Work RVU: 0.18
2025 NF PE RVU: 0.07
2025 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

90465 **Deleted from CPT**

Global: **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

90467 **Deleted from CPT**

Global: **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:** AAP **First Identified:** NA **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

90471 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Fastest Growing / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** February 2008 **2023 Medicare Utilization:** 315,781

2025 Work RVU: 0.17
2025 NF PE RVU: 0.44
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90472 **Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request – Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** February 2008 **2023 Medicare Utilization:** 27,148

2025 Work RVU: 0.15
2025 NF PE RVU: 0.28
2025 Fac PE RVU: NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90473 **Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)**

Global: XXX **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** NA **2023 Medicare Utilization:** 4

2025 Work RVU: 0.17
2025 NF PE RVU: 0.32
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90474 **Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Immunization Administration **Screen:** CMS Request - Practice Expense Review / CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** NA **2023 Medicare Utilization:**

2025 Work RVU: 0.15
2025 NF PE RVU: 0.20
2025 Fac PE RVU: NA

RUC Recommendation: 0.15 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

90785 **Interactive complexity (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AACAP, APA (psychology), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 342,907

2025 Work RVU: 0.33
2025 NF PE RVU: 0.10
2025 Fac PE RVU: 0.04

RUC Recommendation: 0.33 **Referred to CPT** October 2020 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

90791 **Psychiatric diagnostic evaluation**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 686,827

2025 Work RVU: 3.84
2025 NF PE RVU: 1.22
2025 Fac PE RVU: 0.48

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90792 **Psychiatric diagnostic evaluation with medical services**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 522,496

2025 Work RVU: 4.16
2025 NF PE RVU: 1.49
2025 Fac PE RVU: 0.74

RUC Recommendation: 3.25 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90801 **Psychiatric diagnostic interview examination**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90805 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20 to 30 minutes face-to-face with the patient; with medical evaluation and management services**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90806 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient;**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90808 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75 to 80 minutes face-to-face with the patient;**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90818 **Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting, approximately 45 to 50 minutes face-to-face with the patient;**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:**

First Identified: September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90832 **Psychotherapy, 30 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 1,934,739

2025 Work RVU: 1.86
2025 NF PE RVU: 0.54
2025 Fac PE RVU: 0.23

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90833 **Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 1,410,377

2025 Work RVU: 1.64
2025 NF PE RVU: 0.55
2025 Fac PE RVU: 0.29

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90834 **Psychotherapy, 45 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 3,451,030

2025 Work RVU: 2.45
2025 NF PE RVU: 0.72
2025 Fac PE RVU: 0.31

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90836 **Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 411,350

2025 Work RVU: 2.08
2025 NF PE RVU: 0.70
2025 Fac PE RVU: 0.37

RUC Recommendation: 1.90 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90837 **Psychotherapy, 60 minutes with patient**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 6,251,351

2025 Work RVU: 3.63
2025 NF PE RVU: 1.06
2025 Fac PE RVU: 0.45

RUC Recommendation: 3.00 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90838 **Psychotherapy, 60 minutes with patient when performed with an evaluation and management service (List separately in addition to the code for primary procedure)**

Global: ZZZ **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 91,207

2025 Work RVU: 2.74
2025 NF PE RVU: 0.93
2025 Fac PE RVU: 0.51

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90839 **Psychotherapy for crisis; first 60 minutes** **Global:** XXX **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 17,382

2025 Work RVU: 3.43
2025 NF PE RVU: 1.06
2025 Fac PE RVU: 0.50

RUC Recommendation: 3.13 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90840 **Psychotherapy for crisis; each additional 30 minutes (List separately in addition to code for primary service)** **Global:** ZZZ **Issue:** Psychotherapy for Crisis and Interactive Complexity **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 35 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 5,285

2025 Work RVU: 1.64
2025 NF PE RVU: 0.55
2025 Fac PE RVU: 0.30

RUC Recommendation: 1.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90845 **Psychoanalysis** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2011 **Tab:** **Specialty Developing Recommendation:** **First Identified:** April 2013 **2023 Medicare Utilization:** 5,619

2025 Work RVU: 2.30
2025 NF PE RVU: 0.71
2025 Fac PE RVU: 0.34

RUC Recommendation: 2.10 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90846 **Family psychotherapy (without the patient present), 50 minutes** **Global:** XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 22,973

2025 Work RVU: 2.63
2025 NF PE RVU: 0.36
2025 Fac PE RVU: 0.35

RUC Recommendation: 2.40 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90847 **Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 114,179

2025 Work RVU: 2.74
2025 NF PE RVU: 0.38
2025 Fac PE RVU: 0.37

RUC Recommendation: 2.50 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90853 **Group psychotherapy (other than of a multiple-family group)**

Global: XXX **Issue:** Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 26 **Specialty Developing Recommendation:** APA, APA (HCPAC), NASW **First Identified:** April 2013 **2023 Medicare Utilization:** 388,921

2025 Work RVU: 0.65
2025 NF PE RVU: 0.20
2025 Fac PE RVU: 0.08

RUC Recommendation: 0.59 **Referred to CPT** February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90862 **Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy**

Global: **Issue:** RAW review **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90863 **Pharmacologic management, including prescription and review of medication, when performed with psychotherapy services (List separately in addition to the code for primary procedure)**

Global: XXX **Issue:** Pharmacologic Management with Psychotherapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 40 **Specialty Developing Recommendation:** APA (HCPAC) **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU: 0.48
2025 NF PE RVU: 0.24
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.48 **Referred to CPT** February 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90868 **Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session**

Global: 000 **Issue:** RAW **Screen:** Contractor Priced High Volume / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** APA (psychiatry) **First Identified:** January 2018 **2023 Medicare Utilization:** 259,335

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

90870 **Electroconvulsive therapy (includes necessary monitoring)**

Global: 000 **Issue:** Electroconvulsive Therapy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 41 **Specialty Developing Recommendation:** APA **First Identified:** October 2009 **2023 Medicare Utilization:** 85,549

2025 Work RVU: 2.50
2025 NF PE RVU: 2.55
2025 Fac PE RVU: 0.52

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90901 **Biofeedback training by any modality** **Global:** 000 **Issue:** Biofeedback Training **Screen:** High Volume Growth9 **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACOG, APTA, AUA **First Identified:** April 2023 **2023 Medicare Utilization:** 79,490

2025 Work RVU: 0.41
2025 NF PE RVU: 0.79
2025 Fac PE RVU: 0.14

RUC Recommendation: Refer to CPT **Referred to CPT** February 2025; Sep 2024 **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

90911 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry** **Global:** **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 15 **Specialty Developing Recommendation:** ACOG, AUA **First Identified:** April 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90912 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient** **Global:** 000 **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACOG, APTA, AUA **First Identified:** September 2018 **2023 Medicare Utilization:** 27,389

2025 Work RVU: 0.90
2025 NF PE RVU: 1.46
2025 Fac PE RVU: 0.32

RUC Recommendation: Refer to CPT 0.90 **Referred to CPT** February 2025; Sep 2024; Feb 2019-EC **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90913 **Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Biofeedback Training **Screen:** Negative IWPUT **Complete?** No

Most Recent RUC Meeting: April 2024 **Tab:** 09 **Specialty Developing Recommendation:** ACOG, APTA, AUA **First Identified:** September 2018 **2023 Medicare Utilization:** 19,617

2025 Work RVU: 0.50
2025 NF PE RVU: 0.44
2025 Fac PE RVU: 0.18

RUC Recommendation: Refer to CPT. 0.50 **Referred to CPT** February 2025; Sep 2024; Feb 2019-EC **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90935 **Hemodialysis procedure with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA **First Identified:** October 2008 **2023 Medicare Utilization:** 591,622

2025 Work RVU: 1.48
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.54

RUC Recommendation: 1.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

90937 **Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 26,555

2025 Work RVU: 2.11
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.80

RUC Recommendation: 2.11 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90945 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2023 Medicare Utilization: 110,046

2025 Work RVU: 1.56
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.91
Result: Increase

RUC Recommendation: 1.56

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

90947 **Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription**

Global: 000 **Issue:** Hemodialysis-Dialysis Services **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 30 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2023 Medicare Utilization: 8,823

2025 Work RVU: 2.52
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.94
Result: Increase

RUC Recommendation: 2.52

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

90951 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009

2023 Medicare Utilization: 29

2025 Work RVU: 23.92
2025 NF PE RVU: 9.04
2025 Fac PE RVU: 9.04
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90952 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 2

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

90953 **End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 5

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

90954 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 398

2025 Work RVU: 20.86
2025 NF PE RVU: 7.60
2025 Fac PE RVU: 7.60
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90955 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 86

2025 Work RVU: 10.32
2025 NF PE RVU: 4.63
2025 Fac PE RVU: 4.63
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

90956 **End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 107

2025 Work RVU: 6.64
2025 NF PE RVU: 3.39
2025 Fac PE RVU: 3.39
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

90957 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 1,356

2025 Work RVU: 15.46
2025 NF PE RVU: 6.43
2025 Fac PE RVU: 6.43
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90958 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 350

2025 Work RVU: 9.87
2025 NF PE RVU: 4.40
2025 Fac PE RVU: 4.40
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

90959 **End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 225

2025 Work RVU: 6.19
2025 NF PE RVU: 3.15
2025 Fac PE RVU: 3.15
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

90960 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 1,238,509

2025 Work RVU: 6.77
2025 NF PE RVU: 3.41
2025 Fac PE RVU: 3.41
Result: PE Only

RUC Recommendation: RUC Recommended revised physician and clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90961 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2023 Medicare Utilization:** 434,848

2025 Work RVU: 5.52
2025 NF PE RVU: 2.94
2025 Fac PE RVU: 2.94
Result: PE Only

RUC Recommendation: RUC Recommended revised physician and clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90962 **End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2023 Medicare Utilization:** 137,651

2025 Work RVU: 3.57
2025 NF PE RVU: 2.30
2025 Fac PE RVU: 2.30
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

90963 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA

First Identified: February 2009 **2023 Medicare Utilization:** 79

2025 Work RVU: 12.09
2025 NF PE RVU: 5.15
2025 Fac PE RVU: 5.15
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

90964 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 646

2025 Work RVU: 10.25
2025 NF PE RVU: 4.54
2025 Fac PE RVU: 4.54
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

90965 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 872

2025 Work RVU: 9.80
2025 NF PE RVU: 4.44
2025 Fac PE RVU: 4.44
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

90966 **End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older**

Global: XXX **Issue:** End-Stage Renal Disease **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 29 **Specialty Developing Recommendation:** RPA **First Identified:** February 2009 **2023 Medicare Utilization:** 307,423

2025 Work RVU: 5.52
2025 NF PE RVU: 2.94
2025 Fac PE RVU: 2.94
Result: PE Only

RUC Recommendation: RUC Recommended revised clinical staff time

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91038 **Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording, analysis and interpretation; prolonged (greater than 1 hour, up to 24 hours)**

Global: 000 **Issue:** Gastroenterological Tests **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 23 **Specialty Developing Recommendation:** AGA, ASGE **First Identified:** February 2010 **2023 Medicare Utilization:** 3,765

2025 Work RVU: 1.10
2025 NF PE RVU: 10.43
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

91110 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2023 Medicare Utilization:** 40,626

2025 Work RVU: 2.24
2025 NF PE RVU: 18.58
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 2.49 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

91111 **Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report**

Global: XXX **Issue:** Gastrointestinal Tract Imaging **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 44 **Specialty Developing Recommendation:** ACG, AGA, ASGE **First Identified:** July 2015 **2023 Medicare Utilization:** 172

2025 Work RVU: 0.90
2025 NF PE RVU: 23.90
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91120 **Rectal sensation, tone, and compliance test (ie, response to graded balloon distention)**

Global: XXX **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** April 2023 **2023 Medicare Utilization:** 10,029

2025 Work RVU: 0.97
2025 NF PE RVU: 13.30
2025 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

91122 **Anorectal manometry**

Global: 000 **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** April 2023 **2023 Medicare Utilization:** 17,915

2025 Work RVU: 1.77
2025 NF PE RVU: 6.29
2025 Fac PE RVU: NA

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2024 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

91132 **Electrogastrography, diagnostic, transcutaneous;**

Global: XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2023 Medicare Utilization:** 23

2025 Work RVU: 0.52
2025 NF PE RVU: 11.96
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

91133 **Electrogastrography, diagnostic, transcutaneous; with provocative testing** **Global:** XXX **Issue:** Electrogastrography **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 24 **Specialty Developing Recommendation:** AGA, ACG, ASGE **First Identified:** **2023 Medicare Utilization:** 30

2025 Work RVU: 0.66
2025 NF PE RVU: 12.44
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

91XX1 **Global:** XXX **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 3.05 **Referred to CPT** May 2024 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

91XX2 **Global:** XXX **Issue:** Colon Motility Services **Screen:** Codes Reported Together 75% or More-Part6 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 10 **Specialty Developing Recommendation:** ACG, AGA, ASCRS, ASGE **First Identified:** May 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 2.70 **Referred to CPT** May 2024 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92065 **Orthoptic training; performed by a physician or other qualified health care professional**

Global: XXX **Issue:** Orthoptic Training **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 10 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2019 **2023 Medicare Utilization:** 23,440

2025 Work RVU: 0.71
2025 NF PE RVU: 0.47
2025 Fac PE RVU: 0.25

RUC Recommendation: 0.71 **Referred to CPT** February 2021 May 2020-Tab 37 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92066 **Orthoptic training; under supervision of a physician or other qualified health care professional**

Global: XXX **Issue:** Orthoptic Training **Screen:** Harvard Valued - Utilization over 30,000-Part4 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 10 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** February 2021 **2023 Medicare Utilization:** 6,424

2025 Work RVU: 0.00
2025 NF PE RVU: 0.79
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

92081 **Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (eg, tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2023 Medicare Utilization:** 80,292

2025 Work RVU: 0.30
2025 NF PE RVU: 0.68
2025 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92082 **Visual field examination, unilateral or bilateral, with interpretation and report; intermediate examination (eg, at least 2 isopters on Goldmann perimeter, or semiquantitative, automated suprathreshold screening program, Humphrey suprathreshold automatic diagnostic test, Octopus program 33)**

Global: XXX **Issue:** Visual Field Examination **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 42 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2009 **2023 Medicare Utilization:** 102,696

2025 Work RVU: 0.40
2025 NF PE RVU: 0.98
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92083 **Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)**

Global: XXX **Issue:** Visual Field Examination **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 46 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** October 2010 **2023 Medicare Utilization:** 2,679,659

2025 Work RVU: 0.50
2025 NF PE RVU: 1.37
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92100 **Serial tonometry (separate procedure) with multiple measurements of intraocular pressure over an extended time period with interpretation and report, same day (eg, diurnal curve or medical treatment of acute elevation of intraocular pressure)**

Global: XXX **Issue:** Serial Tonometry **Screen:** Harvard Valued - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 36 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2023 Medicare Utilization:** 23,361

2025 Work RVU: 0.61
2025 NF PE RVU: 1.91
2025 Fac PE RVU: 0.32
Result: Decrease

RUC Recommendation: 0.61

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92133 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 23 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2009 **2023 Medicare Utilization:** 2,698,182

2025 Work RVU: 0.31
2025 NF PE RVU: 0.59
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92134 **Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina**

Global: XXX **Issue:** Computerized Scanning Ophthalmology Diagnostic Imaging **Screen:** CMS Fastest Growing / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAO, AOA (eye) **First Identified:** October 2008 **2023 Medicare Utilization:** 7,917,138

2025 Work RVU: 0.32
2025 NF PE RVU: 0.63
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92135 **Deleted from CPT**

Global: **Issue:** Ophthalmic Diagnostic Imaging **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 31 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92136 **Ophthalmic biometry by partial coherence interferometry with intraocular lens power calculation**

Global: XXX **Issue:** Ophthalmic Biometry **Screen:** CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 36 **Specialty Developing Recommendation:** AAO **First Identified:** October 2008 **2023 Medicare Utilization:** 1,541,492

2025 Work RVU: 0.54
2025 NF PE RVU: 0.85
2025 Fac PE RVU: NA

RUC Recommendation: 0.54 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92140 **Provocative tests for glaucoma, with interpretation and report, without tonography**

Global: **Issue:** Glaucoma Provacative Tests **Screen:** Harvard Valued - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 41 **Specialty Developing Recommendation:** AAO, AOA (optometry) **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92201 **Ophthalmoscopy, extended; with retinal drawing and scleral depression of peripheral retinal disease (eg, for retinal tear, retinal detachment, retinal tumor) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2023 Medicare Utilization:** 473,745

2025 Work RVU: 0.40
2025 NF PE RVU: 0.32
2025 Fac PE RVU: 0.25

RUC Recommendation: 0.40 **Referred to CPT** February 2018 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92202 **Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2023 Medicare Utilization:** 668,181

2025 Work RVU: 0.26
2025 NF PE RVU: 0.19
2025 Fac PE RVU: 0.16

RUC Recommendation: 0.26 **Referred to CPT** February 2018 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

92225 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; initial**

Global: **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** April 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92226 **Ophthalmoscopy, extended, with retinal drawing (eg, for retinal detachment, melanoma), with interpretation and report; subsequent**

Global: **Issue:** Ophthalmoscopy **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (Optometry), ASRS **First Identified:** February 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92227 **Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2023 Medicare Utilization:** 1,092

2025 Work RVU: 0.00
2025 NF PE RVU: 0.52
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92228 **Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 8,707

2025 Work RVU: 0.32
2025 NF PE RVU: 0.55
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

92229 **Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 3,631

2025 Work RVU: 0.00
2025 NF PE RVU: 1.34
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

92235 **Fluorescein angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Harvard Valued - Utilization over 30,000 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS

First Identified: April 2011

2023 Medicare Utilization: 258,142

2025 Work RVU: 0.75
2025 NF PE RVU: 3.95
2025 Fac PE RVU: NA

RUC Recommendation: 0.75

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92240 **Indocyanine-green angiography (includes multiframe imaging) with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** January 2015 **2023 Medicare Utilization:** 7,399

2025 Work RVU: 0.80
2025 NF PE RVU: 6.20
2025 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92242 **Fluorescein angiography and indocyanine-green angiography (includes multiframe imaging) performed at the same patient encounter with interpretation and report, unilateral or bilateral**

Global: XXX **Issue:** Ophthalmoscopic Angiography **Screen:** Codes Reported Together 75% or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** October 2015 **2023 Medicare Utilization:** 29,620

2025 Work RVU: 0.95
2025 NF PE RVU: 8.73
2025 Fac PE RVU: NA

RUC Recommendation: 0.95 **Referred to CPT** October 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92250 **Fundus photography with interpretation and report**

Global: XXX **Issue:** Fundus Photography **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 45 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** October 2010 **2023 Medicare Utilization:** 3,366,885

2025 Work RVU: 0.40
2025 NF PE RVU: 0.68
2025 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92270 **Electro-oculography with interpretation and report**

Global: XXX **Issue:** Electro-oculography **Screen:** High Volume Growth1 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** February 2008 **2023 Medicare Utilization:** 1,210

2025 Work RVU: 0.81
2025 NF PE RVU: 2.76
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. **Referred to CPT** February 2014 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2008 and Q&A Jun 2009

92273 **Electroretinography (ERG), with interpretation and report; full field (ie, ffERG, flash ERG, Ganzfeld ERG)**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 / Work Neutrality 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** September 2017 **2023 Medicare Utilization:** 120,334

2025 Work RVU: 0.69
2025 NF PE RVU: 2.98
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 0.80 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

92274 **Electroretinography (ERG), with interpretation and report; multifocal (mfERG)**

Global: XXX **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 / Work Neutrality 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 16 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** September 2017 **2023 Medicare Utilization:** 3,745

2025 Work RVU: 0.61
2025 NF PE RVU: 2.05
2025 Fac PE RVU: NA

RUC Recommendation: CPT Assistant article published. 0.72 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Aug 2024

Status Report: CMS Requests and Relativity Assessment Issues

92275 **Electroretinography with interpretation and report**

Global: **Issue:** Electroretinography **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 17 **Specialty Developing Recommendation:** AAO, ASRS, AOA (optometry) **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92284 **Diagnostic dark adaptation examination with interpretation and report**

Global: XXX **Issue:** Dark Adaptation Diagnostic Screening and Services **Screen:** Harvard Valued - Utilization over 30,000-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** October 2020 **2023 Medicare Utilization:** 35,164

2025 Work RVU: 0.00
2025 NF PE RVU: 0.90
2025 Fac PE RVU: NA

RUC Recommendation: 0.32 **Referred to CPT** February 2024 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2026

92285 **External ocular photography with interpretation and report for documentation of medical progress (eg, close-up photography, slit lamp photography, goniophotography, stereo-photography)**

Global: XXX **Issue:** Ocular Photography **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 32 **Specialty Developing Recommendation:** AAO, AOA **First Identified:** October 2008 **2023 Medicare Utilization:** 424,170

2025 Work RVU: 0.05
2025 NF PE RVU: 0.62
2025 Fac PE RVU: NA

RUC Recommendation: 0.05 and new PE inputs **Referred to CPT** February 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92286 **Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 28 **Specialty Developing Recommendation:** AAO, AOA (optometric) **First Identified:** April 2011 **2023 Medicare Utilization:** 98,566

2025 Work RVU: 0.40
2025 NF PE RVU: 0.74
2025 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92287 **Anterior segment imaging with interpretation and report; with fluorescein angiography**

Global: XXX **Issue:** Anterior Segment Imaging **Screen:** Harvard Valued - Utilization over 30,000 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 21 **Specialty Developing Recommendation:** AAO, ASRS **First Identified:** **2023 Medicare Utilization:** 5,403

2025 Work RVU: 0.40
2025 NF PE RVU: 3.53
2025 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2013

922X1

Global: **Issue:** Dark Adaptation Diagnostic Screening and Services **Screen:** Harvard Valued - Utilization over 30,000-Part5 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 05 **Specialty Developing Recommendation:** AAO, AOA (optometry), ASRS **First Identified:** February 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 0.17 **Referred to CPT** February 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92504 **Binocular microscopy (separate diagnostic procedure)**

Global: XXX **Issue:** Binocular Microscopy **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 43 **Specialty Developing Recommendation:** AAO-HNS

First Identified: October 2009

2023 Medicare Utilization: 246,160

2025 Work RVU: 0.18
2025 NF PE RVU: 0.67
2025 Fac PE RVU: 0.09

RUC Recommendation: 0.18

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92506 **Evaluation of speech, language, voice, communication, and/or auditory processing**

Global: **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA

First Identified:

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2012

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

92507 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth 3 / High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASHA

First Identified: October 2015

2023 Medicare Utilization: 698,401

2025 Work RVU: 1.30
2025 NF PE RVU: 0.99
2025 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 1.30 work RVU and clinical staff time removed. Removed from High Volume screen.

Referred to CPT September 2025

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92508 **Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:** 3,228

2025 Work RVU: 0.33
2025 NF PE RVU: 0.39
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.43 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92521 **Evaluation of speech fluency (eg, stuttering, cluttering)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:** 418

2025 Work RVU: 2.24
2025 NF PE RVU: 1.75
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.75 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92522 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:** 4,429

2025 Work RVU: 1.92
2025 NF PE RVU: 1.38
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 1.50 **Referred to CPT** October 2012 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92523 **Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request/ High Volume Growth9 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:** 37,494

2025 Work RVU: 3.84
2025 NF PE RVU: 2.97
2025 Fac PE RVU: NA

RUC Recommendation: Refer to CPT Assistant. 3.36 **Referred to CPT** October 2012 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Apr 2024

92524 **Behavioral and qualitative analysis of voice and resonance**

Global: XXX **Issue:** Speech Evaluation **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 32 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:** 23,713

2025 Work RVU: 1.92
2025 NF PE RVU: 1.33
2025 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** October 2012 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92526 **Treatment of swallowing dysfunction and/or oral function for feeding**

Global: XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 23 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2023 Medicare Utilization:** 244,519

2025 Work RVU: 1.34
2025 NF PE RVU: 1.19
2025 Fac PE RVU: NA

RUC Recommendation: Maintain **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92537 **Caloric vestibular test with recording, bilateral; bithermal (ie, one warm and one cool irrigation in each ear for a total of four irrigations)**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2023 Medicare Utilization:** 52,653

2025 Work RVU: 0.60
2025 NF PE RVU: 0.55
2025 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92538 **Caloric vestibular test with recording, bilateral; monothermal (ie, one irrigation in each ear for a total of two irrigations)**

Global: XXX **Issue:** Vestibular Caloric Irrigation **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** October 2014 **2023 Medicare Utilization:** 5,594

2025 Work RVU: 0.30
2025 NF PE RVU: 0.34
2025 Fac PE RVU: NA

RUC Recommendation: 0.55 **Referred to CPT** October 2014 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92540 **Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2014 **2023 Medicare Utilization:** 71,262

2025 Work RVU: 1.50
2025 NF PE RVU: 1.61
2025 Fac PE RVU: NA

RUC Recommendation: Review in 2029. 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92541 **Spontaneous nystagmus test, including gaze and fixation nystagmus, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2023 Medicare Utilization:** 11,509

2025 Work RVU: 0.40
2025 NF PE RVU: 0.33
2025 Fac PE RVU: NA

RUC Recommendation: 0.40 **Referred to CPT** February 2009 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

92542 **Positional nystagmus test, minimum of 4 positions, with recording**

Global: XXX **Issue:** EOG VNG **Screen:** Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2023 Medicare Utilization:** 15,514

2025 Work RVU: 0.48
2025 NF PE RVU: 0.36
2025 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92543 **Caloric vestibular test, each irrigation (binaural, bithermal stimulation constitutes 4 tests), with recording**

Global: **Issue:** Vestibular Caloric Irrigation **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2015 **Tab:** 18 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ASHA **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2014 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92544 **Optokinetic nystagmus test, bidirectional, foveal or peripheral stimulation, with recording**

Global: XXX **Issue:** EOG VNG

Screen: Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2023 Medicare Utilization:** 2,920

2025 Work RVU: 0.27
2025 NF PE RVU: 0.25
2025 Fac PE RVU: NA

RUC Recommendation: 0.27 **Referred to CPT** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92545 **Oscillating tracking test, with recording**

Global: XXX **Issue:** EOG VNG

Screen: Codes Reported Together 95% or More / CMS-Other Source – Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ASHA, AAO-HNS, AAA **First Identified:** February 2008 **2023 Medicare Utilization:** 4,028

2025 Work RVU: 0.25
2025 NF PE RVU: 0.24
2025 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2009 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92546 **Sinusoidal vertical axis rotational testing**

Global: XXX **Issue:** EOG VNG

Screen: CMS-Other - Utilization over 250,000 / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAA, AAO-HNS, AAN, ASHA **First Identified:** February 2014 **2023 Medicare Utilization:** 40,014

2025 Work RVU: 0.29
2025 NF PE RVU: 3.64
2025 Fac PE RVU: NA

RUC Recommendation: Refer to CPT then review at RAW in April 2029. **Referred to CPT** May 2025 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92547 **Use of vertical electrodes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EOG VNG **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 24 **Specialty Developing Recommendation:**

First Identified: February 2014 **2023 Medicare Utilization:** 22,277

2025 Work RVU: 0.00
2025 NF PE RVU: 0.31
2025 Fac PE RVU: NA

RUC Recommendation: Editorial change only

Referred to CPT February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

92548 **Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report;**

Global: XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 16 **Specialty Developing Recommendation:** AAA, AAN, ASHA

First Identified: February 2014 **2023 Medicare Utilization:** 30,515

2025 Work RVU: 0.67
2025 NF PE RVU: 0.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.76

Referred to CPT September 2018 / February 2014

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

92549 **Computerized dynamic posturography sensory organization test (CDP-SOT), 6 conditions (ie, eyes open, eyes closed, visual sway, platform sway, eyes closed platform sway, platform and visual sway), including interpretation and report; with motor control test (MCT) and adaptation test (ADT)**

Global: XXX **Issue:** Computerized Dynamic Posturography **Screen:** CMS-Other - Utilization over 250,000 / Negative IWPUT / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 16 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 4,575

2025 Work RVU: 0.87
2025 NF PE RVU: 1.05
2025 Fac PE RVU: NA

RUC Recommendation: 0.96

Referred to CPT September 2018

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

92550 **Tympanometry and reflex threshold measurements** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2023 Medicare Utilization:** 184,157

2025 Work RVU: 0.35
2025 NF PE RVU: 0.29
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 0.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92557 **Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2023 Medicare Utilization:** 1,235,698

2025 Work RVU: 0.60
2025 NF PE RVU: 0.47
2025 Fac PE RVU: 0.33

RUC Recommendation: Remove from screen. 0.60 work RVU and clinical staff time removed **Referred to CPT** February 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92558 **Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis** **Global:** XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** February 2011 **2023 Medicare Utilization:**

2025 Work RVU: 0.17
2025 NF PE RVU: 0.10
2025 Fac PE RVU: 0.07

RUC Recommendation: 0.17 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92567 **Tympanometry (impedance testing)** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More / Low Value-High Volume / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2023 Medicare Utilization:** 952,531

2025 Work RVU: 0.20
2025 NF PE RVU: 0.27
2025 Fac PE RVU: 0.11

RUC Recommendation: Remove from screen. 0.20 work RVU and clinical staff time removed **Referred to CPT** February 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92568 **Acoustic reflex testing, threshold** **Global:** XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2023 Medicare Utilization:** 1,806

2025 Work RVU: 0.29
2025 NF PE RVU: 0.15
2025 Fac PE RVU: 0.15

RUC Recommendation: 0.29 work RVU and clinical staff time removed **Referred to CPT** February 2009

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92569 **Deleted from CPT** **Global:** **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 22 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAN **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92570 **Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing**

Global: XXX **Issue:** Bundled Audiology Tests **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 21 **Specialty Developing Recommendation:** ASHA, AAO-HNS, AAA **First Identified:** **2023 Medicare Utilization:** 29,269

2025 Work RVU: 0.55
2025 NF PE RVU: 0.39
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92584 **Electrocochleography**

Global: XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2023 Medicare Utilization:** 10,601

2025 Work RVU: 1.00
2025 NF PE RVU: 2.20
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92585 **Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive**

Global: **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92586 **Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited**

Global: **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92587 **Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** October 2008 **2023 Medicare Utilization:** 40,325

2025 Work RVU: 0.35
2025 NF PE RVU: 0.28
2025 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92588 **Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report**

Global: XXX **Issue:** Otoacoustic Emissions Measurement **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:** 86,143

2025 Work RVU: 0.55
2025 NF PE RVU: 0.43
2025 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92597 **Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 30 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2023 Medicare Utilization:** 1,922

2025 Work RVU: 1.26
2025 NF PE RVU: 0.90
2025 Fac PE RVU: NA

RUC Recommendation: 1.48 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92605 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU: 1.75
2025 NF PE RVU: 0.85
2025 Fac PE RVU: 0.69

RUC Recommendation: 1.75 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92606 **Therapeutic service(s) for the use of non-speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU: 1.40
2025 NF PE RVU: 0.86
2025 Fac PE RVU: 0.55

RUC Recommendation: 1.40 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92607 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:** 635

2025 Work RVU: 1.85
2025 NF PE RVU: 1.85
2025 Fac PE RVU: NA

RUC Recommendation: 1.85 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92608 **Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:** 296

2025 Work RVU: 0.70
2025 NF PE RVU: 0.75
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.70 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92609 **Therapeutic services for the use of speech-generating device, including programming and modification**

Global: XXX **Issue:** Speech Language Pathology Services **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 28 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:** 14,119

2025 Work RVU: 1.50
2025 NF PE RVU: 1.58
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.50 work RVU and clinical staff time removed **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

92610 **Evaluation of oral and pharyngeal swallowing function**

Global: XXX **Issue:** Speech Language Pathology Services (RUC) **Screen:** CMS Request/Speech Language Pathology Request / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 23 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2023 Medicare Utilization:** 32,384

2025 Work RVU: 1.30
2025 NF PE RVU: 1.24
2025 Fac PE RVU: 0.79
Result: Decrease

RUC Recommendation: Maintain **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92611 **Motion fluoroscopic evaluation of swallowing function by cine or video recording** **Global:** XXX **Issue:** Speech Language Pathology Services (HCPAC) **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 39 **Specialty Developing Recommendation:** ASHA **First Identified:** NA **2023 Medicare Utilization:** 10,227

2025 Work RVU: 1.34
2025 NF PE RVU: 1.36
2025 Fac PE RVU: NA

RUC Recommendation: 1.34 work RVU and clinical staff time removed **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92618 **Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** Eval of Rx for Non-Speech Generating Device **Screen:** CMS Request/Speech Language Pathology Request **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 35 **Specialty Developing Recommendation:** ASHA **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU: 0.65
2025 NF PE RVU: 0.26
2025 Fac PE RVU: 0.26

RUC Recommendation: 0.65 **Referred to CPT** February 2011 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92620 **Evaluation of central auditory function, with report; initial 60 minutes** **Global:** XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2023 Medicare Utilization:** 1,054

2025 Work RVU: 1.50
2025 NF PE RVU: 1.13
2025 Fac PE RVU: 0.83

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92621 **Evaluation of central auditory function, with report; each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2023 Medicare Utilization:** 57

2025 Work RVU: 0.35
2025 NF PE RVU: 0.29
2025 Fac PE RVU: 0.20

RUC Recommendation: 0.35 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92625 **Assessment of tinnitus (includes pitch, loudness matching, and masking)**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2023 Medicare Utilization:** 8,862

2025 Work RVU: 1.15
2025 NF PE RVU: 0.82
2025 Fac PE RVU: 0.62

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92626 **Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 30 **Specialty Developing Recommendation:** AAA, ASHA **First Identified:** NA **2023 Medicare Utilization:** 20,187

2025 Work RVU: 1.40
2025 NF PE RVU: 1.14
2025 Fac PE RVU: 0.78

RUC Recommendation: 1.40 **Referred to CPT** May 2018 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** July 2014

Status Report: CMS Requests and Relativity Assessment Issues

92627 **Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 30 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2023 Medicare Utilization:** 6,074

2025 Work RVU: 0.33
2025 NF PE RVU: 0.27
2025 Fac PE RVU: 0.18

RUC Recommendation: 0.33 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92640 **Diagnostic analysis with programming of auditory brainstem implant, per hour**

Global: XXX **Issue:** Audiology Services **Screen:** CMS Request - Audiology Services **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 17 **Specialty Developing Recommendation:** ASHA, AAO-HNS **First Identified:** NA **2023 Medicare Utilization:** 17

2025 Work RVU: 1.76
2025 NF PE RVU: 1.44
2025 Fac PE RVU: 0.99

RUC Recommendation: 1.76 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92650 **Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis**

Global: XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2023 Medicare Utilization:**

2025 Work RVU: 0.25
2025 NF PE RVU: 0.52
2025 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2019 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92651 **Auditory evoked potentials; for hearing status determination, broadband stimuli, with interpretation and report**

Global: XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2023 Medicare Utilization:** 502

2025 Work RVU: 1.00
2025 NF PE RVU: 1.33
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** February 2019 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92652 **Auditory evoked potentials; for threshold estimation at multiple frequencies, with interpretation and report**

Global: XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAO-HNS, ASHA **First Identified:** February 2019 **2023 Medicare Utilization:** 4,677

2025 Work RVU: 1.50
2025 NF PE RVU: 1.68
2025 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2019 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92653 **Auditory evoked potentials; neurodiagnostic, with interpretation and report**

Global: XXX **Issue:** Auditory Evoked Potentials **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 06 **Specialty Developing Recommendation:** AAA, AAN, AAO-HNS, ACNS, ASHA **First Identified:** February 2019 **2023 Medicare Utilization:** 21,786

2025 Work RVU: 1.05
2025 NF PE RVU: 1.33
2025 Fac PE RVU: NA

RUC Recommendation: 1.05 **Referred to CPT** February 2019 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

92920 **Percutaneous transluminal coronary angioplasty; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:** 18,038

2025 Work RVU: 9.85
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.42

RUC Recommendation: 9.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92921 **Percutaneous transluminal coronary angioplasty; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 4.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92924 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:** 1,536

2025 Work RVU: 11.74
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.07

RUC Recommendation: 11.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92925 **Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 5.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92928 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:** 191,554

2025 Work RVU: 10.96
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.80

RUC Recommendation: 10.49 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92929 **Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 4.44 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92933 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:** 13,432

2025 Work RVU: 12.29
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.26

RUC Recommendation: 12.32 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

92934 **Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 5.50 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92937 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2023 Medicare Utilization:** 10,985

2025 Work RVU: 10.95
2025 NF PE RVU: NA
2025 Fac PE RVU: 3.80

RUC Recommendation: 10.49

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92938 **Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 6.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92941 **Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty, including aspiration thrombectomy when performed, single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2023 Medicare Utilization:** 28,212

2025 Work RVU: 12.31
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.27

RUC Recommendation: 12.32

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

92943 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel**

Global: 000 **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2023 Medicare Utilization:** 6,992

2025 Work RVU: 12.31
2025 NF PE RVU: NA
2025 Fac PE RVU: 4.26

RUC Recommendation: 12.32

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92944 **Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC

First Identified: October 2010 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 6.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

92960 **Cardioversion, elective, electrical conversion of arrhythmia; external**

Global: 000 **Issue:** Cardioversion **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 19 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2023 Medicare Utilization:** 210,188

2025 Work RVU: 2.00
2025 NF PE RVU: 2.42
2025 Fac PE RVU: 1.05

RUC Recommendation: 2.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

92973 **Percutaneous transluminal coronary thrombectomy mechanical (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** RAW **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** April 2013 **2023 Medicare Utilization:** 2,246

2025 Work RVU: 3.28
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.14

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

92980 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; single vessel** **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

92981 **Transcatheter placement of an intracoronary stent(s), percutaneous, with or without other therapeutic intervention, any method; each additional vessel (List separately in addition to code for primary procedure)** **Global:** **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92982 **Percutaneous transluminal coronary balloon angioplasty; single vessel**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List / Harvard-Valued Annual Allowed Charges Greater than $10 million **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92984 **Percutaneous transluminal coronary balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92986 **Percutaneous balloon valvuloplasty; aortic valve**

Global: 090 **Issue:** Valvuloplasty **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2023 Medicare Utilization:** 2,050

2025 Work RVU: 22.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 11.39

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

92992 **Atrial septectomy or septostomy; transvenous method, balloon (eg, Rashkind type) (includes cardiac catheterization)**

Global: **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92993 **Atrial septectomy or septostomy; blade method (Park septostomy) (includes cardiac catheterization)**

Global: **Issue:** Atrial Septostomy **Screen:** CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92995 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; single vessel**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

92996 **Percutaneous transluminal coronary atherectomy, by mechanical or other method, with or without balloon angioplasty; each additional vessel (List separately in addition to code for primary procedure)**

Global: **Issue:** Percutaneous Coronary Intervention **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 10 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93000 **Electrocardiogram, routine ECG with at least 12 leads; with interpretation and report**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC **First Identified:** September 2011 **2023 Medicare Utilization:** 10,269,471

2025 Work RVU: 0.17
2025 NF PE RVU: 0.24
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93005 **Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** High Volume Growth1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:** 422,271

2025 Work RVU: 0.00
2025 NF PE RVU: 0.18
2025 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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93010 **Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only**

Global: XXX **Issue:** Complete Electrocardiogram **Screen:** MPC List / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 20 **Specialty Developing Recommendation:** ACC **First Identified:** October 2010 **2023 Medicare Utilization:** 15,241,115

2025 Work RVU: 0.17
2025 NF PE RVU: 0.06
2025 Fac PE RVU: 0.06

RUC Recommendation: 0.17 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

93012 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93014 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93015 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 47 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2023 Medicare Utilization:** 816,351

2025 Work RVU: 0.75
2025 NF PE RVU: 1.40
2025 Fac PE RVU: NA

RUC Recommendation: 0.75. CPT Assistant published.

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93016 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; supervision only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 771,513

2025 Work RVU: 0.45
2025 NF PE RVU: 0.16
2025 Fac PE RVU: 0.16
Result: Maintain

RUC Recommendation: Remove from screen. 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93017 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; tracing only, without interpretation and report**

Global: XXX **Issue:** Cardiovascular Stress Tests **Screen:** High Volume Growth1 / CMS Request - Practice Expense Review / Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:** 75,937

2025 Work RVU: 0.00
2025 NF PE RVU: 1.13
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93018 **Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; interpretation and report only**

Global: XXX **Issue:** Cardiovascular Stress Tests and Echocardiography **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACC

First Identified: February 2010 **2023 Medicare Utilization:** 915,348

2025 Work RVU: 0.30
2025 NF PE RVU: 0.11
2025 Fac PE RVU: 0.11

RUC Recommendation: Review action plan. 0.30

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Maintain

93025 **Microvolt T-wave alternans for assessment of ventricular arrhythmias**

Global: XXX **Issue:** Microvolt T-Wave Assessment **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 18 **Specialty Developing Recommendation:** ACC

First Identified: NA **2023 Medicare Utilization:** 118

2025 Work RVU: 0.75
2025 NF PE RVU: 3.04
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93040 **Rhythm ECG, 1-3 leads; with interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2023 Medicare Utilization:** 80,679

2025 Work RVU: 0.15
2025 NF PE RVU: 0.23
2025 Fac PE RVU: NA

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93041 **Rhythm ECG, 1-3 leads; tracing only without interpretation and report**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 34 **Specialty Developing Recommendation:** ACC

First Identified: February 2009 **2023 Medicare Utilization:** 10,739

2025 Work RVU: 0.00
2025 NF PE RVU: 0.19
2025 Fac PE RVU: NA

RUC Recommendation: 0.00 (PE only)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93042 **Rhythm ECG, 1-3 leads; interpretation and report only**

Global: XXX **Issue:** Rhythm EKG **Screen:** Havard Valued - Utilization over 1 Million **Complete?** Yes

Most Recent RUC Meeting: October 2009 **Tab:** 34 **Specialty Developing Recommendation:** ACC, ACEP

First Identified: October 2008 **2023 Medicare Utilization:** 254,371

2025 Work RVU: 0.15
2025 NF PE RVU: 0.04
2025 Fac PE RVU: 0.04

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93050 **Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive**

Global: XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:**

First Identified: April 2023 **2023 Medicare Utilization:** 10,655

2025 Work RVU: 0.17
2025 NF PE RVU: 0.30
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

93150 **Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 0.85
2025 NF PE RVU: 2.13
2025 Fac PE RVU: 0.34

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93151 **Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 0.80
2025 NF PE RVU: 1.80
2025 Fac PE RVU: 0.32

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93152 **Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 1.82
2025 NF PE RVU: 2.27
2025 Fac PE RVU: 0.66

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

93153 **Interrogation without programming of implanted phrenic nerve stimulator system** **Global:** XXX **Issue:** Phrenic Nerve Stimulation System **Screen:** Low Survey Response **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 06 **Specialty Developing Recommendation:** **First Identified:** January 2023 **2023 Medicare Utilization:**

2025 Work RVU: 0.43
2025 NF PE RVU: 1.12
2025 Fac PE RVU: 0.18

RUC Recommendation: Review action Plan **Referred to CPT** **Result:**
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93224 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2023 Medicare Utilization:** 140,499

2025 Work RVU: 0.39
2025 NF PE RVU: 1.69
2025 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93225 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2023 Medicare Utilization:** 55,226

2025 Work RVU: 0.00
2025 NF PE RVU: 0.53
2025 Fac PE RVU: NA

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93226 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 /Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2023 Medicare Utilization:** 92,549

2025 Work RVU: 0.00
2025 NF PE RVU: 1.02
2025 Fac PE RVU: NA

RUC Recommendation: N/A no physician work **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

93227 **External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** ACC

First Identified: October 2009 **2023 Medicare Utilization:** 183,173

2025 Work RVU: 0.39
2025 NF PE RVU: 0.14
2025 Fac PE RVU: 0.14

RUC Recommendation: 0.52

Referred to CPT Feburary 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93228 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; review and interpretation with report by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: October 2020 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2009 **2023 Medicare Utilization:** 291,765

2025 Work RVU: 0.48
2025 NF PE RVU: 0.24
2025 Fac PE RVU: 0.24

RUC Recommendation: 0.52

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93229 **External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data storage (retrievable with query) with ECG triggered and patient selected events transmitted to a remote attended surveillance center for up to 30 days; technical support for connection and patient instructions for use, attended surveillance, analysis and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth6 / PE Stand-Alone Procedure Time2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2009 **2023 Medicare Utilization:** 374,720

2025 Work RVU: 0.00
2025 NF PE RVU: 22.94
2025 Fac PE RVU: NA

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

93230 **Deleted from CPT**

Global: **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93231 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93232 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93233 **Deleted from CPT**

Global: **Issue:** Cardiac Device Monitoring **Screen:** CMS Request - 2009 Final Rule, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: NA **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93235 **Deleted from CPT**

Global: **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:**

First Identified: October 2009 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93236 **Deleted from CPT**

Global: **Issue:** Cardiovascular Stress Test **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2010

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93237 **Deleted from CPT**

Global: **Issue:** Wearable Cardiac Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2010 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93241 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2023 Medicare Utilization:** 24,686

2025 Work RVU: 0.50
2025 NF PE RVU: 7.49
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

93242 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2023 Medicare Utilization:** 139,998

2025 Work RVU: 0.00
2025 NF PE RVU: 0.34
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93243 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 238,020

2025 Work RVU: 0.00
2025 NF PE RVU: 6.99
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93244 **External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 235,248

2025 Work RVU: 0.50
2025 NF PE RVU: 0.16
2025 Fac PE RVU: 0.16

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93245 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 8,992

2025 Work RVU: 0.55
2025 NF PE RVU: 7.77
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

93246 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 138,128

2025 Work RVU: 0.00
2025 NF PE RVU: 0.34
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93247 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 337,061

2025 Work RVU: 0.00
2025 NF PE RVU: 7.25
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93248 **External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation**

Global: XXX **Issue:** RAW **Screen:** Work Neutrality 2021 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 297,449

2025 Work RVU: 0.55
2025 NF PE RVU: 0.18
2025 Fac PE RVU: 0.18

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

93268 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; includes transmission, review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2023 Medicare Utilization:** 9,131

2025 Work RVU: 0.52
2025 NF PE RVU: 4.49
2025 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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93270 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; recording (includes connection, recording, and disconnection)**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2023 Medicare Utilization:** 28,890

2025 Work RVU: 0.00
2025 NF PE RVU: 0.23
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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93271 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; transmission and analysis**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 / PE Stand-Alone Procedure Time2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2009 **2023 Medicare Utilization:** 34,746

2025 Work RVU: 0.00
2025 NF PE RVU: 4.09
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** February 2010 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

93272 **External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30 days, 24-hour attended monitoring; review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** External Cardiovascular Device Monitoring **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 25 **Specialty Developing Recommendation:** ACC **First Identified:** October 2009 **2023 Medicare Utilization:** 79,697

2025 Work RVU: 0.52
2025 NF PE RVU: 0.17
2025 Fac PE RVU: 0.17

RUC Recommendation: 0.52 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93279 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 104,038

2025 Work RVU: 0.65
2025 NF PE RVU: 1.31
2025 Fac PE RVU: NA

RUC Recommendation: 0.65 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93280 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 736,539

2025 Work RVU: 0.77
2025 NF PE RVU: 1.52
2025 Fac PE RVU: NA

RUC Recommendation: 0.77 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93281 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 68,719

2025 Work RVU: 0.85
2025 NF PE RVU: 1.58
2025 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93282 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 67,056

2025 Work RVU: 0.85
2025 NF PE RVU: 1.46
2025 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93283 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 144,455

2025 Work RVU: 1.15
2025 NF PE RVU: 1.69
2025 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93284 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 176,325

2025 Work RVU: 1.25
2025 NF PE RVU: 1.82
2025 Fac PE RVU: NA

RUC Recommendation: 1.25 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93285 **Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 39,425

2025 Work RVU: 0.52
2025 NF PE RVU: 1.21
2025 Fac PE RVU: NA

RUC Recommendation: 0.52 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93286 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 30,779

2025 Work RVU: 0.30
2025 NF PE RVU: 1.01
2025 Fac PE RVU: NA

RUC Recommendation: 0.30 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93287 **Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 14,202

2025 Work RVU: 0.45
2025 NF PE RVU: 1.07
2025 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93288 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 158,763

2025 Work RVU: 0.43
2025 NF PE RVU: 1.21
2025 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93289 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 56,855

2025 Work RVU: 0.75
2025 NF PE RVU: 1.33
2025 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93290 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 78,108

2025 Work RVU: 0.43
2025 NF PE RVU: 1.10
2025 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93291 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 56,780

2025 Work RVU: 0.37
2025 NF PE RVU: 1.05
2025 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93292 **Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 941

2025 Work RVU: 0.43
2025 NF PE RVU: 1.05
2025 Fac PE RVU: NA

RUC Recommendation: 0.43 **Referred to CPT** February 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93293 **Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 8,697

2025 Work RVU: 0.31
2025 NF PE RVU: 0.91
2025 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93294 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 1,745,578

2025 Work RVU: 0.60
2025 NF PE RVU: 0.23
2025 Fac PE RVU: 0.23

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93295 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 23 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 702,662

2025 Work RVU: 0.74
2025 NF PE RVU: 0.29
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.74 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93296 **Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 25 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 1,851,309

2025 Work RVU: 0.00
2025 NF PE RVU: 0.59
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs and Refer to CPT **Referred to CPT** February 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

93297 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Remote Interrogation Deviec Evaluation - Cardiovascular (PE Only) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 628,709

2025 Work RVU: 0.52
2025 NF PE RVU: 1.25
2025 Fac PE RVU: NA

RUC Recommendation: 0.52 and PE Inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93298 **Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional**

Global: XXX **Issue:** Remote Interrogation Deviec Evaluation - Cardiovascular (PE Only) **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:** 1,153,442

2025 Work RVU: 0.52
2025 NF PE RVU: 2.46
2025 Fac PE RVU: NA

RUC Recommendation: 0.52 and PE Inputs **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93299 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: **Issue:** Cardiac Electrophysiology Device Monitoring Services **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 22 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93306 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, with spectral Doppler echocardiography, and with color flow Doppler echocardiography**

Global: XXX **Issue:** Complete Transthoracic Echocardiography (TTE) with Doppler **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2019 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 21 **Specialty Developing Recommendation:** ACC, ASE **First Identified:** July 2015 **2023 Medicare Utilization:** 6,621,296

2025 Work RVU: 1.46
2025 NF PE RVU: 4.28
2025 Fac PE RVU: NA

RUC Recommendation: 1.46 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93307 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Request - Practice Expense Review / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 42 **Specialty Developing Recommendation:** ACC **First Identified:** NA **2023 Medicare Utilization:** 21,226

2025 Work RVU: 0.92
2025 NF PE RVU: 3.08
2025 Fac PE RVU: NA

RUC Recommendation: 0.92 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93308 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, follow-up or limited study**

Global: XXX **Issue:** Transthoracic Echocardiography (TTE) **Screen:** CMS Fastest Growing, Harvard Valued - Utilization over 100,000 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 42 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2023 Medicare Utilization:** 543,887

2025 Work RVU: 0.53
2025 NF PE RVU: 2.35
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93320 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); complete**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC **First Identified:** February 2009 **2023 Medicare Utilization:** 313,390

2025 Work RVU: 0.38
2025 NF PE RVU: 1.10
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.38

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93321 **Doppler echocardiography, pulsed wave and/or continuous wave with spectral display (List separately in addition to codes for echocardiographic imaging); follow-up or limited study (List separately in addition to codes for echocardiographic imaging)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC **First Identified:** October 2013 **2023 Medicare Utilization:** 315,168

2025 Work RVU: 0.15
2025 NF PE RVU: 0.58
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.15

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93325 **Doppler echocardiography color flow velocity mapping (List separately in addition to codes for echocardiography)**

Global: ZZZ **Issue:** Doppler Echocardiography **Screen:** CMS Request - Practice Expense Review / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 30 **Specialty Developing Recommendation:** ACC

First Identified: February 2009

2023 Medicare Utilization: 613,639

2025 Work RVU: 0.07
2025 NF PE RVU: 0.61
2025 Fac PE RVU: NA

RUC Recommendation: 0.07

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93350 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** Other - Identified by RUC / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 26 **Specialty Developing Recommendation:** ACC, ASE

First Identified: April 2008

2023 Medicare Utilization: 64,242

2025 Work RVU: 1.46
2025 NF PE RVU: 3.95
2025 Fac PE RVU: NA

RUC Recommendation: 1.46; CPT Assistant article published

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2010

Result: Decrease

93351 **Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional**

Global: XXX **Issue:** Stress Transthoracic Echocardiography (TTE) Complete **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 26 **Specialty Developing Recommendation:** ACC, ASE

First Identified: July 2015

2023 Medicare Utilization: 176,732

2025 Work RVU: 1.75
2025 NF PE RVU: 5.04
2025 Fac PE RVU: NA

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93451 **Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 43,505

2025 Work RVU: 2.47
2025 NF PE RVU: 21.55
2025 Fac PE RVU: NA

RUC Recommendation: Remove from Modifier -51 exempt list. 3.02 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93452 **Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 3,314

2025 Work RVU: 4.50
2025 NF PE RVU: 20.29
2025 Fac PE RVU: NA

RUC Recommendation: 4.32 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93453 **Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 1,788

2025 Work RVU: 5.99
2025 NF PE RVU: 25.59
2025 Fac PE RVU: NA

RUC Recommendation: 5.98 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93454 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 105,729

2025 Work RVU: 4.54
2025 NF PE RVU: 20.42
2025 Fac PE RVU: NA

RUC Recommendation: 4.95 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93455 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 18,517

2025 Work RVU: 5.29
2025 NF PE RVU: 22.52
2025 Fac PE RVU: NA

RUC Recommendation: 6.15 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93456 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 20,088

2025 Work RVU: 5.90
2025 NF PE RVU: 25.12
2025 Fac PE RVU: NA

RUC Recommendation: Remove from Modifier -51 Exempt List. 6.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93457 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 3,101

2025 Work RVU: 6.64
2025 NF PE RVU: 27.17
2025 Fac PE RVU: NA

RUC Recommendation: 7.66 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93458 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 387,709

2025 Work RVU: 5.60
2025 NF PE RVU: 23.08
2025 Fac PE RVU: NA

RUC Recommendation: 6.51 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93459 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 54,751

2025 Work RVU: 6.35
2025 NF PE RVU: 24.47
2025 Fac PE RVU: NA

RUC Recommendation: 7.34 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93460 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 71,831

2025 Work RVU: 7.10
2025 NF PE RVU: 27.07
2025 Fac PE RVU: NA

RUC Recommendation: 7.88 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93461 **Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography**

Global: 000 **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 9,735

2025 Work RVU: 7.85
2025 NF PE RVU: 29.85
2025 Fac PE RVU: NA

RUC Recommendation: 9.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93462 **Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 7,647

2025 Work RVU: 3.73
2025 NF PE RVU: 1.50
2025 Fac PE RVU: 1.50

RUC Recommendation: 3.73 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93463 **Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 5,272

2025 Work RVU: 2.00
2025 NF PE RVU: 0.71
2025 Fac PE RVU: 0.71

RUC Recommendation: 2.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93464 **Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 1,207

2025 Work RVU: 1.80
2025 NF PE RVU: 4.48
2025 Fac PE RVU: NA

RUC Recommendation: 1.80 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93501 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93503 **Insertion and placement of flow directed catheter (eg, Swan-Ganz) for monitoring purposes**

Global: 000 **Issue:** Insertion of Catheter **Screen:** CMS High Expenditure Procedural Codes2 / Codes Reported Together 75%or More-Part4 / Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** ACR, ASA **First Identified:** July 2015 **2023 Medicare Utilization:** 48,353

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.41
Result: Decrease

RUC Recommendation: 2.00 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93508 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93510 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More/ CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93511 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93514 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93524 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93526 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93527 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93528 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93529 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93539 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93540 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93541 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93542 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93543 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review, Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93544 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2009 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93545 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93555 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93556 **Deleted from CPT**

Global: **Issue:** Cardiac Catheterization **Screen:** Codes Reported Together 95% or More / CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 31 **Specialty Developing Recommendation:** ACC

First Identified: February 2008 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2009

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93561 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)**

Global: ZZZ **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 27 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 0.77. Deleted from CPT for 2022.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93562 **Indicator dilution studies such as dye or thermodilution, including arterial and/or venous catheterization; subsequent measurement of cardiac output**

Global: ZZZ **Issue:** Cardiac Output Measurement **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 27 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 0.95. Deleted from CPT for 2022.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93563 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 127

2025 Work RVU: 1.00
2025 NF PE RVU: 0.35
2025 Fac PE RVU: 0.35

RUC Recommendation: 2.00

Referred to CPT October 2009
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93564 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s) (eg, aortocoronary saphenous vein, free radial artery, or free mammary artery graft) to one or more coronary arteries and in situ arterial conduits (eg, internal mammary), whether native or used for bypass to one or more coronary arteries during congenital heart catheterization, when performed (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Angiography **Screen:** Codes Reported Together 95% or More / Low Survey Response **Complete?** No

Most Recent RUC Meeting: October 2021 **Tab:** 08 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2021 **2023 Medicare Utilization:** 2

2025 Work RVU: 1.03
2025 NF PE RVU: 0.36
2025 Fac PE RVU: 0.36

RUC Recommendation: Review action plan **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93565 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 51

2025 Work RVU: 0.50
2025 NF PE RVU: 0.17
2025 Fac PE RVU: 0.17

RUC Recommendation: 1.90 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93566 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 153

2025 Work RVU: 0.50
2025 NF PE RVU: 0.18
2025 Fac PE RVU: 0.18

RUC Recommendation: 0.96 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93567 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supravalvular aortography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 15,013

2025 Work RVU: 0.70
2025 NF PE RVU: 0.24
2025 Fac PE RVU: 0.24

RUC Recommendation: 0.97 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93568 **Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for nonselective pulmonary arterial angiography (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Diagnostic Cardiac Catheterization **Screen:** Codes Reported Together 95% or More **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 28 **Specialty Developing Recommendation:** ACC **First Identified:** **2023 Medicare Utilization:** 780

2025 Work RVU: 0.88
2025 NF PE RVU: 0.31
2025 Fac PE RVU: 0.31

RUC Recommendation: 0.98 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93571 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; initial vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2016 **2023 Medicare Utilization:** 61,493

2025 Work RVU: 0.00
2025 NF PE RVU: NA
2025 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93572 **Intravascular Doppler velocity and/or pressure derived coronary flow reserve measurement (coronary vessel or graft) during coronary angiography including pharmacologically induced stress; each additional vessel (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Coronary Flow Reserve Measurement **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 13 **Specialty Developing Recommendation:** ACC, SCAI **First Identified:** October 2017 **2023 Medicare Utilization:** 11,662

2025 Work RVU: 0.00
2025 NF PE RVU: NA
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93613 **Intracardiac electrophysiologic 3-dimensional mapping (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** CMS Fastest Growing / High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2023 Medicare Utilization:** 1,512

2025 Work RVU: 5.23
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.11
Result: Decrease

RUC Recommendation: 5.23

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93620 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with right atrial pacing and recording, right ventricular pacing and recording, His bundle recording**

Global: 000 **Issue:** Intracardiac Catheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 5,952

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 11.57

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93621 **Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of arrhythmia; with left atrial pacing and recording from coronary sinus or left atrium (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2019 **2023 Medicare Utilization:** 2,064

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 1.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93623 **Programmed stimulation and pacing after intravenous drug infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pacing Heart Stimulation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 22 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2018 **2023 Medicare Utilization:** 39,674

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: Referral to CPT for parenthetical. 2.04

Referred to CPT May 2019
Referred to CPT Asst ☐ **Published in CPT Asst:**

93641 **Electrophysiologic evaluation of single or dual chamber pacing cardioverter-defibrillator leads including defibrillation threshold evaluation (induction of arrhythmia, evaluation of sensing and pacing for arrhythmia termination) at time of initial implantation or replacement; with testing of single or dual chamber pacing cardioverter-defibrillator pulse generator**

Global: 000 **Issue:** Insertion/Removal of Pacemaker or Pacing Carioverter-Defibillator **Screen:** Codes Reported Together 75% or More-Part1 / Pre-Time Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 21 **Specialty Developing Recommendation:** ACC **First Identified:** February 2010 **2023 Medicare Utilization:** 6,127

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: Maintain work RVU and adjust the times from pre-time package 2B.

Referred to CPT February 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93651 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathways, accessory atrioventricular connections or other atrial foci, singly or in combination**

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93652 **Intracardiac catheter ablation of arrhythmogenic focus; for treatment of ventricular tachycardia**

Global: **Issue:** Bundling EPS with Transcatheter Ablation **Screen:** CMS Fastest Growing/Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 11 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93653 **Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry**

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2023 Medicare Utilization:** 27,226

2025 Work RVU: 15.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.08

RUC Recommendation: 15.00 **Referred to CPT** October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93654 **Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed**

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2023 Medicare Utilization:** 8,237

2025 Work RVU: 18.10
2025 NF PE RVU: NA
2025 Fac PE RVU: 7.29
Result: Decrease

RUC Recommendation: 18.10 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

93655 **Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a spontaneous or induced arrhythmia (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 /High Volume Growth7 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** October 2011 **2023 Medicare Utilization:** 51,240

2025 Work RVU: 5.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.23
Result: Decrease

RUC Recommendation: 7.00 **Referred to CPT** October 2011 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93656 **Comprehensive electrophysiologic evaluation including transseptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed**

Global: 000 **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth6 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011 **2023 Medicare Utilization:** 76,119

2025 Work RVU: 17.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 6.91

RUC Recommendation: 17.00

Referred to CPT October 2020
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93657 **Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS

First Identified: October 2011 **2023 Medicare Utilization:** 43,537

2025 Work RVU: 5.50
2025 NF PE RVU: NA
2025 Fac PE RVU: 2.24

RUC Recommendation: 7.00

Referred to CPT October 2011
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

93662 **Intracardiac echocardiography during therapeutic/diagnostic intervention, including imaging supervision and interpretation (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Cardiac Ablation Services Bundling **Screen:** High Volume Growth1 / High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 07 **Specialty Developing Recommendation:** ACC, HRS

First Identified: February 2008 **2023 Medicare Utilization:** 25,053

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: 2.53

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

93668 **Peripheral arterial disease (PAD) rehabilitation, per session**

Global: XXX **Issue:** Peripheral Artery Disease (PAD) Rehabilitation (PE Only) **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 28 **Specialty Developing Recommendation:**

First Identified: July 2017 **2023 Medicare Utilization:** 568

2025 Work RVU: 0.00
2025 NF PE RVU: 0.43
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93701 **Bioimpedance-derived physiologic cardiovascular analysis**

Global: XXX **Issue:** **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: October 2010 **2023 Medicare Utilization:** 3,111

2025 Work RVU: 0.00
2025 NF PE RVU: 0.78
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

93731 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93732 **Deleted from CPT**

Global: **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC

First Identified: October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93733 **Deleted from CPT** **Global:** **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93743 **Deleted from CPT** **Global:** **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93744 **Deleted from CPT** **Global:** **Issue:** Cardiology Services **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2008 **Tab:** 26 **Specialty Developing Recommendation:** ACC **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93750 **Interrogation of ventricular assist device (VAD), in person, with physician or other qualified health care professional analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report** **Global:** XXX **Issue:** Ventricular Assist Device (VAD) Interrogation **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 24 **Specialty Developing Recommendation:** AATS, ACC, STS **First Identified:** October 2018 **2023 Medicare Utilization:** 75,065

2025 Work RVU: 0.75
2025 NF PE RVU: 0.66
2025 Fac PE RVU: 0.32

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93792 **Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:**

First Identified: September 2016 **2023 Medicare Utilization:** 595

2025 Work RVU: 0.00
2025 NF PE RVU: 2.03
2025 Fac PE RVU: NA

RUC Recommendation: PE Only

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

93793 **Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:**

First Identified: September 2016 **2023 Medicare Utilization:** 1,375,628

2025 Work RVU: 0.18
2025 NF PE RVU: 0.15
2025 Fac PE RVU: NA

RUC Recommendation: 0.18

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

93875 **Deleted from CPT**

Global: **Issue:** Noninvasive Vascular Diagnostic Studies **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS

First Identified: February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2010
Referred to CPT Asst ☑ **Published in CPT Asst:** SS in process of developing draft of CPT Asst article (Aug 2011). Code was deleted

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93880 **Duplex scan of extracranial arteries; complete bilateral study** **Global:** XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, ACC, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 1,660,674

2025 Work RVU: 0.80
2025 NF PE RVU: 4.73
2025 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☑ **Published in CPT Asst:** Addressed in CPT Coding Changes

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93882 **Duplex scan of extracranial arteries; unilateral or limited study** **Global:** XXX **Issue:** Duplex Scans **Screen:** CMS High Expenditure Procedural Codes1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** January 2012 **2023 Medicare Utilization:** 27,662

2025 Work RVU: 0.50
2025 NF PE RVU: 3.11
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93886 **Transcranial Doppler study of the intracranial arteries; complete study** **Global:** XXX **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** February 2010 **2023 Medicare Utilization:** 77,276

2025 Work RVU: 0.90
2025 NF PE RVU: 6.71
2025 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** May 2023 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93888 **Transcranial Doppler study of the intracranial arteries; limited study**

Global: XXX **Issue:** Transcranial Doppler Studies

Screen: Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACC, ACR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 8,007

2025 Work RVU: 0.73
2025 NF PE RVU: 4.04
2025 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93890 **Transcranial Doppler study of the intracranial arteries; vasoreactivity study**

Global: XXX **Issue:** Transcranial Doppler Studies

Screen: High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2023 Medicare Utilization:** 35,135

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT 2025. **Referred to CPT** May 2023
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

93892 **Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection**

Global: XXX **Issue:** Transcranial Doppler Studies

Screen: High Volume Growth6 / Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** October 2019 **2023 Medicare Utilization:** 37,355

2025 Work RVU: 1.15
2025 NF PE RVU: 7.53
2025 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** May 2023
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

93893 **Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection**

Global: XXX **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2023 Medicare Utilization:** 1,896

2025 Work RVU: 1.15
2025 NF PE RVU: 8.76
2025 Fac PE RVU: NA

RUC Recommendation: 1.15 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93895 **Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral**

Global: XXX **Issue:** Carotid Intima-Media Thickness Ultrasound **Screen:** New Code in CPT 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 37 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2014 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: Rescind April 2014 recommendation, contractor price. **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

93896 **Vasoreactivity study performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2023 Medicare Utilization:**

2025 Work RVU: 0.81
2025 NF PE RVU: 4.48
2025 Fac PE RVU: NA

RUC Recommendation: 0.81 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93897 **Emboli detection without intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2023 Medicare Utilization:**

2025 Work RVU: 0.73
2025 NF PE RVU: 5.93
2025 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93898 **Venous-arterial shunt detection with intravenous microbubble injection performed with transcranial Doppler study of intracranial arteries, complete (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Transcranial Doppler Studies **Screen:** Codes Reported Together 75% or More-Part5 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAN, ACR, ASNR **First Identified:** May 2023 **2023 Medicare Utilization:**

2025 Work RVU: 0.85
2025 NF PE RVU: 6.13
2025 Fac PE RVU: NA

RUC Recommendation: 0.85 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93922 **Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** October 2008 **2023 Medicare Utilization:** 593,425

2025 Work RVU: 0.25
2025 NF PE RVU: 2.15
2025 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93923 **Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2023 Medicare Utilization:** 326,957

2025 Work RVU: 0.45
2025 NF PE RVU: 3.36
2025 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93924 **Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study**

Global: XXX **Issue:** Extremity Non-Invasive Arterial Physiologic Studies **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 27 **Specialty Developing Recommendation:** SVS, ACR, ACC **First Identified:** February 2009 **2023 Medicare Utilization:** 40,594

2025 Work RVU: 0.50
2025 NF PE RVU: 4.19
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** February 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93925 **Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2023 Medicare Utilization:** 610,788

2025 Work RVU: 0.80
2025 NF PE RVU: 6.18
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93926 **Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2023 Medicare Utilization:** 214,589

2025 Work RVU: 0.50
2025 NF PE RVU: 3.68
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

93930 **Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** November 2013 **2023 Medicare Utilization:** 22,558

2025 Work RVU: 0.80
2025 NF PE RVU: 4.99
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93931 **Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** AAN, ACC, ACR, SIR, SVS **First Identified:** February 2010 **2023 Medicare Utilization:** 40,860

2025 Work RVU: 0.50
2025 NF PE RVU: 3.10
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** October 2010 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93965 **Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)**

Global: **Issue:** Non-invasive Physiologic Studies of Extremity Veins **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 47 **Specialty Developing Recommendation:** ACC, ACR, SCAI, SVS **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

93970 **Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 500,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACC, ACR, SVS **First Identified:** April 2011 **2023 Medicare Utilization:** 1,434,856

2025 Work RVU: 0.70
2025 NF PE RVU: 4.75
2025 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93971 **Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** Low Value-High Volume / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** October 2010 **2023 Medicare Utilization:** 1,479,817

2025 Work RVU: 0.45
2025 NF PE RVU: 3.04
2025 Fac PE RVU: NA

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

93975 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR, SVS, ACC **First Identified:** November 2013 **2023 Medicare Utilization:** 205,701

2025 Work RVU: 1.16
2025 NF PE RVU: 6.53
2025 Fac PE RVU: NA

RUC Recommendation: 1.30 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

93976 **Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS Fastest Growing / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:** ACR **First Identified:** October 2008 **2023 Medicare Utilization:** 145,778

2025 Work RVU: 0.80
2025 NF PE RVU: 3.86
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

93978 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:**

First Identified: April 2013 **2023 Medicare Utilization:** 243,136

2025 Work RVU: 0.80
2025 NF PE RVU: 4.43
2025 Fac PE RVU: NA

RUC Recommendation: 0.97

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93979 **Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study**

Global: XXX **Issue:** Duplex Scans **Screen:** CMS-Other - Utilization over 250,000 / CMS Request - Final Rule for 2014 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 33 **Specialty Developing Recommendation:**

First Identified: October 2013 **2023 Medicare Utilization:** 53,396

2025 Work RVU: 0.50
2025 NF PE RVU: 2.92
2025 Fac PE RVU: NA

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

93982 **Noninvasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study including recording, analysis of pressure and waveform tracings, interpretation and report**

Global: **Issue:** Endovascular Repair Procedures (EVAR) **Screen:** Codes Reported Together 75%or More-Part3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 10 **Specialty Developing Recommendation:** SVS, SIR, STS, AATS

First Identified: January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

93985 **Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete bilateral study**

Global: XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: October 2018 **2023 Medicare Utilization:** 17,461

2025 Work RVU: 0.80
2025 NF PE RVU: 6.41
2025 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93986 **Duplex scan of arterial inflow and venous outflow for preoperative vessel assessment prior to creation of hemodialysis access; complete unilateral study**

Global: XXX **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: October 2018 **2023 Medicare Utilization:** 6,005

2025 Work RVU: 0.50
2025 NF PE RVU: 3.74
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

93990 **Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)**

Global: XXX **Issue:** Doppler Flow Testing **Screen:** CMS Fastest Growing / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2014 **Tab:** 40 **Specialty Developing Recommendation:** ACR, SVS

First Identified: October 2008 **2023 Medicare Utilization:** 91,706

2025 Work RVU: 0.50
2025 NF PE RVU: 3.74
2025 Fac PE RVU: NA

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94010 **Spirometry, including graphic record, total and timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation**

Global: XXX **Issue:** Spirometry **Screen:** Low Value-High Volume **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 12 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2010 **2023 Medicare Utilization:** 838,062

2025 Work RVU: 0.17
2025 NF PE RVU: 0.63
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94014 **Patient-initiated spirometric recording per 30-day period of time; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2023 Medicare Utilization:** 169

2025 Work RVU: 0.52
2025 NF PE RVU: 1.13
2025 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

94015 **Patient-initiated spirometric recording per 30-day period of time; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2023 Medicare Utilization:** 31

2025 Work RVU: 0.00
2025 NF PE RVU: 0.95
2025 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94016 **Patient-initiated spirometric recording per 30-day period of time; review and interpretation only by a physician or other qualified health care professional**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** April 2008 **2023 Medicare Utilization:** 7,091

2025 Work RVU: 0.52
2025 NF PE RVU: 0.18
2025 Fac PE RVU: 0.18

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

94060 **Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration**

Global: XXX **Issue:** Spirometry **Screen:** MPC List / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 12 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2010 **2023 Medicare Utilization:** 794,425

2025 Work RVU: 0.22
2025 NF PE RVU: 0.93
2025 Fac PE RVU: NA

RUC Recommendation: 0.22

Referred to CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: Decrease

94200 **Maximum breathing capacity, maximal voluntary ventilation**

Global: XXX **Issue:** Lung Function Test **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 28 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** October 2017 **2023 Medicare Utilization:** 49,564

2025 Work RVU: 0.05
2025 NF PE RVU: 0.38
2025 Fac PE RVU: NA

RUC Recommendation: 0.05

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

94240 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94250 **Expired gas collection, quantitative, single procedure (separate procedure)**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94260 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 / **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94350 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94360 **Deleted from CPT**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94370 **Determination of airway closing volume, single breath tests**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94400 **Breathing response to CO2 (CO2 response curve)**

Global: **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94450 **Breathing response to hypoxia (hypoxia response curve)**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS **First Identified:** February 2008 **2023 Medicare Utilization:** 691

2025 Work RVU: 0.40
2025 NF PE RVU: 2.19
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94617 **Exercise test for bronchospasm, including pre- and post-spirometry and pulse oximetry; with electrocardiographic recording(s)**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** February 2016 **2023 Medicare Utilization:** 6,272

2025 Work RVU: 0.70
2025 NF PE RVU: 1.94
2025 Fac PE RVU: NA

RUC Recommendation: 0.70 **Referred to CPT** February 2016 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94618 **Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: February 2016

2023 Medicare Utilization: 246,039

2025 Work RVU: 0.48
2025 NF PE RVU: 0.52
2025 Fac PE RVU: NA

RUC Recommendation: 0.48

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

94620 **Pulmonary stress testing; simple (eg, 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)**

Global: **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: July 2015

2023 Medicare Utilization:

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

94621 **Cardiopulmonary exercise testing, including measurements of minute ventilation, CO2 production, O2 uptake, and electrocardiographic recordings**

Global: XXX **Issue:** Pulmonary Diagnostic Tests **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 05 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: January 2016

2023 Medicare Utilization: 17,780

2025 Work RVU: 1.42
2025 NF PE RVU: 3.13
2025 Fac PE RVU: NA

RUC Recommendation: 1.42

Referred to CPT February 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

94625 **Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)**

Global: XXX **Issue:** Outpatient Pulmonary Rehabilitation Services **Screen:** Work Neutrality 2022 / Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACP, ATS, CHEST **First Identified:** April 2024 **2023 Medicare Utilization:** 46,968

2025 Work RVU: 0.36
2025 NF PE RVU: 1.92
2025 Fac PE RVU: 0.13

RUC Recommendation: Maintain. Review on new technology in April 2026.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

94626 **Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)**

Global: XXX **Issue:** Outpatient Pulmonary Rehabilitation Services **Screen:** Work Neutrality 2022 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ACP, ATS, CHEST **First Identified:** April 2024 **2023 Medicare Utilization:** 16,169

2025 Work RVU: 0.56
2025 NF PE RVU: 1.92
2025 Fac PE RVU: 0.17

RUC Recommendation: Maintain. Review on new technology in April 2026.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

94640 **Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or for diagnostic purposes such as sputum induction with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing (IPPB) device**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 /CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** AAFP, ATS, CHEST, **First Identified:** **2023 Medicare Utilization:** 217,860

2025 Work RVU: 0.00
2025 NF PE RVU: 0.23
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

94667 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2019 **2023 Medicare Utilization:** 2,297

2025 Work RVU: 0.00
2025 NF PE RVU: 0.74
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

94668 **Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** AAFP, ATS, CHEST, **First Identified:** **2023 Medicare Utilization:** 5,722

2025 Work RVU: 0.00
2025 NF PE RVU: 1.14
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs CPT Assistant article published **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

94669 **Mechanical chest wall oscillation to facilitate lung function, per session**

Global: XXX **Issue:** Evaluation of Wheezing **Screen:** CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** April 2019 **2023 Medicare Utilization:** 156

2025 Work RVU: 0.00
2025 NF PE RVU: 0.61
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94681 **Oxygen uptake, expired gas analysis; including CO2 output, percentage oxygen extracted**

Global: XXX **Issue:** Pulmonary Tests **Screen:** High Volume Growth1 / CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** AACE, TES, ACCP/ATS **First Identified:** February 2008 **2023 Medicare Utilization:** 2,743

2025 Work RVU: 0.20
2025 NF PE RVU: 1.21
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

94720 **Carbon monoxide diffusing capacity (eg, single breath, steady state)**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94725 **Membrane diffusion capacity**

Global: **Issue:** Pulmonary Tests **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 45 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2010 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94726 **Plethysmography for determination of lung volumes and, when performed, airway resistance**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2023 Medicare Utilization:** 619,446

2025 Work RVU: 0.26
2025 NF PE RVU: 1.41
2025 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94727 **Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2023 Medicare Utilization:** 260,830

2025 Work RVU: 0.26
2025 NF PE RVU: 1.07
2025 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94728 **Airway resistance by oscillometry**

Global: XXX **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: February 2010 **2023 Medicare Utilization:** 3,088

2025 Work RVU: 0.26
2025 NF PE RVU: 1.05
2025 Fac PE RVU: NA

RUC Recommendation: 0.31 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94729 **Diffusing capacity (eg, carbon monoxide, membrane) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pulmonary Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 19 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** February 2010 **2023 Medicare Utilization:** 963,394

2025 Work RVU: 0.19
2025 NF PE RVU: 1.47
2025 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** February 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

94750 **Pulmonary compliance study (eg, plethysmography, volume and pressure measurements)**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 17 **Specialty Developing Recommendation:** **First Identified:** January 2019 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

94760 **Noninvasive ear or pulse oximetry for oxygen saturation; single determination**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS **First Identified:** NA **2023 Medicare Utilization:** 8,749

2025 Work RVU: 0.00
2025 NF PE RVU: 0.10
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

94761 **Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (eg, during exercise)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: NA **2023 Medicare Utilization:** 4,527

2025 Work RVU: 0.00
2025 NF PE RVU: 0.11
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

94762 **Noninvasive ear or pulse oximetry for oxygen saturation; by continuous overnight monitoring (separate procedure)**

Global: XXX **Issue:** Measure Blood Oxygen Level **Screen:** CMS Fastest Growing, CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 32 **Specialty Developing Recommendation:** ACCP, ATS

First Identified: October 2008 **2023 Medicare Utilization:** 136,863

2025 Work RVU: 0.00
2025 NF PE RVU: 0.73
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

94770 **Carbon dioxide, expired gas determination by infrared analyzer**

Global: **Issue:** Evaluation of Wheezing **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part2 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 25 **Specialty Developing Recommendation:** ATS, CHEST

First Identified: February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2019
Referred to CPT Asst ☑ **Published in CPT Asst:** Mar 2014

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

95004 **Percutaneous tests (scratch, puncture, prick) with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 27 **Specialty Developing Recommendation:** AAAAI, AAOA, ACAAI **First Identified:** October 2010 **2023 Medicare Utilization:** 8,386,614

2025 Work RVU: 0.01
2025 NF PE RVU: 0.09
2025 Fac PE RVU: NA

RUC Recommendation: 0.01 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95010 **Percutaneous tests (scratch, puncture, prick) sequential and incremental, with drugs, biologicals or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: **Issue:** Percutaneous Allergy Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95012 **Nitric oxide expired gas determination**

Global: XXX **Issue:** Exhaled Nitric Oxide Measurement (PE Only) **Screen:** High Volume Growth5 **Complete?** Yes

Most Recent RUC Meeting: April 2019 **Tab:** 26 **Specialty Developing Recommendation:** AAAAI, ACAAI, ATS, CHEST **First Identified:** October 2018 **2023 Medicare Utilization:** 94,940

2025 Work RVU: 0.00
2025 NF PE RVU: 0.55
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95015 **Intracutaneous (intradermal) tests, sequential and incremental, with drugs, biologicals, or venoms, immediate type reaction, including test interpretation and report by a physician, specify number of tests**

Global: **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 31 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95017 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with venoms, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2023 Medicare Utilization:** 14,028

2025 Work RVU: 0.07
2025 NF PE RVU: 0.17
2025 Fac PE RVU: 0.03

RUC Recommendation: 0.07 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95018 **Allergy testing, any combination of percutaneous (scratch, puncture, prick) and intracutaneous (intradermal), sequential and incremental, with drugs or biologicals, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Percutaneous Allergy Testing **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 29 **Specialty Developing Recommendation:** JCAAI **First Identified:** October 2010 **2023 Medicare Utilization:** 90,878

2025 Work RVU: 0.14
2025 NF PE RVU: 0.44
2025 Fac PE RVU: 0.06

RUC Recommendation: 0.14 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95024 **Intracutaneous (intradermal) tests with allergenic extracts, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI, AAOA **First Identified:** October 2010 **2023 Medicare Utilization:** 1,366,877

2025 Work RVU: 0.01
2025 NF PE RVU: 0.21
2025 Fac PE RVU: 0.01

RUC Recommendation: New PE Inputs.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

95027 **Intracutaneous (intradermal) tests, sequential and incremental, with allergenic extracts for airborne allergens, immediate type reaction, including test interpretation and report, specify number of tests**

Global: XXX **Issue:** Intracutaneous Allgery Tests **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 41 **Specialty Developing Recommendation:** JCAAI, ACAAI, AAAAI **First Identified:** October 2010 **2023 Medicare Utilization:** 103,735

2025 Work RVU: 0.01
2025 NF PE RVU: 0.12
2025 Fac PE RVU: NA

RUC Recommendation: 0.01

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95115 **Professional services for allergen immunotherapy not including provision of allergenic extracts; single injection**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** January 2012 **2023 Medicare Utilization:** 720,832

2025 Work RVU: 0.00
2025 NF PE RVU: 0.31
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

Status Report: CMS Requests and Relativity Assessment Issues

95117 **Professional services for allergen immunotherapy not including provision of allergenic extracts; 2 or more injections**

Global: XXX **Issue:** Immunotherapy Injections **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 48 **Specialty Developing Recommendation:** JCAAI, AAOA **First Identified:** September 2011 **2023 Medicare Utilization:** 2,366,677

2025 Work RVU: 0.00
2025 NF PE RVU: 0.36
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95144 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy, single dose vial(s) (specify number of vials)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** Low Value-Billed in Multiple Units / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2023 Medicare Utilization:** 186,284

2025 Work RVU: 0.06
2025 NF PE RVU: 0.42
2025 Fac PE RVU: 0.03

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95148 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy (specify number of doses); 4 single stinging insect venoms**

Global: XXX **Issue:** **Screen:** Low Value-Billed in Multiple Units **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 73 **Specialty Developing Recommendation:** **First Identified:** October 2010 **2023 Medicare Utilization:** 18,655

2025 Work RVU: 0.06
2025 NF PE RVU: 2.69
2025 Fac PE RVU: 0.03

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95165 **Professional services for the supervision of preparation and provision of antigens for allergen immunotherapy; single or multiple antigens (specify number of doses)**

Global: XXX **Issue:** Antigen Therapy Services **Screen:** MPC List / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 49 **Specialty Developing Recommendation:** AAOHNS, AAOA, ACAAI **First Identified:** October 2010 **2023 Medicare Utilization:** 5,940,394

2025 Work RVU: 0.06
2025 NF PE RVU: 0.36
2025 Fac PE RVU: 0.03

RUC Recommendation: 0.06 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95249 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ES, ACP **First Identified:** **2023 Medicare Utilization:** 18,661

2025 Work RVU: 0.00
2025 NF PE RVU: 1.94
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☑ **Published in CPT Asst:** June 2018

95250 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; physician or other qualified health care professional (office) provided equipment, sensor placement, hook-up, calibration of monitor, patient training, removal of sensor, and printout of recording**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth2 / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ES **First Identified:** October 2013 **2023 Medicare Utilization:** 36,328

2025 Work RVU: 0.00
2025 NF PE RVU: 4.27
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs **Referred to CPT** October 2015 & February 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95251 **Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report**

Global: XXX **Issue:** Continuous Glucose Monitoring **Screen:** High Volume Growth / Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 24 **Specialty Developing Recommendation:** AACE, ES

First Identified: April 2013

2023 Medicare Utilization: 681,075

2025 Work RVU: 0.70
2025 NF PE RVU: 0.29
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.70.

Referred to CPT February 2017

Result: Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95700 **Electroencephalogram (EEG) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by EEG technologist, minimum of 8 channels**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: May 2018

2023 Medicare Utilization: 16,848

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95705 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: May 2018

2023 Medicare Utilization: 366

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95706 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 312

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95707 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 146

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95708 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 7,013

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95709 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 1,571

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95710 **Electroencephalogram (EEG), without video, review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 145

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95711 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 179

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95712 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 1,129

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95713 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, 2-12 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 2,338

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95714 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; unmonitored**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 3,059

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95715 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 12 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 18,734

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95716 **Electroencephalogram with video (VEEG), review of data, technical description by EEG technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 3,432

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

95717 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 5,357

2025 Work RVU: 2.00
2025 NF PE RVU: 1.05
2025 Fac PE RVU: 1.00

RUC Recommendation: 2.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95718 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of EEG recording; with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 33,690

2025 Work RVU: 2.50
2025 NF PE RVU: 1.33
2025 Fac PE RVU: 1.26

RUC Recommendation: 2.50 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95719 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 6,279

2025 Work RVU: 3.00
2025 NF PE RVU: 1.59
2025 Fac PE RVU: 1.51

RUC Recommendation: 3.00 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95720 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of EEG recording, interpretation and report after each 24-hour period; with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 128,778

2025 Work RVU: 3.86
2025 NF PE RVU: 2.04
2025 Fac PE RVU: 1.94

RUC Recommendation: 3.86 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95721 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 2,714

2025 Work RVU: 3.86
2025 NF PE RVU: 2.05
2025 Fac PE RVU: 1.93
Result: Decrease

RUC Recommendation: 3.86

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95722 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of EEG recording, with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 2,171

2025 Work RVU: 4.70
2025 NF PE RVU: 2.45
2025 Fac PE RVU: 2.32
Result: Decrease

RUC Recommendation: 4.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95723 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 2,474

2025 Work RVU: 4.75
2025 NF PE RVU: 2.49
2025 Fac PE RVU: 2.34
Result: Decrease

RUC Recommendation: 4.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95724 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of EEG recording, with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 4,284

2025 Work RVU: 6.00
2025 NF PE RVU: 3.07
2025 Fac PE RVU: 2.91
Result: Decrease

RUC Recommendation: 6.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95725 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, without video**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 124

2025 Work RVU: 5.40
2025 NF PE RVU: 2.91
2025 Fac PE RVU: 2.72
Result: Decrease

RUC Recommendation: 5.40

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

95726 **Electroencephalogram (EEG), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of EEG recording, with video (VEEG)**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:** 666

2025 Work RVU: 7.58
2025 NF PE RVU: 3.98
2025 Fac PE RVU: 3.75
Result: Decrease

RUC Recommendation: 7.58

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95800 **Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / High Volume Growth10 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2023 Medicare Utilization:** 140,865

2025 Work RVU: 0.85
2025 NF PE RVU: 2.95
2025 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 1.05 **Referred to CPT** February 2025 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95801 **Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2023 Medicare Utilization:** 294

2025 Work RVU: 0.85
2025 NF PE RVU: 2.02
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95803 **Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** NA **2023 Medicare Utilization:** 147

2025 Work RVU: 0.90
2025 NF PE RVU: 2.98
2025 Fac PE RVU: NA

RUC Recommendation: 0.90 and New PE inputs **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95805 **Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2023 Medicare Utilization:** 1,672

2025 Work RVU: 1.20
2025 NF PE RVU: 11.79
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95806 **Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2023 Medicare Utilization:** 90,974

2025 Work RVU: 0.93
2025 NF PE RVU: 1.90
2025 Fac PE RVU: NA

RUC Recommendation: 1.28 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95807 **Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2023 Medicare Utilization:** 911

2025 Work RVU: 1.28
2025 NF PE RVU: 10.98
2025 Fac PE RVU: NA

RUC Recommendation: 1.25 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95808 **Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2023 Medicare Utilization:** 835

2025 Work RVU: 1.74
2025 NF PE RVU: 12.77
2025 Fac PE RVU: NA

RUC Recommendation: 1.74 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95810 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing / MPC List **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** February 2010 **2023 Medicare Utilization:** 172,784

2025 Work RVU: 2.50
2025 NF PE RVU: 16.07
2025 Fac PE RVU: NA

RUC Recommendation: 2.50 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95811 **Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist**

Global: XXX **Issue:** Sleep Testing **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: April 2010 **Tab:** 28 **Specialty Developing Recommendation:** ACNS, AAN, ACCP/ATS, AASM **First Identified:** October 2009 **2023 Medicare Utilization:** 187,466

2025 Work RVU: 2.60
2025 NF PE RVU: 16.84
2025 Fac PE RVU: NA

RUC Recommendation: 2.60 **Referred to CPT** October 2009 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95812 **Electroencephalogram (EEG) extended monitoring; 41-60 minutes**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** July 2015 **2023 Medicare Utilization:** 20,101

2025 Work RVU: 1.08
2025 NF PE RVU: 9.26
2025 Fac PE RVU: NA

RUC Recommendation: 1.08 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95813 **Electroencephalogram (EEG) extended monitoring; 61-119 minutes**

Global: XXX **Issue:** Long-Term EEG Monitoring **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: July 2015 **2023 Medicare Utilization:** 25,362

2025 Work RVU: 1.63
2025 NF PE RVU: 11.56
2025 Fac PE RVU: NA

RUC Recommendation: 1.63

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

95816 **Electroencephalogram (EEG); including recording awake and drowsy**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 22 **Specialty Developing Recommendation:**

First Identified: January 2012 **2023 Medicare Utilization:** 275,095

2025 Work RVU: 1.08
2025 NF PE RVU: 10.46
2025 Fac PE RVU: NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95819 **Electroencephalogram (EEG); including recording awake and asleep**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 22 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: September 2011 **2023 Medicare Utilization:** 153,233

2025 Work RVU: 1.08
2025 NF PE RVU: 12.36
2025 Fac PE RVU: NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

95822 **Electroencephalogram (EEG); recording in coma or sleep only**

Global: XXX **Issue:** Electroencephalogram **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 22 **Specialty Developing Recommendation:** AAN, ACNS

First Identified: January 2012 **2023 Medicare Utilization:** 20,707

2025 Work RVU: 1.08
2025 NF PE RVU: 11.35
2025 Fac PE RVU: NA

RUC Recommendation: 1.08

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

95827 **Electroencephalogram (EEG); all night recording** **Global:** **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** May 2018 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95831 **Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk** **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95832 **Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side** **Global:** **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95833 **Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands**

Global: **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95834 **Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands**

Global: **Issue:** Muscle Testing **Screen:** High Volume Growth3 / CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** AAN, AANEM, AAPM, AAPMR, ACP, APTA **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95851 **Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** APTA **First Identified:** April 2022 **2023 Medicare Utilization:** 18,405

2025 Work RVU: 0.16
2025 NF PE RVU: 0.56
2025 Fac PE RVU: 0.06

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95860 **Needle electromyography; 1 extremity with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Harvard Valued - Utilization over 100,000 / Codes Reported Together 75% or More-Part1 / Harvard-Valued Annual Allowed Charges over $10 million **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2009 **2023 Medicare Utilization:** 2,899

2025 Work RVU: 0.96
2025 NF PE RVU: 2.30
2025 Fac PE RVU: NA

RUC Recommendation: 0.96 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95861 **Needle electromyography; 2 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 46,994

2025 Work RVU: 1.54
2025 NF PE RVU: 3.01
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 1.54 **Referred to CPT** February 2011 & October 2011 & February 2012 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95863 **Needle electromyography; 3 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 62

2025 Work RVU: 1.87
2025 NF PE RVU: 4.33
2025 Fac PE RVU: NA

RUC Recommendation: 1.87 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95864 **Needle electromyography; 4 extremities with or without related paraspinal areas** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 1,295

2025 Work RVU: 1.99
2025 NF PE RVU: 4.56
2025 Fac PE RVU: NA

RUC Recommendation: 1.99 **Referred to CPT** February 2011 & October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95867 **Needle electromyography; cranial nerve supplied muscle(s), unilateral** **Global:** XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 1,445

2025 Work RVU: 0.79
2025 NF PE RVU: 2.27
2025 Fac PE RVU: NA

RUC Recommendation: 0.79 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95868 **Needle electromyography; cranial nerve supplied muscles, bilateral**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 4,211

2025 Work RVU: 1.18
2025 NF PE RVU: 2.52
2025 Fac PE RVU: NA

RUC Recommendation: 1.18 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95869 **Needle electromyography; thoracic paraspinal muscles (excluding T1 or T12)**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2023 Medicare Utilization:** 405

2025 Work RVU: 0.37
2025 NF PE RVU: 2.32
2025 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95870 **Needle electromyography; limited study of muscles in 1 extremity or non-limb (axial) muscles (unilateral or bilateral), other than thoracic paraspinal, cranial nerve supplied muscles, or sphincters**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 / Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 19 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** October 2011 **2023 Medicare Utilization:** 53,563

2025 Work RVU: 0.37
2025 NF PE RVU: 2.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.37 **Referred to CPT** October 2011 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95885 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 124,709

2025 Work RVU: 0.35
2025 NF PE RVU: 1.43
2025 Fac PE RVU: NA

RUC Recommendation: 0.35 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95886 **Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; complete, five or more muscles studied, innervated by three or more nerves or four or more spinal levels (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 869,280

2025 Work RVU: 0.86
2025 NF PE RVU: 1.91
2025 Fac PE RVU: NA

RUC Recommendation: 0.92 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95887 **Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2011 **Tab:** 20 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, ACNS, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 13,215

2025 Work RVU: 0.71
2025 NF PE RVU: 1.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.73 **Referred to CPT** February 2011 and October 2011 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95900 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study**

Global:

Issue: EMG in Conjunction with Nerve Testing

Screen: MPC List / Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab: 32

Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA

First Identified: October 2010

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011& February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95903 **Nerve conduction, amplitude and latency/velocity study, each nerve; motor, with F-wave study**

Global:

Issue: EMG in Conjunction with Nerve Testing

Screen: CMS High Expenditure Procedural Codes1 / Codes Reported Together 75% or More-Part1

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab: 32

Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA

First Identified: September 2011

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT October 2011 and February 2012 & February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95904 **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory**

Global:

Issue: EMG in Conjunction with Nerve Testing

Screen: Codes Reported Together 75% or More-Part1 / Low Value-Billed in Multiple Units

Complete? Yes

Most Recent RUC Meeting: April 2012

Tab: 32

Specialty Developing Recommendation: AAN, AAPMR, AANEM, APTA

First Identified: February 2010

2023 Medicare Utilization:

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2011 & October 2011 & February 2012

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95907 **Nerve conduction studies; 1-2 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 4,570

2025 Work RVU: 1.00
2025 NF PE RVU: 1.60
2025 Fac PE RVU: NA

RUC Recommendation: 1.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95908 **Nerve conduction studies; 3-4 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 44,293

2025 Work RVU: 1.25
2025 NF PE RVU: 2.00
2025 Fac PE RVU: NA

RUC Recommendation: 1.37 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95909 **Nerve conduction studies; 5-6 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 106,440

2025 Work RVU: 1.50
2025 NF PE RVU: 2.41
2025 Fac PE RVU: NA

RUC Recommendation: 1.77 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95910 **Nerve conduction studies; 7-8 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 129,903

2025 Work RVU: 2.00
2025 NF PE RVU: 3.11
2025 Fac PE RVU: NA

RUC Recommendation: 2.80 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95911 **Nerve conduction studies; 9-10 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 163,219

2025 Work RVU: 2.50
2025 NF PE RVU: 3.62
2025 Fac PE RVU: NA

RUC Recommendation: 3.34 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95912 **Nerve conduction studies; 11-12 studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 72,540

2025 Work RVU: 3.00
2025 NF PE RVU: 4.11
2025 Fac PE RVU: NA

RUC Recommendation: 4.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95913 **Nerve conduction studies; 13 or more studies**

Global: XXX **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** AAN, AAPMR, AANEM, APTA **First Identified:** **2023 Medicare Utilization:** 79,189

2025 Work RVU: 3.56
2025 NF PE RVU: 4.77
2025 Fac PE RVU: NA

RUC Recommendation: 4.20 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95921 **Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3 / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACP **First Identified:** October 2009 **2023 Medicare Utilization:** 60,466

2025 Work RVU: 0.90
2025 NF PE RVU: 1.65
2025 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 0.90 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

95922 **Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACP **First Identified:** February 2008 **2023 Medicare Utilization:** 2,524

2025 Work RVU: 0.96
2025 NF PE RVU: 1.64
2025 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 0.96 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2008; Sep 2020

Status Report: CMS Requests and Relativity Assessment Issues

95923 **Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth6 / Codes Reported Together 75% or More-Part7 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACP **First Identified:** October 2019 **2023 Medicare Utilization:** 100,495

2025 Work RVU: 0.90
2025 NF PE RVU: 2.58
2025 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 0.90 **Referred to CPT** February 2025 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

95924 **Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 22 **Specialty Developing Recommendation:** AAFP, AAN, AANEM, ACP **First Identified:** February 2012 **2023 Medicare Utilization:** 21,874

2025 Work RVU: 1.73
2025 NF PE RVU: 2.58
2025 Fac PE RVU: NA

RUC Recommendation: Refer to CPT. 1.73 **Referred to CPT** February 2025 **Result:** Decrease

Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2020

95925 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2023 Medicare Utilization:** 6,180

2025 Work RVU: 0.54
2025 NF PE RVU: 4.00
2025 Fac PE RVU: NA

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95926 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1/ CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 34 **Specialty Developing Recommendation:** AAN, AANEM, ACNS, AAPMR **First Identified:** February 2010 **2023 Medicare Utilization:** 6,059

2025 Work RVU: 0.54
2025 NF PE RVU: 3.62
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.54 and New PE Inputs **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

95928 **Central motor evoked potential study (transcranial motor stimulation); upper limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2023 Medicare Utilization:** 393

2025 Work RVU: 1.50
2025 NF PE RVU: 5.50
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 1.50 **Referred to CPT** October 2010
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95929 **Central motor evoked potential study (transcranial motor stimulation); lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request to Re-Review Families of Recently Reviewed CPT Codes / CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: April 2013 **Tab:** 36 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** February 2010 **2023 Medicare Utilization:** 1,422

2025 Work RVU: 1.50
2025 NF PE RVU: 5.52
2025 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95930 **Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report**

Global: XXX **Issue:** Visual Evoked Potential Testing **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 11 **Specialty Developing Recommendation:** AAO, AOA (optometry), ACNS **First Identified:** October 2015 **2023 Medicare Utilization:** 31,859

2025 Work RVU: 0.35
2025 NF PE RVU: 1.61
2025 Fac PE RVU: NA

RUC Recommendation: 0.35 **Referred to CPT** May 2016 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95934 **H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95936 **H-reflex, amplitude and latency study; record muscle other than gastrocnemius/soleus muscle**

Global: **Issue:** EMG in Conjunction with Nerve Testing **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: April 2012 **Tab:** 32 **Specialty Developing Recommendation:** **First Identified:** **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2011 & February 2012 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95937 **Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method**

Global: XXX **Issue:** RAW **Screen:** Different Performing Specialty from Survey5 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** **First Identified:** April 2023 **2023 Medicare Utilization:** 29,153

2025 Work RVU: 0.65
2025 NF PE RVU: 2.35
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

95938 **Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** January 2013 **2023 Medicare Utilization:** 96,302

2025 Work RVU: 0.86
2025 NF PE RVU: 10.23
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 0.86 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95939 **Central motor evoked potential study (transcranial motor stimulation); in upper and lower limbs**

Global: XXX **Issue:** Evoked Potentials and Reflex Studies **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2013 / Codes Reported Together 75% or More-Part7 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** AAN, AANEM, AAPMR, ACNS **First Identified:** January 2013 **2023 Medicare Utilization:** 48,190

2025 Work RVU: 2.25
2025 NF PE RVU: 14.14
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen. 2.25 and new PE inputs **Referred to CPT** October 2010 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95940 **Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:** 14,136

2025 Work RVU: 0.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.32

RUC Recommendation: 0.60 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95941 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (List separately in addition to code for primary procedure)**

Global: XXX **Issue:** Intraoperative Neurophysiology Monitoring **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** 12 **Specialty Developing Recommendation:** **First Identified:** January 2012 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 2.00 **Referred to CPT** February 2012 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95943 **Simultaneous, independent, quantitative measures of both parasympathetic function and sympathetic function, based on time-frequency analysis of heart rate variability concurrent with time-frequency analysis of continuous respiratory activity, with mean heart rate and blood pressure measures, during rest, paced (deep) breathing, Valsalva maneuvers, and head-up postural change**

Global: XXX **Issue:** Autonomic Function Testing **Screen:** Codes Reported Together 75% or More-Part1 / Contractor Priced High Volume1 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 37 **Specialty Developing Recommendation:** AAN, AANEM **First Identified:** January 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** October 2020 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95950 **Monitoring for identification and lateralization of cerebral seizure focus, electroencephalographic (eg, 8 channel EEG) recording and interpretation, each 24 hours**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95951 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (eg, for presurgical localization), each 24 hours**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** May 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95953 **Monitoring for localization of cerebral seizure focus by computerized portable 16 or more channel EEG, electroencephalographic (EEG) recording and interpretation, each 24 hours, unattended**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2009 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

95954 **Pharmacological or physical activation requiring physician or other qualified health care professional attendance during EEG recording of activation phase (eg, thiopental activation test)**

Global: XXX **Issue:** EEG Monitoring **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** S **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** February 2008 **2023 Medicare Utilization:** 382

2025 Work RVU: 2.45
2025 NF PE RVU: 8.87
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

95956 **Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, electroencephalographic (EEG) recording and interpretation, each 24 hours, attended by a technologist or nurse**

Global: **Issue:** Long-Term EEG Monitoring **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 13 **Specialty Developing Recommendation:** AAN, ACNS **First Identified:** October 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2009

Status Report: CMS Requests and Relativity Assessment Issues

95957 **Digital analysis of electroencephalogram (EEG) (eg, for epileptic spike analysis)** **Global:** XXX **Issue:** Electroencephalogram (EEG) Exended Monitoring **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 50 **Specialty Developing Recommendation:** AAN **First Identified:** July 2015 **2023 Medicare Utilization:** 28,671

2025 Work RVU: 1.98
2025 NF PE RVU: 6.62
2025 Fac PE RVU: NA

RUC Recommendation: 1.98 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95970 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain, cranial nerve, spinal cord, peripheral nerve, or sacral nerve, neurostimulator pulse generator/transmitter, without programming** **Global:** XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / CMS Request - Final Rule for 2016 / High Volume Growth3 / CPT Assistant Analysis 2018 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** February 2010 **2023 Medicare Utilization:** 29,020

2025 Work RVU: 0.35
2025 NF PE RVU: 0.18
2025 Fac PE RVU: 0.17

RUC Recommendation: 0.45 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95971 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional** **Global:** XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** October 2009 **2023 Medicare Utilization:** 18,091

2025 Work RVU: 0.78
2025 NF PE RVU: 0.59
2025 Fac PE RVU: 0.31

RUC Recommendation: 0.78 **Referred to CPT** February 2015, June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95972 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** Harvard Valued - Utilization over 100,000 / High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AUA, ACOG, AAPM, SIS, ACNS **First Identified:** February 2010 **2023 Medicare Utilization:** 37,260

2025 Work RVU: 0.80
2025 NF PE RVU: 0.83
2025 Fac PE RVU: 0.31

RUC Recommendation: 0.80 **Referred to CPT** May 2014 February , June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

95973 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: **Issue:** Implanted Neurostimulator Electronic Analysis **Screen:** Harvard Valued - Utilization over 100,000 / Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: April 2015 **Tab:** 21 **Specialty Developing Recommendation:** AANS/CNS, ACOG, ASA, AUA, ISIS **First Identified:** February 2010 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** February 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95974 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, with or without nerve interface testing, first hour**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95975 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient compliance measurements); complex cranial nerve neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming, each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

Status Report: CMS Requests and Relativity Assessment Issues

95976 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with simple cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2023 Medicare Utilization:** 11,487

2025 Work RVU: 0.73
2025 NF PE RVU: 0.35
2025 Fac PE RVU: 0.33

RUC Recommendation: 0.95 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

95977 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex cranial nerve neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2023 Medicare Utilization:** 6,942

2025 Work RVU: 0.97
2025 NF PE RVU: 0.46
2025 Fac PE RVU: 0.44

RUC Recommendation: 1.19 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

95978 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; first hour**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

Status Report: CMS Requests and Relativity Assessment Issues

95979 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, battery status, electrode selectability and polarity, impedance and patient compliance measurements), complex deep brain neurostimulator pulse generator/transmitter, with initial or subsequent programming; each additional 30 minutes after first hour (List separately in addition to code for primary procedure)**

Global: **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jul 2016

95980 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2023 Medicare Utilization:** 417

2025 Work RVU: 0.80
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.36

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95981 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2023 Medicare Utilization:** 560

2025 Work RVU: 0.30
2025 NF PE RVU: 0.84
2025 Fac PE RVU: 0.18

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95982 **Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming**

Global: XXX **Issue:** Neurostimulator Services **Screen:** CMS Request - Final Rule for 2016 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** July 2015 **2023 Medicare Utilization:** 802

2025 Work RVU: 0.65
2025 NF PE RVU: 1.02
2025 Fac PE RVU: 0.32

RUC Recommendation: Not part of family **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95983 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, first 15 minutes face-to-face time with physician or other qualified health care professional**

Global: XXX **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2023 Medicare Utilization:** 43,262

2025 Work RVU: 0.91
2025 NF PE RVU: 0.49
2025 Fac PE RVU: 0.46

RUC Recommendation: 1.25 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

Status Report: CMS Requests and Relativity Assessment Issues

95984 **Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with brain neurostimulator pulse generator/transmitter programming, each additional 15 minutes face-to-face time with physician or other qualified health care professional (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Neurostimulator Services **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2016 / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AAN, AANS/CNS, ACNS **First Identified:** June 2017 **2023 Medicare Utilization:** 55,744

2025 Work RVU: 0.80
2025 NF PE RVU: 0.42
2025 Fac PE RVU: 0.41

RUC Recommendation: 1.00 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** February 2019

95990 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed;**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 07 **Specialty Developing Recommendation:** ASA, AAPM, NASS, AAMP&R, AANS/CNS, ISIS **First Identified:** April 2010 **2023 Medicare Utilization:** 452

2025 Work RVU: 0.00
2025 NF PE RVU: 2.57
2025 Fac PE RVU: NA

RUC Recommendation: 0.00 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

95991 **Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional**

Global: XXX **Issue:** Electronic Analysis Implanted Pump **Screen:** High Volume Growth1 / Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 07 **Specialty Developing Recommendation:** ASA, AAPM **First Identified:** February 2008 **2023 Medicare Utilization:** 7,681

2025 Work RVU: 0.77
2025 NF PE RVU: 2.42
2025 Fac PE RVU: 0.32

RUC Recommendation: 0.77 **Referred to CPT** October 2010 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

95992 **Canalith repositioning procedure(s) (eg, Epley maneuver, Semont maneuver), per day**

Global: XXX **Issue:** **Screen:** Modifier -51 Exempt **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 33 **Specialty Developing Recommendation:** **First Identified:** January 2018 **2023 Medicare Utilization:** 121,272

2025 Work RVU: 0.75
2025 NF PE RVU: 0.49
2025 Fac PE RVU: 0.28

RUC Recommendation: Remove from Modifier -51 Exempt list. **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96101 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96102 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96103 **Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI), administered by a computer, with qualified health care professional interpretation and report**

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96105 **Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS Request/Speech Language Pathology Request / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2023 Medicare Utilization:** 1,835

2025 Work RVU: 1.75
2025 NF PE RVU: 1.09
2025 Fac PE RVU: NA

RUC Recommendation: 1.75 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96110 **Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.34
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96111 **Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96112 **Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 / Different Performing Specialty from Survey6 **Complete?** No

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 14,066

2025 Work RVU: 2.56
2025 NF PE RVU: 1.21
2025 Fac PE RVU: 0.90

RUC Recommendation: Review in 3 years. 2.50 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96113 **Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 552

2025 Work RVU: 1.16
2025 NF PE RVU: 0.45
2025 Fac PE RVU: 0.29

RUC Recommendation: 1.10 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96116 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2023 Medicare Utilization:** 133,582

2025 Work RVU: 1.86
2025 NF PE RVU: 0.81
2025 Fac PE RVU: 0.43

RUC Recommendation: 1.86 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96118 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96119 **Neuropsychological testing (eg, Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face**

Global: **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** July 2015 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96120 **Neuropsychological testing (eg, Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report**

Global: **Issue:** Psychological and Neuro-psychological Testing **Screen:** High Volume Growth2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** June 2017 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96121 **Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [eg, acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to-face time with the patient and time interpreting test results and preparing the report; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 30,799

2025 Work RVU: 1.71
2025 NF PE RVU: 0.50
2025 Fac PE RVU: 0.22

RUC Recommendation: 1.71 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96125 **Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2023 Medicare Utilization:** 8,287

2025 Work RVU: 1.70
2025 NF PE RVU: 1.33
2025 Fac PE RVU: NA

RUC Recommendation: 1.70 **Referred to CPT** June 2017 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96127 **Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** January 2016 **2023 Medicare Utilization:** 746,103

2025 Work RVU: 0.00
2025 NF PE RVU: 0.13
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96130 **Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 99,190

2025 Work RVU: 2.56
2025 NF PE RVU: 0.94
2025 Fac PE RVU: 0.59

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

96131 **Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 65,642

2025 Work RVU: 1.96
2025 NF PE RVU: 0.56
2025 Fac PE RVU: 0.24

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96132 **Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 243,228

2025 Work RVU: 2.56
2025 NF PE RVU: 1.21
2025 Fac PE RVU: 0.52

RUC Recommendation: 2.50 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96133 **Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 08 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 378,535

2025 Work RVU: 1.96
2025 NF PE RVU: 0.89
2025 Fac PE RVU: 0.25

RUC Recommendation: 1.90 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96136 **Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes**

Global: XXX **Issue:** Psychological and Neuropsychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 167,880

2025 Work RVU: 0.55
2025 NF PE RVU: 0.68
2025 Fac PE RVU: 0.12

RUC Recommendation: 0.55 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96137 **Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 338,546

2025 Work RVU: 0.46
2025 NF PE RVU: 0.64
2025 Fac PE RVU: 0.06

RUC Recommendation: 0.46 **Referred to CPT** June 2017 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

96138 **Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 178,634

2025 Work RVU: 0.00
2025 NF PE RVU: 1.03
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

96139 **Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 372,550

2025 Work RVU: 0.00
2025 NF PE RVU: 1.03
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96146 **Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only**

Global: XXX **Issue:** Psychological and Neuro-psychological Testing **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: October 2017 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology), AAP, ASHA, AAN **First Identified:** June 2017 **2023 Medicare Utilization:** 6,636

2025 Work RVU: 0.00
2025 NF PE RVU: 0.06
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** June 2017 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

96150 **Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96151 **Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96152 **Health and behavior intervention, each 15 minutes, face-to-face; individual**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96153 **Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** **First Identified:** September 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

96154 **Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:** APA (psychology), NASW **First Identified:** April 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96155 **Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)**

Global: **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

96156 **Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 18,359

2025 Work RVU: 2.30
2025 NF PE RVU: 0.70
2025 Fac PE RVU: 0.32

RUC Recommendation: 2.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96158 **Health behavior intervention, individual, face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 29,623

2025 Work RVU: 1.59
2025 NF PE RVU: 0.47
2025 Fac PE RVU: 0.21

RUC Recommendation: 1.45

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96159 **Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 28,461

2025 Work RVU: 0.55
2025 NF PE RVU: 0.16
2025 Fac PE RVU: 0.07

RUC Recommendation: 0.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96164 **Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 12,239

2025 Work RVU: 0.23
2025 NF PE RVU: 0.08
2025 Fac PE RVU: 0.05

RUC Recommendation: 0.21

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96165 **Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 38,639

2025 Work RVU: 0.11
2025 NF PE RVU: 0.04
2025 Fac PE RVU: 0.02

RUC Recommendation: 0.10

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96167 **Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 1,622

2025 Work RVU: 1.70
2025 NF PE RVU: 0.49
2025 Fac PE RVU: 0.21

RUC Recommendation: 1.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96168 **Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:** 1,344

2025 Work RVU: 0.60
2025 NF PE RVU: 0.18
2025 Fac PE RVU: 0.08

RUC Recommendation: 0.55

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96170 **Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes**

Global: XXX **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:**

2025 Work RVU: 1.50
2025 NF PE RVU: 0.74
2025 Fac PE RVU: 0.59

RUC Recommendation: 1.50

Referred to CPT September 2018
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96171 **Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Health and Behavior Assessment and Intervention **Screen:** Negative IWPUT **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 41 **Specialty Developing Recommendation:**

First Identified: September 2018 **2023 Medicare Utilization:**

2025 Work RVU: 0.54
2025 NF PE RVU: 0.27
2025 Fac PE RVU: 0.21

RUC Recommendation: 0.54 **Referred to CPT** September 2018 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

96202 **Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); initial 60 minutes**

Global: XXX **Issue:** Caregiver Behavior Management Training **Screen:** RUC Flag for Review **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 11 **Specialty Developing Recommendation:** AACAP, AND, APA (psychology)

First Identified: April 2021 **2023 Medicare Utilization:**

2025 Work RVU: 0.43
2025 NF PE RVU: 0.28
2025 Fac PE RVU: 0.20

RUC Recommendation: Review action plan **Referred to CPT** **Result:** Not part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

96203 **Multiple-family group behavior management/modification training for parent(s)/guardian(s)/caregiver(s) of patients with a mental or physical health diagnosis, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of parent(s)/guardian(s)/caregiver(s); each additional 15 minutes (List separately in addition to code for primary service)**

Global: ZZZ **Issue:** Caregiver Behavior Management Training **Screen:** RUC Flag for Review **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: April 2021 **2023 Medicare Utilization:**

2025 Work RVU: 0.12
2025 NF PE RVU: 0.06
2025 Fac PE RVU: 0.06

RUC Recommendation: Review action plan **Referred to CPT** **Result:** Not part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96360 **Intravenous infusion, hydration; initial, 31 minutes to 1 hour** **Global:** XXX **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2023 Medicare Utilization:** 220,850

2025 Work RVU: 0.17
2025 NF PE RVU: 0.75
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96361 **Intravenous infusion, hydration; each additional hour (List separately in addition to code for primary procedure)** **Global:** ZZZ **Issue:** IV Hydration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 25 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** July 2015 **2023 Medicare Utilization:** 344,257

2025 Work RVU: 0.09
2025 NF PE RVU: 0.26
2025 Fac PE RVU: NA

RUC Recommendation: 0.09 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96365 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour** **Global:** XXX **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2023 Medicare Utilization:** 1,405,436

2025 Work RVU: 0.21
2025 NF PE RVU: 1.54
2025 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

96366 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2023 Medicare Utilization:** 628,076

2025 Work RVU: 0.18
2025 NF PE RVU: 0.41
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96367 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** September 2011 **2023 Medicare Utilization:** 957,741

2025 Work RVU: 0.19
2025 NF PE RVU: 0.62
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.19

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

96368 **Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); concurrent infusion (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Intravenous Infusion Therapy **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 28 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ISDA **First Identified:** April 2013 **2023 Medicare Utilization:** 129,890

2025 Work RVU: 0.17
2025 NF PE RVU: 0.39
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: 0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96372 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** Different Performing Specialty from Survey2 / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, AAFP, ACRh **First Identified:** April 2013 **2023 Medicare Utilization:** 7,215,163

2025 Work RVU: 0.17
2025 NF PE RVU: 0.25
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96374 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); intravenous push, single or initial substance/drug**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2023 Medicare Utilization:** 221,944

2025 Work RVU: 0.18
2025 NF PE RVU: 0.85
2025 Fac PE RVU: NA

RUC Recommendation: 0.18 **Referred to CPT** N/A **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

96375 **Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH, ACRh **First Identified:** July 2015 **2023 Medicare Utilization:** 1,369,498

2025 Work RVU: 0.10
2025 NF PE RVU: 0.33
2025 Fac PE RVU: NA

RUC Recommendation: 0.10 **Referred to CPT** N/A **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96377 **Application of on-body injector (includes cannula insertion) for timed subcutaneous injection**

Global: XXX **Issue:** Application of On-body Injector with Subcutaneous Injection **Screen:** should be on N/R LOI just added to track **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 26 **Specialty Developing Recommendation:** ASCO, ASH **First Identified:** January 2016 **2023 Medicare Utilization:** 35,228

2025 Work RVU: 0.17
2025 NF PE RVU: 0.36
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** N/A **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

96380 **Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional**

Global: XXX **Issue:** Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration **Screen:** Not Part of RAW **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 07 **Specialty Developing Recommendation:** AAP, ANA **First Identified:** September 2023 **2023 Medicare Utilization:** 199

2025 Work RVU: 0.24
2025 NF PE RVU: 0.44
2025 Fac PE RVU: NA

RUC Recommendation: 0.28 **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

96381 **Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection**

Global: XXX **Issue:** Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration **Screen:** Not Part of RAW **Complete?** Yes

Most Recent RUC Meeting: April 2024 **Tab:** 07 **Specialty Developing Recommendation:** AAP, ANA **First Identified:** September 2023 **2023 Medicare Utilization:** 284

2025 Work RVU: 0.17
2025 NF PE RVU: 0.41
2025 Fac PE RVU: NA

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

96401 **Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, ACRh **First Identified:** July 2015 **2023 Medicare Utilization:** 831,060

2025 Work RVU: 0.21
2025 NF PE RVU: 1.80
2025 Fac PE RVU: NA

RUC Recommendation: 0.21 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96402 **Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH, AUA **First Identified:** July 2015 **2023 Medicare Utilization:** 349,176

2025 Work RVU: 0.19
2025 NF PE RVU: 0.87
2025 Fac PE RVU: NA

RUC Recommendation: 0.19 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96405 **Chemotherapy administration; intralesional, up to and including 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2023 Medicare Utilization:** 25,861

2025 Work RVU: 0.52
2025 NF PE RVU: 1.91
2025 Fac PE RVU: 0.31

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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96406 **Chemotherapy administration; intralesional, more than 7 lesions**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 55 **Specialty Developing Recommendation:** ASCO **First Identified:** NA **2023 Medicare Utilization:** 714

2025 Work RVU: 0.80
2025 NF PE RVU: 2.93
2025 Fac PE RVU: 0.48

RUC Recommendation: New PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

96409 **Chemotherapy administration; intravenous, push technique, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2023 Medicare Utilization:** 43,186

2025 Work RVU: 0.24
2025 NF PE RVU: 2.57
2025 Fac PE RVU: NA

RUC Recommendation: 0.24 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96411 **Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 27 **Specialty Developing Recommendation:** ASBMT, ASCO, ASH **First Identified:** July 2015 **2023 Medicare Utilization:** 116,178

2025 Work RVU: 0.20
2025 NF PE RVU: 1.34
2025 Fac PE RVU: NA

RUC Recommendation: 0.20 **Referred to CPT** N/A **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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96413 **Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** February 2010 **2023 Medicare Utilization:** 1,660,366

2025 Work RVU: 0.28
2025 NF PE RVU: 3.35
2025 Fac PE RVU: NA

RUC Recommendation: 0.28 and new PE inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

96415 **Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2023 Medicare Utilization:** 668,343

2025 Work RVU: 0.19
2025 NF PE RVU: 0.59
2025 Fac PE RVU: NA

RUC Recommendation: 0.19 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96416 **Chemotherapy administration, intravenous infusion technique; initiation of prolonged chemotherapy infusion (more than 8 hours), requiring use of a portable or implantable pump**

Global: XXX **Issue:** Chemotherapy Administration **Screen:** Codes Reported Together 75% or More-Part1 **Complete?** Yes

Most Recent RUC Meeting: October 2010 **Tab:** 20 **Specialty Developing Recommendation:** ACRh, ASCO, ASH **First Identified:** February 2010 **2023 Medicare Utilization:** 23,252

2025 Work RVU: 0.21
2025 NF PE RVU: 3.37
2025 Fac PE RVU: NA

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96417 **Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Chemotherapy Administration **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: January 2013 **Tab:** 29 **Specialty Developing Recommendation:** ACRh, ASCO, ASH, ASBMT **First Identified:** January 2012 **2023 Medicare Utilization:** 330,340

2025 Work RVU: 0.21
2025 NF PE RVU: 1.58
2025 Fac PE RVU: NA

RUC Recommendation: 0.21 and new PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

96440 **Chemotherapy administration into pleural cavity, requiring and including thoracentesis**

Global: 000 **Issue:** Chemotherapy Administration **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: February 2008 **Tab:** R **Specialty Developing Recommendation:**

First Identified: NA

2023 Medicare Utilization: 19

2025 Work RVU: 2.12
2025 NF PE RVU: 19.15
2025 Fac PE RVU: 1.78

RUC Recommendation: New PE inputs

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96567 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day**

Global: XXX **Issue:** Photodynamic Therapy **Screen:** High Volume Growth1 / CMS Fastest Growing / CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD

First Identified: February 2008

2023 Medicare Utilization: 45,678

2025 Work RVU: 0.00
2025 NF PE RVU: 3.94
2025 Fac PE RVU: NA

RUC Recommendation: 0.00 PE Only

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

96573 **Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD

First Identified: January 2017

2023 Medicare Utilization: 31,676

2025 Work RVU: 0.48
2025 NF PE RVU: 6.08
2025 Fac PE RVU: NA

RUC Recommendation: 0.48

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

96574 **Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day**

Global: 000 **Issue:** Photodynamic Therapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 16 **Specialty Developing Recommendation:** AAD

First Identified: January 2017 **2023 Medicare Utilization:** 60,830

2025 Work RVU: 1.01
2025 NF PE RVU: 7.04
2025 Fac PE RVU: NA

RUC Recommendation: 1.01

Referred to CPT September 2016
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

96910 **Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B**

Global: XXX **Issue:** Photo-chemotherapy **Screen:** CMS High Expenditure Procedural Codes2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 44 **Specialty Developing Recommendation:** AAD

First Identified: July 2015 **2023 Medicare Utilization:** 280,102

2025 Work RVU: 0.00
2025 NF PE RVU: 3.49
2025 Fac PE RVU: NA

RUC Recommendation: PE Only

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: PE Only

96920 **Excimer laser treatment for psoriasis; total area less than 250 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA

First Identified: October 2008 **2023 Medicare Utilization:** 63,808

2025 Work RVU: 0.83
2025 NF PE RVU: 3.36
2025 Fac PE RVU: 0.65

RUC Recommendation: 1.00

Referred to CPT February 2023
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

96921 **Excimer laser treatment for psoriasis; 250 sq cm to 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA

First Identified: February 2008 **2023 Medicare Utilization:** 21,718

2025 Work RVU: 0.90
2025 NF PE RVU: 3.58
2025 Fac PE RVU: 0.79

RUC Recommendation: 1.07

Referred to CPT February 2023
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result: Decrease

96922 **Excimer laser treatment for psoriasis; over 500 sq cm**

Global: 000 **Issue:** Laser Treatment – Skin **Screen:** High Volume Growth1 / CMS Fastest Growing / CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 08 **Specialty Developing Recommendation:** AADA

First Identified: October 2008 **2023 Medicare Utilization:** 13,536

2025 Work RVU: 1.15
2025 NF PE RVU: 4.46
2025 Fac PE RVU: 1.59

RUC Recommendation: 1.32

Referred to CPT February 2023
Referred to CPT Asst ☑ **Published in CPT Asst:** Sep 2016

Result: Decrease

97001 **Physical therapy evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: September 2011 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

97002 **Physical therapy re-evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97003 **Occupational therapy evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97004 **Occupational therapy re-evaluation**

Global: **Issue:** Physical Medicine and Rehabilitation Workgroup **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: February 2015 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT February 2015

Result: Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97010 **Application of a modality to 1 or more areas; hot or cold packs**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2023 Medicare Utilization:**

2025 Work RVU: 0.06
2025 NF PE RVU: 0.13
2025 Fac PE RVU: NA

RUC Recommendation: No specialty society interest **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97012 **Application of a modality to 1 or more areas; traction, mechanical**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2023 Medicare Utilization:** 440,485

2025 Work RVU: 0.25
2025 NF PE RVU: 0.18
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.25 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97014 **Application of a modality to 1 or more areas; electrical stimulation (unattended)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CCMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2023 Medicare Utilization:**

2025 Work RVU: 0.18
2025 NF PE RVU: 0.19
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97016 **Application of a modality to 1 or more areas; vasopneumatic devices**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 / High Volume Growth2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: February 2010 **2023 Medicare Utilization:** 972,486

2025 Work RVU: 0.18
2025 NF PE RVU: 0.17
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97018 **Application of a modality to 1 or more areas; paraffin bath**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Codes Reported Together 75% or More-Part1 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** AOTA, APTA

First Identified: February 2010 **2023 Medicare Utilization:** 154,054

2025 Work RVU: 0.06
2025 NF PE RVU: 0.12
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.06

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97022 **Application of a modality to 1 or more areas; whirlpool**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: April 2016 **2023 Medicare Utilization:** 129,225

2025 Work RVU: 0.17
2025 NF PE RVU: 0.30
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs.0.17

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97032 **Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** CMS High Expenditure Procedural Codes2 / CCMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2023 Medicare Utilization:** 573,974

2025 Work RVU: 0.25
2025 NF PE RVU: 0.18
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97033 **Application of a modality to 1 or more areas; iontophoresis, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2023 Medicare Utilization:** 34,646

2025 Work RVU: 0.26
2025 NF PE RVU: 0.31
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.26

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97034 **Application of a modality to 1 or more areas; contrast baths, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Physical Medicine and Rehabilitation Services / CCMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2023 Medicare Utilization:** 7,540

2025 Work RVU: 0.21
2025 NF PE RVU: 0.20
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97035 **Application of a modality to 1 or more areas; ultrasound, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Modalities **Screen:** Low Value-High Volume / CMS High Expenditure Procedural Codes2/ CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** October 2010 **2023 Medicare Utilization:** 1,221,775

2025 Work RVU: 0.21
2025 NF PE RVU: 0.21
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.21

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97110 **Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / MPC List / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 64,840,836

2025 Work RVU: 0.45
2025 NF PE RVU: 0.43
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97112 **Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2023 Medicare Utilization:** 30,041,805

2025 Work RVU: 0.50
2025 NF PE RVU: 0.48
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97113 **Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** July 2015 **2023 Medicare Utilization:** 1,611,402

2025 Work RVU: 0.48
2025 NF PE RVU: 0.64
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.48 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

97116 **Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** Codes Reported Together 75% or More-Part1 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA **First Identified:** February 2010 **2023 Medicare Utilization:** 4,609,082

2025 Work RVU: 0.45
2025 NF PE RVU: 0.43
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.45 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:**

97127 **Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact**

Global: **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** January 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:
Result: Deleted from CPT

RUC Recommendation: 1.50 **Referred to CPT** September 2016 **Referred to CPT Asst** ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97140 **Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: September 2011 **2023 Medicare Utilization:** 29,535,664

2025 Work RVU: 0.43
2025 NF PE RVU: 0.40
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.43

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97150 **Therapeutic procedure(s), group (2 or more individuals)**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: January 2012 **Tab:** **Specialty Developing Recommendation:** APTA

First Identified: April 2011 **2023 Medicare Utilization:** 2,288,395

2025 Work RVU: 0.29
2025 NF PE RVU: 0.24
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: 0.29

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97161 **Physical therapy evaluation: low complexity, requiring these components: A history with no personal factors and/or comorbidities that impact the plan of care; An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with stable and/or uncomplicated characteristics; and Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA

First Identified: February 2015 **2023 Medicare Utilization:** 1,665,113

2025 Work RVU: 1.54
2025 NF PE RVU: 1.45
2025 Fac PE RVU: NA
Result: Decrease

RUC Recommendation: 0.75

Referred to CPT February 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97162 **Physical therapy evaluation: moderate complexity, requiring these components: A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; An evolving clinical presentation with changing characteristics; and Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2023 Medicare Utilization:** 1,462,691

2025 Work RVU: 1.54
2025 NF PE RVU: 1.45
2025 Fac PE RVU: NA

RUC Recommendation: 1.18 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97163 **Physical therapy evaluation: high complexity, requiring these components: A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care; An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions; A clinical presentation with unstable and unpredictable characteristics; and Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2023 Medicare Utilization:** 284,110

2025 Work RVU: 1.54
2025 NF PE RVU: 1.45
2025 Fac PE RVU: NA

RUC Recommendation: 1.50 **Referred to CPT** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97164 **Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2023 Medicare Utilization:** 540,956

2025 Work RVU: 0.96
2025 NF PE RVU: 1.11
2025 Fac PE RVU: NA

RUC Recommendation: 0.75 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97165 **Occupational therapy evaluation, low complexity, requiring these components: An occupational profile and medical and therapy history, which includes a brief history including review of medical and/or therapy records relating to the presenting problem; An assessment(s) that identifies 1-3 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of low complexity, which includes an analysis of the occupational profile, analysis of data from problem-focused assessment(s), and consideration of a limited number of treatment options. Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance (eg, physical or verbal) with assessment(s) is not necessary to enable completion of evaluation component. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2023 Medicare Utilization:** 175,240

2025 Work RVU: 1.54
2025 NF PE RVU: 1.53
2025 Fac PE RVU: NA

RUC Recommendation: 0.88 **Referred to CPT** February 2015 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97166 **Occupational therapy evaluation, moderate complexity, requiring these components: An occupational profile and medical and therapy history, which includes an expanded review of medical and/or therapy records and additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 3-5 performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of moderate analytic complexity, which includes an analysis of the occupational profile, analysis of data from detailed assessment(s), and consideration of several treatment options. Patient may present with comorbidities that affect occupational performance. Minimal to moderate modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 45 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2023 Medicare Utilization:** 155,362

2025 Work RVU: 1.54
2025 NF PE RVU: 1.53
2025 Fac PE RVU: NA

RUC Recommendation: 1.20 **Referred to CPT** February 2015 **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97167 **Occupational therapy evaluation, high complexity, requiring these components: An occupational profile and medical and therapy history, which includes review of medical and/or therapy records and extensive additional review of physical, cognitive, or psychosocial history related to current functional performance; An assessment(s) that identifies 5 or more performance deficits (ie, relating to physical, cognitive, or psychosocial skills) that result in activity limitations and/or participation restrictions; and Clinical decision making of high analytic complexity, which includes an analysis of the patient profile, analysis of data from comprehensive assessment(s), and consideration of multiple treatment options. Patient presents with comorbidities that affect occupational performance. Significant modification of tasks or assistance (eg, physical or verbal) with assessment(s) is necessary to enable patient to complete evaluation component. Typically, 60 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2023 Medicare Utilization:** 26,831

2025 Work RVU: 1.54
2025 NF PE RVU: 1.53
2025 Fac PE RVU: NA

RUC Recommendation: 1.70 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97168 **Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 17 **Specialty Developing Recommendation:** AOTA, APTA **First Identified:** February 2015 **2023 Medicare Utilization:** 38,416

2025 Work RVU: 0.96
2025 NF PE RVU: 1.16
2025 Fac PE RVU: NA

RUC Recommendation: 0.80 **Referred to CPT** February 2015 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97530 **Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** CMS High Expenditure Procedural Codes1 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** September 2011 **2023 Medicare Utilization:** 37,058,204

2025 Work RVU: 0.44
2025 NF PE RVU: 0.62
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.44 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97532 **Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes**

Global: **Issue:** Cognitive Function Intervention **Screen:** High Volume Growth2 / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA, ASHA, APA (psychology) **First Identified:** April 2013 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97533 **Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2023 Medicare Utilization:** 58,176

2025 Work RVU: 0.48
2025 NF PE RVU: 1.38
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

97535 **Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Codes Reported Together 75% or More-Part2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** October 2012 **2023 Medicare Utilization:** 3,619,830

2025 Work RVU: 0.45
2025 NF PE RVU: 0.53
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: New PE Inputs. 0.45

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Article no longer necessary

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97537 **Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - ADL/IADL **Screen:** Physical Medicine and Rehabilitation Services / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2023 Medicare Utilization:** 11,348

2025 Work RVU: 0.48
2025 NF PE RVU: 0.49
2025 Fac PE RVU: NA
Result: Increase

RUC Recommendation: New PE Inputs. 0.48

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97542 **Wheelchair management (eg, assessment, fitting, training), each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Therapeutic **Screen:** High Volume Growth2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2013 **2023 Medicare Utilization:** 116,758

2025 Work RVU: 0.48
2025 NF PE RVU: 0.46
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97597 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less**

Global: 000 **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2023 Medicare Utilization:** 681,783

2025 Work RVU: 0.77
2025 NF PE RVU: 2.17
2025 Fac PE RVU: 0.23

RUC Recommendation: 0.88 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97598 **Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Open Wound Debridement **Screen:** Site of Service Anomaly / High Volume Growth3 / Different Performing Specialty from Survey **Complete?** Yes

Most Recent RUC Meeting: October 2018 **Tab:** 23 **Specialty Developing Recommendation:** AAFP, ACS, APMA **First Identified:** September 2007 **2023 Medicare Utilization:** 149,122

2025 Work RVU: 0.50
2025 NF PE RVU: 0.79
2025 Fac PE RVU: 0.17

RUC Recommendation: 0.50 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97602 **Removal of devitalized tissue from wound(s), non-selective debridement, without anesthesia (eg, wet-to-moist dressings, enzymatic, abrasion, larval therapy), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2016 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97605 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** AAOS, ACS, APMA, ASPS **First Identified:** April 2013 **2023 Medicare Utilization:** 39,217

2025 Work RVU: 0.55
2025 NF PE RVU: 0.74
2025 Fac PE RVU: 0.17

RUC Recommendation: 0.55 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

97606 **Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (DME), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** April 2013 **2023 Medicare Utilization:** 14,328

2025 Work RVU: 0.60
2025 NF PE RVU: 0.94
2025 Fac PE RVU: 0.18

RUC Recommendation: 0.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97607 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2023 Medicare Utilization:** 10,695

2025 Work RVU: 0.41
2025 NF PE RVU: 9.53
2025 Fac PE RVU: 0.17

RUC Recommendation: 0.11 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97608 **Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters**

Global: XXX **Issue:** Negative Pressure Wound Therapy **Screen:** High Volume Growth2 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APMA, ACS, AAOS, ASPS **First Identified:** May 2013 **2023 Medicare Utilization:** 1,813

2025 Work RVU: 0.46
2025 NF PE RVU: 9.88
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.46 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

97610 **Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Active Wound Care Management **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2023 Medicare Utilization:** 109,756

2025 Work RVU: 0.40
2025 NF PE RVU: 11.87
2025 Fac PE RVU: 0.12

RUC Recommendation: Maintain **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97755 **Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Tests and Measures **Screen:** High Volume Growth1 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** February 2008 **2023 Medicare Utilization:** 2,664

2025 Work RVU: 0.62
2025 NF PE RVU: 0.52
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

97760 **Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2023 Medicare Utilization:** 58,920

2025 Work RVU: 0.50
2025 NF PE RVU: 0.91
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97761 **Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2023 Medicare Utilization:** 3,561

2025 Work RVU: 0.50
2025 NF PE RVU: 0.74
2025 Fac PE RVU: NA

RUC Recommendation: 0.50 **Referred to CPT** September 2016 **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97762 **Checkout for orthotic/prosthetic use, established patient, each 15 minutes**

Global: **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA **First Identified:** April 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

97763 **Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes**

Global: XXX **Issue:** Orthotic Management and Prosthetic Training **Screen:** Physical Medicine and Rehabilitation Services **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 29 **Specialty Developing Recommendation:** APTA, AOTA **First Identified:** April 2016 **2023 Medicare Utilization:** 47,419

2025 Work RVU: 0.48
2025 NF PE RVU: 1.06
2025 Fac PE RVU: NA

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97802 **Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2023 Medicare Utilization:** 193,951

2025 Work RVU: 0.53
2025 NF PE RVU: 0.56
2025 Fac PE RVU: 0.43

RUC Recommendation: 0.53 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97803 **Medical nutrition therapy; re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Request - Medical Nutrition Therapy **Complete?** Yes

Most Recent RUC Meeting: April 2008 **Tab:** 53 **Specialty Developing Recommendation:** ADA, AGA, AACE **First Identified:** NA **2023 Medicare Utilization:** 177,565

2025 Work RVU: 0.45
2025 NF PE RVU: 0.50
2025 Fac PE RVU: 0.36

RUC Recommendation: 0.45 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

97810 **Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient**

Global: XXX **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2023 Medicare Utilization:** 80,126

2025 Work RVU: 0.61
2025 NF PE RVU: 0.73
2025 Fac PE RVU: 0.28

RUC Recommendation: Flag for re-review. 0.61 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97811 **Acupuncture, 1 or more needles; without electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2023 Medicare Utilization:** 91,991

2025 Work RVU: 0.46
2025 NF PE RVU: 0.30
2025 Fac PE RVU: 0.22

RUC Recommendation: Flag for re-review. 0.46 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

97813 **Acupuncture, 1 or more needles; with electrical stimulation, initial 15 minutes of personal one-on-one contact with the patient**

Global: XXX **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2023 Medicare Utilization:** 71,678

2025 Work RVU: 0.74
2025 NF PE RVU: 0.81
2025 Fac PE RVU: 0.34

RUC Recommendation: Flag for re-review. 0.74 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

97814 **Acupuncture, 1 or more needles; with electrical stimulation, each additional 15 minutes of personal one-on-one contact with the patient, with re-insertion of needle(s) (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Acupuncture/Electroacupuncture **Screen:** Different Performing Specialty from Survey4 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: April 2023 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAPM&R, ACA **First Identified:** September 2022 **2023 Medicare Utilization:** 91,224

2025 Work RVU: 0.47
2025 NF PE RVU: 0.39
2025 Fac PE RVU: 0.22

RUC Recommendation: Flag for re-review. 0.47 **Referred to CPT** **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

98000 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.93
2025 NF PE RVU: 0.56
2025 Fac PE RVU: 0.37

RUC Recommendation: 0.93 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98001 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making.When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 1.60
2025 NF PE RVU: 0.84
2025 Fac PE RVU: 0.63

RUC Recommendation: 1.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

98002 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 2.60
2025 NF PE RVU: 1.29
2025 Fac PE RVU: 1.02

RUC Recommendation: 2.60 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

98003 **Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making.When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 3.50
2025 NF PE RVU: 1.66
2025 Fac PE RVU: 1.37

RUC Recommendation: 3.50 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98004 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.70
2025 NF PE RVU: 0.45
2025 Fac PE RVU: 0.27

RUC Recommendation: 0.70

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

98005 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making.When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 1.30
2025 NF PE RVU: 0.71
2025 Fac PE RVU: 0.51

RUC Recommendation: 1.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

98006 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making.When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 1.92
2025 NF PE RVU: 1.02
2025 Fac PE RVU: 0.75

RUC Recommendation: 1.92

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

98007 **Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making.When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 2.60
2025 NF PE RVU: 1.31
2025 Fac PE RVU: 1.02

RUC Recommendation: 2.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98008 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.90
2025 NF PE RVU: 0.52
2025 Fac PE RVU: 0.35

RUC Recommendation: 0.90

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98009 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 1.55
2025 NF PE RVU: 0.79
2025 Fac PE RVU: 0.61

RUC Recommendation: 1.55

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

98010 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 2.42
2025 NF PE RVU: 1.19
2025 Fac PE RVU: 0.95

RUC Recommendation: 2.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98011 **Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 3.20
2025 NF PE RVU: 1.52
2025 Fac PE RVU: 1.26

RUC Recommendation: 3.20

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

98012 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.65
2025 NF PE RVU: 0.40
2025 Fac PE RVU: 0.26

RUC Recommendation: 0.65

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Decrease

Status Report: CMS Requests and Relativity Assessment Issues

98013 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 1.20
2025 NF PE RVU: 0.64
2025 Fac PE RVU: 0.47

RUC Recommendation: 1.20 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

98014 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 1.75
2025 NF PE RVU: 0.91
2025 Fac PE RVU: 0.69

RUC Recommendation: 1.75 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

98015 **Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion.When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 2.60
2025 NF PE RVU: 1.28
2025 Fac PE RVU: 1.02

RUC Recommendation: 2.60 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98016 **Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion**

Global: XXX **Issue:** Telemedicine E/M Services **Screen:** CPT/RUC Telemedicine Office Visits Workgroup **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: June 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.30
2025 NF PE RVU: 0.17
2025 Fac PE RVU: 0.13

RUC Recommendation: 0.30

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98925 **Osteopathic manipulative treatment (OMT); 1-2 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2023 Medicare Utilization:** 45,598

2025 Work RVU: 0.46
2025 NF PE RVU: 0.45
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98926 **Osteopathic manipulative treatment (OMT); 3-4 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: October 2009 **2023 Medicare Utilization:** 85,544

2025 Work RVU: 0.71
2025 NF PE RVU: 0.61
2025 Fac PE RVU: 0.28

RUC Recommendation: 0.75

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

98927 **Osteopathic manipulative treatment (OMT); 5-6 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: October 2009 **2023 Medicare Utilization:** 79,670

2025 Work RVU: 0.96
2025 NF PE RVU: 0.76
2025 Fac PE RVU: 0.36

RUC Recommendation: 1.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98928 **Osteopathic manipulative treatment (OMT); 7-8 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2023 Medicare Utilization:** 86,075

2025 Work RVU: 1.21
2025 NF PE RVU: 0.88
2025 Fac PE RVU: 0.46

RUC Recommendation: 1.25

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98929 **Osteopathic manipulative treatment (OMT); 9-10 body regions involved**

Global: 000 **Issue:** Osteopathic Manipulative Treatment **Screen:** Harvard Valued - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: February 2011 **Tab:** 34 **Specialty Developing Recommendation:** AOA

First Identified: February 2010 **2023 Medicare Utilization:** 85,644

2025 Work RVU: 1.46
2025 NF PE RVU: 1.00
2025 Fac PE RVU: 0.53

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98940 **Chiropractic manipulative treatment (CMT); spinal, 1-2 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2023 Medicare Utilization:** 4,054,617

2025 Work RVU: 0.46
2025 NF PE RVU: 0.35
2025 Fac PE RVU: 0.19

RUC Recommendation: 0.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

98941 **Chiropractic manipulative treatment (CMT); spinal, 3-4 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2023 Medicare Utilization:** 13,040,018

2025 Work RVU: 0.71
2025 NF PE RVU: 0.47
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.71

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98942 **Chiropractic manipulative treatment (CMT); spinal, 5 regions**

Global: 000 **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2023 Medicare Utilization:** 919,003

2025 Work RVU: 0.96
2025 NF PE RVU: 0.57
2025 Fac PE RVU: 0.39

RUC Recommendation: 0.96

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

98943 **Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions**

Global: XXX **Issue:** Chiropractic Manipulative Treatment **Screen:** CMS High Expenditure Procedural Codes1 **Complete?** Yes

Most Recent RUC Meeting: October 2012 **Tab:** 25 **Specialty Developing Recommendation:** ACA

First Identified: September 2011 **2023 Medicare Utilization:**

2025 Work RVU: 0.46
2025 NF PE RVU: 0.28
2025 Fac PE RVU: 0.18

RUC Recommendation: 0.46

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

Status Report: CMS Requests and Relativity Assessment Issues

98975

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2023 Medicare Utilization:** 31,765

2025 Work RVU: 0.00
2025 NF PE RVU: 0.59
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

98976

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** September 2024 **2023 Medicare Utilization:** 19,286

2025 Work RVU: 0.00
2025 NF PE RVU: 1.32
2025 Fac PE RVU: NA

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Contractor Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

98977

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2023 Medicare Utilization:** 92,434

2025 Work RVU: 0.00
2025 NF PE RVU: 1.32
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98978

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** September 2024 **2023 Medicare Utilization:** 23

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

98980

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2023 Medicare Utilization:** 97,630

2025 Work RVU: 0.62
2025 NF PE RVU: 0.89
2025 Fac PE RVU: 0.25

RUC Recommendation: 0.78 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

98981

Global: ZZZ **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2023 Medicare Utilization:** 41,730

2025 Work RVU: 0.61
2025 NF PE RVU: 0.56
2025 Fac PE RVU: 0.24

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98XX4

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** ATS, CHEST **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: Contractor Price **Referred to CPT** **Result:** Contractor Price

Referred to CPT Asst ☐ **Published in CPT Asst:**

98XX5

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

98XX6

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** APA (psychology) **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:

2025 NF PE RVU:

2025 Fac PE RVU:

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

98XX7

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAPM&R, APTA **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 0.66 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

99091

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** ACC, ACP, ANA **First Identified:** September 2024 **2023 Medicare Utilization:** 70,432

2025 Work RVU: 1.10
2025 NF PE RVU: 0.43
2025 Fac PE RVU: 0.43

RUC Recommendation: 0.70 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

99143 **Deleted from CPT**

Global: **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99144 **Deleted from CPT** **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:** **2025 Work RVU:** **2025 NF PE RVU:** **2025 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99148 **Deleted from CPT** **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:** **2025 Work RVU:** **2025 NF PE RVU:** **2025 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99149 **Deleted from CPT** **Global:** **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:** **2025 Work RVU:** **2025 NF PE RVU:** **2025 Fac PE RVU:**

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99150 **Deleted from CPT**

Global: **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

99151 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:** 2

2025 Work RVU: 0.50
2025 NF PE RVU: 1.26
2025 Fac PE RVU: 0.18

RUC Recommendation: 0.50

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

99152 **Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:** 1,469,831

2025 Work RVU: 0.25
2025 NF PE RVU: 1.22
2025 Fac PE RVU: 0.08

RUC Recommendation: 0.25 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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99155 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient younger than 5 years of age**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:** 8

2025 Work RVU: 1.90
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.35

RUC Recommendation: 1.90 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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Status Report: CMS Requests and Relativity Assessment Issues

99156 **Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports; initial 15 minutes of intraservice time, patient age 5 years or older**

Global: XXX **Issue:** Moderate Sedation Services **Screen:** Moderate Sedation Review **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 14 **Specialty Developing Recommendation:** AAP, AAOMS, ACC, CHEST, ACEP, ACG, ACR, AGA, ASGE, ASA, ATS, HRS, SIR, SVS, SCAI **First Identified:** January 2014 **2023 Medicare Utilization:** 8,051

2025 Work RVU: 1.65
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.39

RUC Recommendation: 1.84 **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Maintain

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99174 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with remote analysis and report**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 09 **Specialty Developing Recommendation:** AAP, AAO **First Identified:** NA **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.18
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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99177 **Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis**

Global: XXX **Issue:** Instrument-Based Ocular Screening (PE Only) **Screen:** CMS Request - Practice Expense Review **Complete?** Yes

Most Recent RUC Meeting: September 2014 **Tab:** 09 **Specialty Developing Recommendation:** **First Identified:** May 2014 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.14
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** May 2014 **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

Status Report: CMS Requests and Relativity Assessment Issues

99183 **Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session**

Global: XXX **Issue:** Hyperbaric Oxygen Under Pressure (PE Only) **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** AAFP, UHMS **First Identified:** April 2013 **2023 Medicare Utilization:** 298,205

2025 Work RVU: 2.11
2025 NF PE RVU: 0.78
2025 Fac PE RVU: 0.78

RUC Recommendation: 2.11 **Referred to CPT** September 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

99281 **Emergency department visit for the evaluation and management of a patient that may not require the presence of a physician or other qualified health care professional**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2023 Medicare Utilization:** 9,104

2025 Work RVU: 0.25
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.06

RUC Recommendation: 0.48 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

99282 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2023 Medicare Utilization:** 182,871

2025 Work RVU: 0.93
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.22

RUC Recommendation: 0.93 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99283 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and low level of medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2023 Medicare Utilization:** 1,146,356

2025 Work RVU: 1.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.35
Result: Increase

RUC Recommendation: 1.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99284 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2023 Medicare Utilization:** 4,908,076

2025 Work RVU: 2.74
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.57
Result: Increase

RUC Recommendation: 2.60

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99285 **Emergency department visit for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level of medical decision making**

Global: XXX **Issue:** ED Visits **Screen:** CMS Request - Final Rule for 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 29 **Specialty Developing Recommendation:** AAP, ACEP **First Identified:** June 2017 **2023 Medicare Utilization:** 8,590,069

2025 Work RVU: 4.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.79
Result: Maintain

RUC Recommendation: 3.80

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99358 **Prolonged evaluation and management service before and/or after direct patient care; first hour**

Global: XXX **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2019 **2023 Medicare Utilization:**

2025 Work RVU: 1.80
2025 NF PE RVU: 0.75
2025 Fac PE RVU: 0.71

RUC Recommendation: 1.80 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

99359 **Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged service)**

Global: ZZZ **Issue:** Prolonged Services - Without Direct Patient Contact **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 14 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2019 **2023 Medicare Utilization:**

2025 Work RVU: 0.75
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.75 **Referred to CPT** February 2021 **Result:** Decrease
Referred to CPT Asst ☐ **Published in CPT Asst:**

99363 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; initial 90 days of therapy (must include a minimum of 8 INR measurements)**

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** **First Identified:** September 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** September 2016 **Result:** Deleted from CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99364 **Anticoagulant management for an outpatient taking warfarin, physician review and interpretation of International Normalized Ratio (INR) testing, patient instructions, dosage adjustment (as needed), and ordering of additional tests; each subsequent 90 days of therapy (must include a minimum of 3 INR measurements)**

Global: **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:**

First Identified: September 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2016

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

99375 **Supervision of a patient under care of home health agency (patient not present) in home, domiciliary or equivalent environment (eg, Alzheimer's facility) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest

First Identified: April 2016 **2023 Medicare Utilization:**

2025 Work RVU: 1.73
2025 NF PE RVU: 1.22
2025 Fac PE RVU: 0.68

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

99378 **Supervision of a hospice patient (patient not present) requiring complex and multidisciplinary care modalities involving regular development and/or revision of care plans by that individual, review of subsequent reports of patient status, review of related laboratory and other studies, communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s) (eg, legal guardian) and/or key caregiver(s) involved in patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month; 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2023 Medicare Utilization:**

2025 Work RVU: 1.73
2025 NF PE RVU: 1.22
2025 Fac PE RVU: 0.68

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

99415 **Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (List separately in addition to code for outpatient Evaluation and Management service)**

Global: ZZZ **Issue:** Prolonged Services - Clinical Staff Services (PE Only) **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAP, CHEST, ACP, AGS, ANA, ASCO, ATS, SVS **First Identified:** **2023 Medicare Utilization:** 7,815

2025 Work RVU: 0.00
2025 NF PE RVU: 0.61
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs

Referred to CPT February 2022

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99416 **Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (List separately in addition to code for prolonged service)**

Global: ZZZ **Issue:** Prolonged Services - Clinical Staff Services (PE Only) **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAP, CHEST, ACP, AGS, ANA, ASCO, ATS, SVS **First Identified:** **2023 Medicare Utilization:** 2,002

2025 Work RVU: 0.00
2025 NF PE RVU: 0.28
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs **Referred to CPT** February 2022 **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

99417 **Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the outpatient Evaluation and Management service)**

Global: ZZZ **Issue:** Prolonged Services - on the date of an E/M **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** November 2021 **2023 Medicare Utilization:**

2025 Work RVU: 0.61
2025 NF PE RVU: 0.27
2025 Fac PE RVU: 0.24

RUC Recommendation: 0.61 **Referred to CPT** February 2021 **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99418 **Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (List separately in addition to the code of the inpatient and observation Evaluation and Management service)**

Global: ZZZ **Issue:** Prolonged Services - on the date of an E/M **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 15 **Specialty Developing Recommendation:** AAHPM, AAN, AAP, AATS, ACP, ACRh, AGS, ANA, ASCO, ATS, CHEST, NASS, STS **First Identified:** February 2021 **2023 Medicare Utilization:**

2025 Work RVU: 0.81
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.32

RUC Recommendation: 0.81 **Referred to CPT** February 2021 **Result:** Increase
Referred to CPT Asst ☐ **Published in CPT Asst:**

99453

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2023 Medicare Utilization:** 177,654

2025 Work RVU: 0.00
2025 NF PE RVU: 0.59
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

99454

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2023 Medicare Utilization:** 1,757,512

2025 Work RVU: 0.00
2025 NF PE RVU: 1.32
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99457 **Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes**

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** April 2022 **2023 Medicare Utilization:** 2,030,157

2025 Work RVU: 0.61
2025 NF PE RVU: 0.83
2025 Fac PE RVU: 0.24

RUC Recommendation: 0.45 **Referred to CPT** September 2024 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

99458

Global: ZZZ **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2023 Medicare Utilization:** 1,491,579

2025 Work RVU: 0.61
2025 NF PE RVU: 0.54
2025 Fac PE RVU: 0.24

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

99459 **Pelvic examination (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Pelvic Exam (PE Only) **Screen:** Gender Equity Payment **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 13 **Specialty Developing Recommendation:** AAFP, ACOG, ANA, AUA **First Identified:** April 2022 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.64
2025 Fac PE RVU: NA

RUC Recommendation: PE Inputs **Referred to CPT** September 2022 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

99473

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAPA, ACC, ANA **First Identified:** September 2024 **2023 Medicare Utilization:** 25,982

2025 Work RVU: 0.00
2025 NF PE RVU: 0.42
2025 Fac PE RVU: NA

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

99474

Global: XXX **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** ACC, ACP, ANA **First Identified:** September 2024 **2023 Medicare Utilization:** 4,048

2025 Work RVU: 0.18
2025 NF PE RVU: 0.32
2025 Fac PE RVU: 0.07

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

99491 **Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.**

Global: XXX **Issue:** Chronic Care Management Services **Screen:** New and Revised Service (Not part of RAW) **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 09 **Specialty Developing Recommendation:** AAFP, AAN, ACP, AGS **First Identified:** NA **2023 Medicare Utilization:** 228,087

2025 Work RVU: 1.50
2025 NF PE RVU: 0.94
2025 Fac PE RVU: 0.64

RUC Recommendation: 1.45. Refer to CPT Assistant **Referred to CPT** **Result:** Not Part of RAW

Referred to CPT Asst ☑ **Published in CPT Asst:** Oct 2018

Status Report: CMS Requests and Relativity Assessment Issues

99492 **Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.**

Global: XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2023 Medicare Utilization:** 22,577

2025 Work RVU: 1.88
2025 NF PE RVU: 2.48
2025 Fac PE RVU: 0.80

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

99493 **Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.**

Global: XXX **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2023 Medicare Utilization:** 76,944

2025 Work RVU: 2.05
2025 NF PE RVU: 1.93
2025 Fac PE RVU: 0.86

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

99494 **Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Psychiatric Collaborative Care Management Services **Screen:** Work Neutrality 2018 **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 15 **Specialty Developing Recommendation:** AACAP, AAFP, AAP, ACP, APA (psychiatry) **First Identified:** October 2019 **2023 Medicare Utilization:** 41,222

2025 Work RVU: 0.82
2025 NF PE RVU: 0.87
2025 Fac PE RVU: 0.34

RUC Recommendation: Maintain, remove from screen.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

99495 **Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge At least moderate level of medical decision making during the service period Face-to-face visit, within 14 calendar days of discharge**

Global: XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA **First Identified:** October 2021 **2023 Medicare Utilization:** 676,659

2025 Work RVU: 2.78
2025 NF PE RVU: 3.27
2025 Fac PE RVU: 1.20
Result: Increase

RUC Recommendation: Withdrawn

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99496 **Transitional care management services with the following required elements: Communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge High level of medical decision making during the service period Face-to-face visit, within 7 calendar days of discharge**

Global: XXX **Issue:** Transitional Care Management Services **Screen:** Codes Increased by CMS Independent of RUC Review **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 09 **Specialty Developing Recommendation:** AGS, ANA **First Identified:** October 2021 **2023 Medicare Utilization:** 663,948

2025 Work RVU: 3.79
2025 NF PE RVU: 4.40
2025 Fac PE RVU: 1.61
Result: Increase

RUC Recommendation: Withdrawn

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

99497 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate**

Global: XXX **Issue:** Advance Care Planning **Screen:** CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2022 **Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS **First Identified:** January 2014 **2023 Medicare Utilization:** 2,409,015

2025 Work RVU: 1.50
2025 NF PE RVU: 0.86
2025 Fac PE RVU: 0.64
Result: Maintain

RUC Recommendation: 1.50

Referred to CPT
Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

Status Report: CMS Requests and Relativity Assessment Issues

99498 **Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (List separately in addition to code for primary procedure)**

Global: ZZZ **Issue:** Advance Care Planning **Screen:** CPT Assistant Analysis **Complete?** Yes

Most Recent RUC Meeting: April 2022 **Tab:** 10 **Specialty Developing Recommendation:** AAHPM, CHEST, AGS, ANA, ATS **First Identified:** January 2014 **2023 Medicare Utilization:** 83,439

2025 Work RVU: 1.40
2025 NF PE RVU: 0.63
2025 Fac PE RVU: 0.62

RUC Recommendation: 1.40 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☑ **Published in CPT Asst:** Dec 2014

99XX4

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: PE Only **Referred to CPT** **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

99XX5

Global: **Issue:** Remote Monitoring **Screen:** Different Performing Specialty from Survey4 / New Technology-New Services List **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 20 **Specialty Developing Recommendation:** AAFP, ACC, ACP **First Identified:** September 2024 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: 0.39 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0008 **Administration of influenza virus vaccine** **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0009 **Administration of pneumococcal vaccine** **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0010 **Administration of hepatitis b vaccine** **Global:** XXX **Issue:** Immunization Administration **Screen:** CMS Request-Final Rule for 2021 **Complete?** Yes

Most Recent RUC Meeting: April 2021 **Tab:** 19 **Specialty Developing Recommendation:** AAFP, AAP, ACOG, ACP, ANA **First Identified:** July 2020 **2023 Medicare Utilization:**

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: 0.17 **Referred to CPT** **Result:** Maintain
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0101 **Cervical or vaginal cancer screening; pelvic and clinical breast examination** **Global:** XXX **Issue:** **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** ACOG **First Identified:** October 2010 **2023 Medicare Utilization:** 760,482

2025 Work RVU: 0.45
2025 NF PE RVU: 0.66
2025 Fac PE RVU: 0.30

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0102 **Prostate cancer screening; digital rectal examination** **Global:** XXX **Issue:** RAW **Screen:** High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 30 **Specialty Developing Recommendation:** **First Identified:** October 2016 **2023 Medicare Utilization:** 10,521

2025 Work RVU: 0.18
2025 NF PE RVU: 0.51
2025 Fac PE RVU: 0.07

RUC Recommendation: Remove from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0104 **Colorectal cancer screening; flexible sigmoidoscopy** **Global:** 000 **Issue:** Flexible Sigmoidoscopy **Screen:** MPC List **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 09 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, SAGES, ACS **First Identified:** January 2014 **2023 Medicare Utilization:** 2,763

2025 Work RVU: 0.84
2025 NF PE RVU: 4.60
2025 Fac PE RVU: 0.74

RUC Recommendation: 0.84 **Referred to CPT** October 2013 **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0105 **Colorectal cancer screening; colonoscopy on individual at high risk** **Global:** 000 **Issue:** Colonoscopy **Screen:** MPC List / CMS-Other Utilization over 20,000 Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 266,258

2025 Work RVU: 3.26
2025 NF PE RVU: 6.44
2025 Fac PE RVU: 1.79

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0108 **Diabetes outpatient self-management training services, individual, per 30 minutes**

Global: XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2023 Medicare Utilization:** 137,277

2025 Work RVU: 0.90
2025 NF PE RVU: 0.70
2025 Fac PE RVU: NA

RUC Recommendation: 0.90 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0109 **Diabetes outpatient self-management training services, group session (2 or more), per 30 minutes**

Global: XXX **Issue:** Diabetes Management Training **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 41iv **Specialty Developing Recommendation:** AND **First Identified:** April 2016 **2023 Medicare Utilization:** 44,319

2025 Work RVU: 0.25
2025 NF PE RVU: 0.21
2025 Fac PE RVU: NA

RUC Recommendation: 0.25 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0121 **Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk**

Global: 000 **Issue:** Colonoscopy **Screen:** MPC List /CMS-Other Utilization over 20,000 Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AGA, ASGE, ACG, ASCRS, ACS, SAGES **First Identified:** September 2011 **2023 Medicare Utilization:** 192,725

2025 Work RVU: 3.26
2025 NF PE RVU: 6.44
2025 Fac PE RVU: 1.79

RUC Recommendation: 3.36 **Referred to CPT** **Result:** Decrease

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0124 **Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017

2023 Medicare Utilization: 35,413

2025 Work RVU: 0.26
2025 NF PE RVU: 0.48
2025 Fac PE RVU: 0.48

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0127 **Trimming of dystrophic nails, any number**

Global: 000 **Issue:** **Screen:** CMS-Other - Utilization over 500,000 **Complete?** Yes

Most Recent RUC Meeting: September 2011 **Tab:** 51 **Specialty Developing Recommendation:** APMA

First Identified: April 2011

2023 Medicare Utilization: 1,182,316

2025 Work RVU: 0.17
2025 NF PE RVU: 0.54
2025 Fac PE RVU: 0.04

RUC Recommendation: Remove from screen

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0141 **Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP

First Identified: October 2017

2023 Medicare Utilization: 1,779

2025 Work RVU: 0.26
2025 NF PE RVU: 0.48
2025 Fac PE RVU: 0.48

RUC Recommendation: 0.42

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

G0166 **External counterpulsation, per treatment session**

Global: XXX **Issue:** External Counterpulsation **Screen:** CMS-Other - Utilization over 100,000 / CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 14 **Specialty Developing Recommendation:** ACC **First Identified:** April 2016 **2023 Medicare Utilization:** 45,389

2025 Work RVU: 0.00
2025 NF PE RVU: 2.96
2025 Fac PE RVU: NA
Result: PE Only

RUC Recommendation: 0.00 (PE Only)

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0168 **Wound closure utilizing tissue adhesive(s) only**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** CMS 000-Day Global Typically Reported with an E/M / PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** ACEP **First Identified:** July 2016 **2023 Medicare Utilization:** 32,978

2025 Work RVU: 0.31
2025 NF PE RVU: 2.60
2025 Fac PE RVU: 0.07
Result: Maintain

RUC Recommendation: New PE inputs. 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0179 **Physician or allowed practitioner re-certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2023 Medicare Utilization:** 593,505

2025 Work RVU: 0.45
2025 NF PE RVU: 0.79
2025 Fac PE RVU: NA
Result: Remove from Screen

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0180 **Physician or allowed practitioner certification for medicare-covered home health services under a home health plan of care (patient not present), including contacts with home health agency and review of reports of patient status required by physicians and allowed practitioners to affirm the initial implementation of the plan of care**

Global: XXX **Issue:** Physician Recertification **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2023 Medicare Utilization:** 926,862

2025 Work RVU: 0.67
2025 NF PE RVU: 0.90
2025 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0181 **Physician or allowed practitioner supervision of a patient receiving medicare-covered services provided by a participating home health agency (patient not present) requiring complex and multidisciplinary care modalities involving regular physician or allowed practitioner development and/or revision of care plans**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** October 2008 **2023 Medicare Utilization:** 417,017

2025 Work RVU: 1.73
2025 NF PE RVU: 1.30
2025 Fac PE RVU: NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

G0182 **Physician supervision of a patient under a medicare-approved hospice (patient not present) requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans, review of subsequent reports of patient status, review of laboratory and other studies, communication (including telephone calls) with other health care professionals involved in the patient's care, integration of new information into the medical treatment plan and/or adjustment of medical therapy, within a calendar month, 30 minutes or more**

Global: XXX **Issue:** Home Healthcare Supervision **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2016 **2023 Medicare Utilization:** 32,952

2025 Work RVU: 1.73
2025 NF PE RVU: 1.27
2025 Fac PE RVU: NA

RUC Recommendation: Recommend deletion after review of 99375 and 99378. No specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0202 **Screening mammography, bilateral (2-view study of each breast), including computer-aided detection (cad) when performed**

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0204 **Diagnostic mammography, including computer-aided detection (cad) when performed; bilateral**

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR **First Identified:** February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0206 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)**

Global: **Issue:** Mammography **Screen:** CMS Fastest Growing / CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: January 2016 **Tab:** 20 **Specialty Developing Recommendation:** ACR

First Identified: February 2008 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2018

Referred to CPT October 2015
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

G0237 **Therapeutic procedures to increase strength or endurance of respiratory muscles, face to face, one on one, each 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2023 Medicare Utilization:** 23,505

2025 Work RVU: 0.00
2025 NF PE RVU: 0.34
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0238 **Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per 15 minutes (includes monitoring)**

Global: XXX **Issue:** Respiratory Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: February 2009 **Tab:** 38 **Specialty Developing Recommendation:** ACCP/ATS

First Identified: February 2008 **2023 Medicare Utilization:** 58,730

2025 Work RVU: 0.00
2025 NF PE RVU: 0.30
2025 Fac PE RVU: NA

RUC Recommendation: Remove from screen - RUC articulated concerns regarding claims reporting to CMS

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

G0248 **Demonstration, prior to initiation of home inr monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the inr monitor, obtaining at least one blood sample, provision of instructions for reporting home inr test results, and documentation of patient's ability to perform testing and report results**

Global: XXX **Issue:** Home INR Monitoring **Screen:** High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** January 2016 **2023 Medicare Utilization:** 13,867

2025 Work RVU: 0.00
2025 NF PE RVU: 2.95
2025 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0249 **Provision of test materials and equipment for home inr monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:** 891,988

2025 Work RVU: 0.00
2025 NF PE RVU: 1.87
2025 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0250 **Physician review, interpretation, and patient management of home inr testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests**

Global: XXX **Issue:** Home INR Monitoring **Screen:** CMS Fastest Growing / High Volume Growth3 **Complete?** Yes

Most Recent RUC Meeting: January 2017 **Tab:** 19 **Specialty Developing Recommendation:** ACC **First Identified:** February 2008 **2023 Medicare Utilization:** 102,272

2025 Work RVU: 0.18
2025 NF PE RVU: 0.07
2025 Fac PE RVU: NA

RUC Recommendation: Created Category I code, recommend CMS delete G code **Referred to CPT** September 2016 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0268 **Removal of impacted cerumen (one or both ears) by physician on same date of service as audiologic function testing**

Global: 000 **Issue:** Removal of Impacted Cerumen **Screen:** CMS Fastest Growing / CMS 000-Day Global Typically Reported with an E/M **Complete?** Yes

Most Recent RUC Meeting: April 2017 **Tab:** 35 **Specialty Developing Recommendation:** AAO-HNS **First Identified:** October 2008 **2023 Medicare Utilization:** 160,387

2025 Work RVU: 0.61
2025 NF PE RVU: 0.87
2025 Fac PE RVU: 0.29

RUC Recommendation: 0.61 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0270 **Medical nutrition therapy; reassessment and subsequent intervention(s) following second referral in same year for change in diagnosis, medical condition or treatment regimen (including additional hours needed for renal disease), individual, face to face with the patient, each 15 minutes**

Global: XXX **Issue:** Medical Nutrition Therapy **Screen:** CMS Fastest Growing **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** ADA **First Identified:** February 2008 **2023 Medicare Utilization:** 59,157

2025 Work RVU: 0.45
2025 NF PE RVU: 0.50
2025 Fac PE RVU: 0.36

RUC Recommendation: Maintain/Remove from screen **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0277 **Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval**

Global: XXX **Issue:** Hyperbaric Oxygen Under Pressure (PE Only) **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 27 **Specialty Developing Recommendation:** AAFP, UHMS **First Identified:** April 2022 **2023 Medicare Utilization:** 150,377

2025 Work RVU: 0.00
2025 NF PE RVU: 5.22
2025 Fac PE RVU: NA

RUC Recommendation: PE Inputs **Referred to CPT** September 2024 **Result:** PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0279 **Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)**

Global: ZZZ **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:**

First Identified: October 2017

2023 Medicare Utilization: 959,916

2025 Work RVU: 0.60
2025 NF PE RVU: 0.69
2025 Fac PE RVU: NA

RUC Recommendation: Recommend CMS delete

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0283 **Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care**

Global: XXX **Issue:** Physical Medicine and Rehabilitation Services - Electrical Stimulation Other than Wound **Screen:** Low Value-High Volume / CMS-Other - Utilization over 250,000 / CMS High Expenditure Procedural Codes2 / CMS Request - Final Rule for 2024 **Complete?** Yes

Most Recent RUC Meeting: January 2024 **Tab:** 18 **Specialty Developing Recommendation:** APTA

First Identified: October 2010

2023 Medicare Utilization: 5,721,037

2025 Work RVU: 0.18
2025 NF PE RVU: 0.19
2025 Fac PE RVU: NA

RUC Recommendation: New PE Inputs. 0.18

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

G0296 **Counseling visit to discuss need for lung cancer screening using low dose ct scan (ldct) (service is for eligibility determination and shared decision making)**

Global: XXX **Issue:** Counseling Visit for Lung Cancer **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2022 **Tab:** 20 **Specialty Developing Recommendation:**

First Identified: January 2019

2023 Medicare Utilization: 62,298

2025 Work RVU: 0.52
2025 NF PE RVU: 0.28
2025 Fac PE RVU: 0.20

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Maintain

Status Report: CMS Requests and Relativity Assessment Issues

G0297 **Low dose ct scan (ldct) for lung cancer screening** **Global:** **Issue:** Screening CT of Thorax **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 07 **Specialty Developing Recommendation:** **First Identified:** October 2018 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: CMS Deleted for 2021. Recommend CMS delete. Cat I code created.

Referred to CPT May 2019 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0364 **Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service** **Global:** **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:** **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0365 **Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)** **Global:** **Issue:** Duplex Scan Arterial Inflow-Venous Outflow Upper Extremity **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 17 **Specialty Developing Recommendation:** ACR, SIR, SVS **First Identified:** October 2017 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT

Referred to CPT September 2018 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0389 **Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (aaa) screening**

Global: **Issue:** Abdominal Aorta Ultrasound Screening **Screen:** Final Rule for 2015 / High Volume Growth4 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 12 **Specialty Developing Recommendation:** ACC, ACP, ACR, SCAI, SVS **First Identified:** July 2014 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: CPT Assistant article published **Referred to CPT** May 2015 **Result:** Deleted from CPT

Referred to CPT Asst ☑ **Published in CPT Asst:** Jan 2017

G0396 **Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 30,000 **Complete?** No

Most Recent RUC Meeting: January 2018 **Tab:** 31 **Specialty Developing Recommendation:** AAFP, ASA **First Identified:** October 2017 **2023 Medicare Utilization:** 50,385

2025 Work RVU: 0.65
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.25

RUC Recommendation: Refer to CPT **Referred to CPT** Time Uncertain **Result:**

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0399 **Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation**

Global: XXX **Issue:** RAW **Screen:** High Volume Growth5 / Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AASM, ATS, CHEST **First Identified:** October 2018 **2023 Medicare Utilization:** 68,326

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: NA

RUC Recommendation: Requested CMS delete **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0402 **Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 months of medicare enrollment**

Global: XXX **Issue:** Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2023 Medicare Utilization:** 505,038

2025 Work RVU: 2.60
2025 NF PE RVU: 2.21
2025 Fac PE RVU: 1.13
Result: Maintain

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0403 **Electrocardiogram, routine ecg with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report**

Global: XXX **Issue:** EKG for Initial Preventive Exam **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** April 2016 **2023 Medicare Utilization:** 108,795

2025 Work RVU: 0.17
2025 NF PE RVU: 0.24
2025 Fac PE RVU: NA
Result: Maintain

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0407 **Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: April 2021 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry) **First Identified:** October 2020 **2023 Medicare Utilization:** 26,094

2025 Work RVU: 1.39
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.64
Result:

RUC Recommendation: Review in April 2025 or April 2029

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0408 **Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** No

Most Recent RUC Meeting: April 2021 **Tab:** 24 **Specialty Developing Recommendation:** AAN, ANA, APA (psychiatry) **First Identified:** October 2020 **2023 Medicare Utilization:** 21,451

2025 Work RVU: 2.00
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.95

RUC Recommendation: Review in April 2025 or April 2029

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result:

G0416 **Surgical pathology, gross and microscopic examinations, for prostate needle biopsy, any method**

Global: XXX **Issue:** Prostate Biopsy - Pathology **Screen:** Final Rule for 2015 **Complete?** Yes

Most Recent RUC Meeting: October 2015 **Tab:** 16 **Specialty Developing Recommendation:** ASC, CAP **First Identified:** July 2014 **2023 Medicare Utilization:** 132,950

2025 Work RVU: 3.60
2025 NF PE RVU: 7.27
2025 Fac PE RVU: NA

RUC Recommendation: 4.00

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

G0422 **Intensive cardiac rehabilitation; with or without continuous ecg monitoring with exercise, per session**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2023 Medicare Utilization:** 70,834

2025 Work RVU: 1.99
2025 NF PE RVU: 1.79
2025 Fac PE RVU: 1.79

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0423 **Intensive cardiac rehabilitation; with or without continuous ecg monitoring; without exercise, per session**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2023 Medicare Utilization:** 53,693

2025 Work RVU: 1.99
2025 NF PE RVU: 1.79
2025 Fac PE RVU: 1.79

RUC Recommendation: Maintain

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

Status Report: CMS Requests and Relativity Assessment Issues

G0425 **Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: April 2022

2023 Medicare Utilization: 32,138

2025 Work RVU: 1.92
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.66

RUC Recommendation: No recommendation. Review in April 2025 or April 2029.

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0426 **Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth**

Global: XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: September 2022

2023 Medicare Utilization: 37,693

2025 Work RVU: 2.61
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.06

RUC Recommendation: No recommendation. Review in April 2025 or April 2029.

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0427 **Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth**

Global: XXX **Issue:** Telehealth Consultations - ED or Initial Inpatient **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** No

Most Recent RUC Meeting: January 2023 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: September 2022

2023 Medicare Utilization: 26,613

2025 Work RVU: 3.86
2025 NF PE RVU: NA
2025 Fac PE RVU: 1.39

RUC Recommendation: No recommendation. Review in April 2025 or April 2029.

Referred to CPT

Result:

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0436 **Smoking and tobacco cessation counseling visit for the asymptomatic patient; intermediate, greater than 3 minutes, up to 10 minutes**

Global: **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:** **First Identified:** April 2016 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Deleted from CPT **Referred to CPT** **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0438 **Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2013 **2023 Medicare Utilization:** 698,250

2025 Work RVU: 2.60
2025 NF PE RVU: 2.20
2025 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0439 **Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 250,000 **Complete?** Yes

Most Recent RUC Meeting: April 2016 **Tab:** 47 **Specialty Developing Recommendation:** No Interest **First Identified:** April 2013 **2023 Medicare Utilization:** 9,929,057

2025 Work RVU: 1.92
2025 NF PE RVU: 1.86
2025 Fac PE RVU: NA

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0442 **Annual alcohol misuse screening, 5 to 15 minutes**

Global: XXX **Issue:** Annual Alcohol Screening **Screen:** CMS-Other - Utilization over 100,000 / High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** April 2016 **2023 Medicare Utilization:** 897,345

2025 Work RVU: 0.18
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.08

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0443 **Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes**

Global: XXX **Issue:** Annual Alcohol Screening **Screen:** High Volume Growth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 15 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** September 2022 **2023 Medicare Utilization:** 2,250

2025 Work RVU: 0.60
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.26

RUC Recommendation: 0.63 **Referred to CPT** **Result:** Increase

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0444 **Annual depression screening, 5 to 15 minutes**

Global: XXX **Issue:** Annual Depression Screening **Screen:** CMS-Other - Utilization over 100,000 /High Volume Gowth8 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 16 **Specialty Developing Recommendation:** AAFP, ACP, ANA **First Identified:** April 2016 **2023 Medicare Utilization:** 2,426,489

2025 Work RVU: 0.18
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.08

RUC Recommendation: 0.18 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0445 **High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** High Volume Growth8 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** September 2022 **2023 Medicare Utilization:** 687

2025 Work RVU: 0.60
2025 NF PE RVU: 0.33
2025 Fac PE RVU: 0.25
Result: Maintain

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0446 **Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** CMS-Other - Utilization over 30,000 / High Volume Growth8 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** October 2017 **2023 Medicare Utilization:** 327,292

2025 Work RVU: 0.60
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.26
Result: Maintain

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

G0447 **Face-to-face behavioral counseling for obesity, 15 minutes**

Global: XXX **Issue:** Behavioral Counseling/Therapy **Screen:** CMS-Other - Utilization over 100,000 / Low Survey Response **Complete?** No

Most Recent RUC Meeting: September 2023 **Tab:** 17 **Specialty Developing Recommendation:** AAFP, ACP **First Identified:** April 2016 **2023 Medicare Utilization:** 277,239

2025 Work RVU: 0.60
2025 NF PE RVU: 0.34
2025 Fac PE RVU: 0.26
Result: Maintain

RUC Recommendation: 0.45

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G0452 **Molecular pathology procedure; physician interpretation and report**

Global: XXX **Issue:** Molecular Pathology Interpretation **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2019 **Tab:** 13 **Specialty Developing Recommendation:**

First Identified: October 2018 **2023 Medicare Utilization:** 155,823

2025 Work RVU: 0.93
2025 NF PE RVU: 0.51
2025 Fac PE RVU: NA

RUC Recommendation: 0.93

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Increase

G0453 **Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15 minutes (list in addition to primary procedure)**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 100,000 **Complete?** Yes

Most Recent RUC Meeting: October 2016 **Tab:** 35 **Specialty Developing Recommendation:**

First Identified: April 2016 **2023 Medicare Utilization:** 353,333

2025 Work RVU: 0.60
2025 NF PE RVU: NA
2025 Fac PE RVU: 0.30

RUC Recommendation: Remove from screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Remove from Screen

G0456 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area less than or equal to 50 square centimeters**

Global: **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013

Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Deleted from CPT

Status Report: CMS Requests and Relativity Assessment Issues

G0457 **Negative pressure wound therapy, (e.g. vacuum assisted drainage collection) using a mechanically-powered device, not durable medical equipment, including provision of cartridge and dressing(s), topical application(s), wound assessment, and instructions for ongoing care, per session; total wounds(s) surface area greater than 50 square centimeters**

Global: **Issue:** Negative Pressure Wound Therapy **Screen:** CMS Request - Final Rule for 2013 **Complete?** Yes

Most Recent RUC Meeting: January 2014 **Tab:** 17 **Specialty Developing Recommendation:**

First Identified: November 2012 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: RUC recommended to survey but no specialty society interest followed. CMS deleted.

Referred to CPT May 2013 **Result:** Deleted from CPT

Referred to CPT Asst ☐ **Published in CPT Asst:**

G0498 **Chemotherapy administration, intravenous infusion technique; initiation of infusion in the office/clinic setting using office/clinic pump/supplies, with continuation of the infusion in the community setting (e.g., home, domiciliary, rest home or assisted living) using a portable pump provided by the office/clinic, includes follow up office/clinic visit at the conclusion of the infusion**

Global: YYY **Issue:** RAW **Screen:** Contractor Priced High Volume3 **Complete?** Yes

Most Recent RUC Meeting: September 2024 **Tab:** 14 **Specialty Developing Recommendation:** ASCO, ASH

First Identified: April 2024 **2023 Medicare Utilization:** 88,383

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Remove from Screen

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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G0500 **Moderate sedation services provided by the same physician or other qualified health care professional performing a gastrointestinal endoscopic service that sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; initial 15 minutes of intra-service time; patient age 5 years or older (additional time may be reported with 99153, as appropriate)**

Global: XXX **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2021 **Tab:** 29 **Specialty Developing Recommendation:**

First Identified: October 2020 **2023 Medicare Utilization:** 250,980

2025 Work RVU: 0.10
2025 NF PE RVU: 1.57
2025 Fac PE RVU: 0.04

RUC Recommendation: Maintain

Referred to CPT

Referred to CPT Asst ☐ **Published in CPT Asst:** **Result:** Remove from Screen

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Status Report: CMS Requests and Relativity Assessment Issues

G0506 **Comprehensive assessment of and care planning for patients requiring chronic care management services (list separately in addition to primary monthly care management service)**

Global: ZZZ **Issue:** **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: October 2021 **Tab:** 20 **Specialty Developing Recommendation:** **First Identified:** October 2020 **2023 Medicare Utilization:** 148,073

2025 Work RVU: 0.87
2025 NF PE RVU: 0.96
2025 Fac PE RVU: 0.37

RUC Recommendation: Requested CMS Delete **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** Request CMS Delete

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G0516 **Insertion of non-biodegradable drug delivery implants, 4 or more (services for subdermal rod implant)**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** January 2023 **2023 Medicare Utilization:** 5

2025 Work RVU: 1.82
2025 NF PE RVU: 3.23
2025 Fac PE RVU: 0.94

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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G0517 **Removal of non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** January 2023 **2023 Medicare Utilization:** 2

2025 Work RVU: 2.10
2025 NF PE RVU: 3.60
2025 Fac PE RVU: 1.05

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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G0518 **Removal with reinsertion, non-biodegradable drug delivery implants, 4 or more (services for subdermal implants)**

Global: 000 **Issue:** Skin Adhesives (PE Only) **Screen:** PE Skin Adhesives **Complete?** Yes

Most Recent RUC Meeting: April 2023 **Tab:** 07 **Specialty Developing Recommendation:** No Interest **First Identified:** January 2023 **2023 Medicare Utilization:** 1

2025 Work RVU: 3.55
2025 NF PE RVU: 5.50
2025 Fac PE RVU: 1.61

RUC Recommendation: New PE Inputs **Referred to CPT** **Referred to CPT Asst** ☐ **Published in CPT Asst:** **Result:** PE Only

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Status Report: CMS Requests and Relativity Assessment Issues

G2010 **Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment**

Global: XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** AADA, AAFP, ACP **First Identified:** April 2022 **2023 Medicare Utilization:** 4,805

2025 Work RVU: 0.18
2025 NF PE RVU: 0.18
2025 Fac PE RVU: 0.08

RUC Recommendation: Requested CMS delete. Addressed by CPT/RUC Telemedicine Office Visits Workgroup.

Referred to CPT February 2023

Result: Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G2012 **Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion**

Global: XXX **Issue:** Telemedicine Evaluation and Management Services **Screen:** CMS-Other - Utilization over 20,000-Part3 **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:** **First Identified:** April 2022 **2023 Medicare Utilization:** 76,147

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: Requested CMS delete

Referred to CPT February 2023

Result: Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G2066 **Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results**

Global: XXX **Issue:** Remote Interrogation Device Evaluation - Cardiovascular (PE Only) **Screen:** Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: January 2023 **Tab:** 20 **Specialty Developing Recommendation:** ACC, HRS **First Identified:** April 2022 **2023 Medicare Utilization:** 1,385,431

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: PE Inputs

Referred to CPT

Result: PE Only

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G2252 **Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion**

Global: XXX **Issue:** Telemedicine Evaluation and Management Services **Screen:** Added as part of the family **Complete?** Yes

Most Recent RUC Meeting: September 2023 **Tab:** 11 **Specialty Developing Recommendation:**

First Identified: April 2023

2023 Medicare Utilization: 4,320

2025 Work RVU: 0.50
2025 NF PE RVU: 0.26
2025 Fac PE RVU: 0.22

RUC Recommendation: Requested CMS Delete

Referred to CPT
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Request CMS Delete

G6001 **Ultrasonic guidance for placement of radiation therapy fields**

Global: XXX **Issue:** Suerficial Radiation Therapy **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 17 **Specialty Developing Recommendation:** AADA, ASTRO

First Identified: October 2020

2023 Medicare Utilization: 255,869

2025 Work RVU: 0.58
2025 NF PE RVU: 4.70
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete

Referred to CPT September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Request CMS Delete

G6002 **Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO

First Identified: October 2017

2023 Medicare Utilization: 757,516

2025 Work RVU: 0.39
2025 NF PE RVU: 1.85
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete

Referred to CPT September 2024
Referred to CPT Asst ☐ **Published in CPT Asst:**

Result: Request CMS Delete

Status Report: CMS Requests and Relativity Assessment Issues

G6003 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2023 Medicare Utilization:** 58

2025 Work RVU: 0.00
2025 NF PE RVU: 4.53
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6004 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2023 Medicare Utilization:** 1,494

2025 Work RVU: 0.00
2025 NF PE RVU: 3.67
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6005 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2023 Medicare Utilization:** 486

2025 Work RVU: 0.00
2025 NF PE RVU: 3.67
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6006 **Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2023 Medicare Utilization:** 26

2025 Work RVU: 0.00
2025 NF PE RVU: 3.65
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6007 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2023 Medicare Utilization:** 53

2025 Work RVU: 0.00
2025 NF PE RVU: 6.52
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6008 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2023 Medicare Utilization:** 157

2025 Work RVU: 0.00
2025 NF PE RVU: 5.05
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6009 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2023 Medicare Utilization:** 58

2025 Work RVU: 0.00
2025 NF PE RVU: 5.09
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6010 **Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2023 Medicare Utilization:** 1

2025 Work RVU: 0.00
2025 NF PE RVU: 5.01
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6011 **Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2023 Medicare Utilization:** 3,955

2025 Work RVU: 0.00
2025 NF PE RVU: 6.66
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6012 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2023 Medicare Utilization:** 265,505

2025 Work RVU: 0.00
2025 NF PE RVU: 6.67
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6013 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2023 Medicare Utilization:** 114,006

2025 Work RVU: 0.00
2025 NF PE RVU: 6.70
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6014 **Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part1 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** January 2019 **2023 Medicare Utilization:** 7,498

2025 Work RVU: 0.00
2025 NF PE RVU: 6.66
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS DeleteRemove from screen **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6015 **Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** October 2020 **2023 Medicare Utilization:** 1,099,494

2025 Work RVU: 0.00
2025 NF PE RVU: 10.38
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

G6016 **Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session**

Global: XXX **Issue:** Radiation Oncology Treatment Delivery **Screen:** CMS-Other - Utilization over 20,000 Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2025 **Tab:** 16 **Specialty Developing Recommendation:** ACRO, ASTRO **First Identified:** September 2023 **2023 Medicare Utilization:** 3,044

2025 Work RVU: 0.00
2025 NF PE RVU: 10.38
2025 Fac PE RVU: NA

RUC Recommendation: Request CMS Delete **Referred to CPT** September 2024 **Result:** Request CMS Delete

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

G6017 **Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each fraction of treatment**

Global: YYY **Issue:** RAW **Screen:** Contractor Priced High Volume2 **Complete?** Yes

Most Recent RUC Meeting: September 2022 **Tab:** 13 **Specialty Developing Recommendation:** ASTRO **First Identified:** April 2022 **2023 Medicare Utilization:** 106,265

2025 Work RVU: 0.00
2025 NF PE RVU: 0.00
2025 Fac PE RVU: 0.00

RUC Recommendation: Removed from screen **Referred to CPT** **Result:** Remove from Screen

Referred to CPT Asst ☐ **Published in CPT Asst:**

GPCX1 **Visit complexity inherent to evaluation and management associated with medical care services that serve as the continuing focal point for all needed health care services and/or with medical care services that are part of ongoing care related to a patient's single, serious, or complex chronic condition. (Add-on code, list separately in addition to office/ outpatient evaluation and management visit, new or established)**

Global: **Issue:** Visit Complexity E/M Add-On **Screen:** CMS Request - Final Rule for 2020 **Complete?** Yes

Most Recent RUC Meeting: January 2020 **Tab:** 34 **Specialty Developing Recommendation:** **First Identified:** November 2019 **2023 Medicare Utilization:**

2025 Work RVU:
2025 NF PE RVU:
2025 Fac PE RVU:

RUC Recommendation: No recommendation on physician work, time or PE for this code. CMS estimates of utilization for code GPC1X should be more conservative. **Referred to CPT** **Result:** N/A

Referred to CPT Asst ☐ **Published in CPT Asst:**

P3001 **Screening papanicolaou smear, cervical or vaginal, up to three smears, requiring interpretation by physician**

Global: XXX **Issue:** Cytopathology Cervical/Vaginal **Screen:** CMS-Other - Utilization over 30,000 **Complete?** Yes

Most Recent RUC Meeting: April 2018 **Tab:** 26 **Specialty Developing Recommendation:** CAP **First Identified:** October 2017 **2023 Medicare Utilization:** 746

2025 Work RVU: 0.26
2025 NF PE RVU: 0.48
2025 Fac PE RVU: 0.48

RUC Recommendation: 0.42 **Referred to CPT** **Result:** Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

Status Report: CMS Requests and Relativity Assessment Issues

Q0091 **Screening papanicolaou smear; obtaining, preparing and conveyance of cervical or vaginal smear to laboratory** **Global:** XXX **Issue:** RAW **Screen:** CMS-Other - Utilization over 30,000-Part2 **Complete?** Yes

Most Recent RUC Meeting: January 2019 **Tab:** 37 **Specialty Developing Recommendation:** No Specialty Society Interest **First Identified:** October 2018 **2023 Medicare Utilization:** 394,464

2025 Work RVU: 0.37
2025 NF PE RVU: 0.95
2025 Fac PE RVU: 0.15

RUC Recommendation: RUC recommended to survey but no specialty society interest followed.

Referred to CPT

Result: Maintain

Referred to CPT Asst ☐ **Published in CPT Asst:**

CPT	2025 Long Descriptor	Issue	Most Recent RUC Meeting Date	Tab	Next RUC Review	RUC or RAW to Review	Specialty Society to Survey	RUC Recommendation	Screen	First Identified - RUC Meeting Date	Global	2025 Work RVUs/Base Unit	2025 NF PE RVUs	2025 Fac PE RVUs	2025 PLI RVUs	2023 Medicare Util	Referred to CPT Asst	CPT Asst Status	CPT Asst Complete	Referred to CPT	Refer to CPT Background	CPT Meeting	CPT Tab	CPT Ed Panel Status Complete?	Complete	Result
00534	Anesthesia for transvenc	RAW	January 2019	37			ASA	Remove from screen	High Volume	October 20	XXX	7	0.00	0.00	0	26367	FALSE			FALSE					TRUE	Remove from Screen
00537	Anesthesia for cardiac el	Anesthesia for Cardiac E	October 2020	13			ASA	12	High Volume Growth4	October 20	XXX	10	0.00	0.00	0	113270	FALSE			FALSE					TRUE	Increase
00560	Anesthesia for procedur	RAW	January 2019	37			ASA	Remove from screen	High Volume Growth5	October 20	XXX	15	0.00	0.00	0	60403	FALSE			FALSE					TRUE	Remove from Screen
00731	Anesthesia for upper gas	Anesthesia for Intestina	January 2017	04			ASA	5 base units	CMS Request - Final Rule for 20	September	XXX	5	0.00	0.00	0	1026775	FALSE			FALSE		September	12	yes	TRUE	Maintain
00732	Anesthesia for upper gas	Anesthesia for Intestina	January 2017	04			ASA	6 base units	CMS Request - Final Rule for 20	September	XXX	6	0.00	0.00	0	90204	FALSE			FALSE		September	12	yes	TRUE	Increase
00740	Anesthesia for upper gas	Anesthesia for Intestina	January 2017	04			ASA	Deleted from CPT	CMS Request - Final Rule for 20	July 2015							FALSE			TRUE	In April 2016,	September	12	yes	TRUE	Deleted from CPT
00810	Anesthesia for lower inte	Anesthesia for Intestina	January 2017	04			ASA	Deleted from CPT	CMS Request - Final Rule for 20	July 2015							FALSE			TRUE	In April 2016,	September	12	yes	TRUE	Deleted from CPT
00811	Anesthesia for lower inte	Anesthesia for Intestina	April 2017	04			ASA	4 base units	CMS Request - Final Rule for 20	September	XXX	4	0.00	0.00	0	1089300	FALSE			FALSE		September	12	yes	TRUE	Decrease
00812	Anesthesia for lower inte	Anesthesia for Intestina	April 2017	04			ASA	3 base units	CMS Request - Final Rule for 20	September	XXX	3	0.00	0.00	0	566678	FALSE			FALSE		September	12	yes	TRUE	Decrease
00813	Anesthesia for combined	Anesthesia for Intestina	January 2017	04			ASA	5 base units	CMS Request - Final Rule for 20	September	XXX	5	0.00	0.00	0	481233	FALSE			FALSE		September	12	yes	TRUE	Maintain
00918	Anesthesia for transuret	Anesthesia for transure	January 2021	29				Maintain	High Volume Growth7	October 20	XXX	5	0.00	0.00	0	103904	FALSE			FALSE					TRUE	Remove from Screen
01916	Anesthesia for diagnosti	RAW	September 2023	22				Maintain	High Volume Growth6	October 20	XXX	5	0.00	0.00	0	34619	FALSE			FALSE					TRUE	Maintain
01930	Anesthesia for therapeut	Anesthesia for Interven	February 2008	S			ASA	Remove from screen	High Volume Growth1	February 2(	XXX	5	0.00	0.00	0	12602	FALSE			FALSE					TRUE	Remove from Screen
01935	Anesthesia for percutane	Anesthesia Services for	January 2021	04			ASA	Deleted from CPT	High Volume Growth4	January 20:	XXX						FALSE			FALSE		October 20	15	complete	TRUE	Deleted from CPT
01936	Anesthesia for percutane	Anesthesia Services for	January 2021	04			ASA	Deleted from CPT	High Volume Growth4	October 20	XXX						FALSE			TRUE	This service v	October 20	15	complete	TRUE	Deleted from CPT
01937	Anesthesia for percutane	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 20:	XXX	4	0.00	0.00	0	24366	FALSE			FALSE		October 20	15	complete	TRUE	Decrease
01938	Anesthesia for percutane	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 20:	XXX	4	0.00	0.00	0	91030	FALSE			FALSE		October 20	15	complete	TRUE	Decrease
01939	Anesthesia for percutane	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 20:	XXX	4	0.00	0.00	0	17459	FALSE			FALSE		October 20	15	complete	TRUE	Decrease
01940	Anesthesia for percutane	Anesthesia Services for	January 2021	04			ASA	4	High Volume Growth4	January 20:	XXX	4	0.00	0.00	0	53408	FALSE			FALSE		October 20	15	complete	TRUE	Decrease
01941	Anesthesia for percutane	Anesthesia Services for	January 2021	04			ASA	6	High Volume Growth4	January 20:	XXX	5	0.00	0.00	0	20385	FALSE			FALSE		October 20	15	complete	TRUE	Increase
01942	Anesthesia for percutane	Anesthesia Services for	January 2021	04			ASA	6	High Volume Growth4	January 20:	XXX	5	0.00	0.00	0	39102	FALSE			FALSE		October 20	15	complete	TRUE	Increase
10004	Fine needle aspiration bi	Fine Needle Aspiration	October 2017	04				0.80	CMS High Expenditure Procedu	June 2017	ZZZ	0.8	0.67	0.37	0.13	219	FALSE			FALSE					TRUE	Decrease
10005	Fine needle aspiration bi	Fine Needle Aspiration	January 2020	21				1.63	CMS High Expenditure Procedu	June 2017	XXX	1.46	2.37	0.55	0.16	130977	FALSE			FALSE					TRUE	Decrease
10006	Fine needle aspiration bi	Fine Needle Aspiration	October 2017	04				1.00	CMS High Expenditure Procedu	June 2017	ZZZ	1	0.70	0.38	0.1	29889	FALSE			FALSE					TRUE	Decrease
10007	Fine needle aspiration bi	Fine Needle Aspiration	October 2017	04				1.81	CMS High Expenditure Procedu	June 2017	XXX	1.81	7.05	0.62	0.23	656	FALSE			FALSE					TRUE	Decrease
10008	Fine needle aspiration bi	Fine Needle Aspiration	October 2017	04				1.18	CMS High Expenditure Procedu	June 2017	ZZZ	1.18	2.91	0.21	0.16	14	FALSE			FALSE					TRUE	Decrease
10009	Fine needle aspiration bi	Fine Needle Aspiration	October 2017	04				2.43	CMS High Expenditure Procedu	June 2017	XXX	2.26	10.06	0.73	0.22	1911	FALSE			FALSE					TRUE	Decrease
10010	Fine needle aspiration bi	Fine Needle Aspiration	October 2017	04				1.65	CMS High Expenditure Procedu	June 2017	ZZZ	1.65	5.18	0.29	0.21	31	FALSE			FALSE					TRUE	Decrease
10011	Fine needle aspiration bi	Fine Needle Aspiration	January 2018	04				Contractor Price	CMS High Expenditure Procedu	June 2017	XXX	0	0.00	0.00	0	77	FALSE			FALSE					TRUE	Contractor Price
10012	Fine needle aspiration bi	Fine Needle Aspiration	January 2018	04				Contractor Price	CMS High Expenditure Procedu	June 2017	ZZZ	0	0.00	0.00	0	65	FALSE			FALSE					TRUE	Contractor Price
10021	Fine needle aspiration bi	Fine Needle Aspiration	January 2020	21			AACE, ASBS	1.20	CMS Request - Final Rule for 20	July 2015	XXX	1.03	1.84	0.47	0.15	10386	FALSE			TRUE	The specialty	June 2017	06	yes	TRUE	Decrease
10022	Fine needle aspiration; w	Fine Needle Aspiration	October 2017	04			AACE, ASBS	Deleted from CPT	CMS Fastest Growing / CMS Hig	October 2008							FALSE			TRUE	The specialty	June 2017	06	yes	TRUE	Deleted from CPT
10030	Image-guided fluid colle	Drainage of Abscess	January 2013	04			ACR, SIR	3.00	Codes Reported Together 75% (	January 20:	000	2.75	15.52	0.95	0.29	7452	FALSE			FALSE		October 20	06	Complete	TRUE	Decrease
10040	Acne surgery (eg, marsu	Acne Surgery	April 2016	13			AAD	0.91	Harvard Valued - Utilization ove	October 20	010	0.91	2.47	0.55	0.1	45579	FALSE			FALSE					TRUE	Decrease
10060	Incision and drainage of	Incision and Drainage of	October 2010	07			APMA	1.50	Harvard Valued - Utilization ove	February 2(	010	1.22	2.49	1.89	0.13	278408	FALSE			FALSE					TRUE	Increase
10061	Incision and drainage of	Incision and Drainage of	January 2020	37			APMA	Maintain. 2.45	Harvard Valued - Utilization ove	October 20	010	2.45	3.69	2.81	0.3	92801	FALSE			FALSE					TRUE	Maintain
10120	Incision and removal of foreign body, subcutanec		September 2011	12			APMA, AAF	1.25	Harvard Valued - Utilization ove	April 2011	010	1.22	3.18	1.83	0.15	37789	FALSE			FALSE					TRUE	Maintain
10180	Incision and drainage, complex, postoperative wc		October 2013	18				Remove from re-review	RUC identified when reviewing	January 20:	010	2.3	5.09	2.62	0.52	6411	FALSE			FALSE					TRUE	Maintain
11040	Deleted from CPT	Excision and Debrideme	September 2007	16			APMA, APT	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	Descriptor en	October 20	15	Code Deletec	TRUE	Deleted from CPT
11041	Deleted from CPT	Excision and Debrideme	September 2007	16			APMA, APT	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	Descriptor en	October 20	15	Code Deletec	TRUE	Deleted from CPT
11042	Debridement, subcutane	Excision and Debrideme	February 2010	04			APMA, APT	1.12	Site of Service Anomaly	September	000	1.01	2.73	0.68	0.13	1968984	FALSE			TRUE	Descriptor en	October 20	15	Complete	TRUE	Increase
11043	Debridement, muscle an	Debridement	February 2010	04			APMA, APT	3.00	Site of Service Anomaly	September	000	2.7	3.85	1.50	0.42	501856	FALSE			TRUE	Descriptor en	October 20	15	Complete	TRUE	Decrease
11044	Debridement, bone (incl	Debridement	February 2010	04			APMA, APT	4.56	Site of Service Anomaly	September	000	4.1	4.57	1.99	0.64	100601	FALSE			TRUE	Descriptor en	October 20	15	Complete	TRUE	Increase
11045	Debridement, subcutane	Excision and Debrideme	February 2010	04			ACS, APMA	0.69	Site of Service Anomaly	February 2(	ZZZ	0.5	0.62	0.17	0.07	595289	FALSE			FALSE					TRUE	Increase
11046	Debridement, muscle an	Debridement	April 2024	12			AAFP, ACS,	1.29	Site of Service Anomaly / High V	February 2(	ZZZ	1.03	0.97	0.41	0.18	306373	FALSE			FALSE					TRUE	Decrease
11047	Debridement, bone (incl	Debridement	January 2020	37			ACS, APMA	2.00	Site of Service Anomaly / High V	February 2(	ZZZ	1.8	1.48	0.74	0.35	93968	FALSE			FALSE					TRUE	Increase
11055	Paring or cutting of beni	RAW Review	January 2012	30			APMA	Maintain	CMS Request to Re-Review Fam	November	000	0.35	1.72	0.08	0.03	774024	FALSE			FALSE					TRUE	Maintain
11056	Paring or cutting of beni	Trim Skin Lesions	January 2012	53			APMA	0.50	MPC List / CMS Request to Re-R	October 20	000	0.5	1.90	0.12	0.04	1797432	FALSE			FALSE					TRUE	Decrease
11057	Paring or cutting of beni	RAW Review	January 2012	30			APMA	Maintain	CMS Request to Re-Review Fam	November	000	0.65	1.97	0.15	0.04	305280	FALSE			FALSE					TRUE	Maintain
11100	Biopsy of skin, subcutane	Biopsy of Skin Lesion	April 2017	05			AAD	Deleted from CPT	MPC List / CMS High Expenditur	October 2010							FALSE			TRUE	Prior to the J	February 2(	65	yes	TRUE	Deleted from CPT
11101	Biopsy of skin, subcutane	Biopsy of Skin Lesion	April 2017	05			AAD	Deleted from CPT	Low Value Billed in Multiple Uni	October 2010							FALSE			TRUE	Prior to the J	February 2(	65	yes	TRUE	Deleted from CPT
11102	Tangential biopsy of skin	Skin Biopsy	April 2017	05				0.66	CMS High Expenditure Procedu	February 2(	000	0.66	2.24	0.40	0.06	3391157	FALSE			FALSE		February 2(	65	yes	TRUE	Decrease
11103	Tangential biopsy of skin	Skin Biopsy	April 2017	05				0.38	CMS High Expenditure Procedu	February 2(	ZZZ	0.38	1.06	0.23	0.04	1443613	FALSE			FALSE		February 2(	65	yes	TRUE	Decrease
11104	Punch biopsy of skin (inc	Skin Biopsy	April 2017	05				0.83	CMS High Expenditure Procedu	February 2(	000	0.83	2.76	0.47	0.1	295911	FALSE			FALSE		February 2(	65	yes	TRUE	Decrease
11105	Punch biopsy of skin (inc	Skin Biopsy	April 2017	05				0.45	CMS High Expenditure Procedu	February 2(	ZZZ	0.45	1.27	0.25	0.06	78806	FALSE			FALSE		February 2(	65	yes	TRUE	Decrease
11106	Incisional biopsy of skin (	Skin Biopsy	April 2017	05				1.01	CMS High Expenditure Procedu	February 2(	000	1.01	3.45	0.55	0.13	30395	FALSE			FALSE		February 2(	65	yes	TRUE	Decrease
11107	Incisional biopsy of skin (	Skin Biopsy	April 2017	05				0.54	CMS High Expenditure Procedu	February 2(	ZZZ	0.54	1.50	0.31	0.06	6205	FALSE			FALSE		February 2(	65	yes	TRUE	Decrease
11300	Shaving of epidermal or (	Shaving of Epidermal or	April 2012	38			AAD	0.60	CMS High Expenditure Procedu	January 20:	000	0.6	2.29	0.35	0.06	96456	FALSE			FALSE					TRUE	Increase
11301	Shaving of epidermal or (	Shaving of Epidermal or	April 2012	38			AAD	0.90	CMS High Expenditure Procedu	January 20:	000	0.9	2.59	0.54	0.1	195446	FALSE			FALSE					TRUE	Increase
11302	Shaving of epidermal or (	Shaving of Epidermal or	April 2012	38			AAD	1.16	CMS High Expenditure Procedu	January 20:	000	1.05	2.90	0.62	0.12	100707	FALSE			FALSE					TRUE	Increase
11303	Shaving of epidermal or (	Shaving of Epidermal or	April 2012	38			AAD	1.25	CMS High Expenditure Procedu	January 20:	000	1.25	3.12	0.74	0.15	16615	FALSE			FALSE					TRUE	Increase
11305	Shaving of epidermal or (	Shaving of Epidermal or	September 2024	14			AAD	Refer to CPT Assistant. 0.80	CMS High Expenditure Procedu	January 20:	000	0.8	2.24	0.25	0.06	82089	TRUE			FALSE					FALSE	Increase
11306	Shaving of epidermal or (	Shaving of Epidermal or	April 2012	38			AAD	1.18	CMS High Expenditure Procedu	January 20:	000	0.96	2.57	0.41	0.08	98427	FALSE			FALSE					TRUE	Increase
11307	Shaving of epidermal or (	Shaving of Epidermal or	April 2012	38			AAD	1.20	CMS High Expenditure Procedu	January 20:	000	1.2	2.76	0.52	0.12	53372	FALSE			FALSE					TRUE	Increase
11308	Shaving of epidermal or (	Shaving of Epidermal or	September 2024	14			AAD	Refer to CPT Assistant. 1.46	CMS High Expenditure Procedu	January 20:	000	1.46	2.71	0.47	0.13	19986	TRUE			FALSE					FALSE	Increase
11310	Shaving of epidermal or (	Shaving of Epidermal or	April 2012	38			AAD	1.19	CMS High Expenditure Procedu	January 20:	000	0.8	2.53	0.47	0.08	58089	FALSE			FALSE					TRUE	Increase
11311	Shaving of epidermal or (	Shaving of Epidermal or	April 2012	38			AAD	1.43	CMS High Expenditure Procedu	January 20:	000	1.1	2.84	0.65	0.13	83474	FALSE			FALSE					TRUE	Increase
11312	Shaving of epidermal or (	Shaving of Epidermal or	April 2012	38			AAD	1.80	CMS High Expenditure Procedu	January 20:	000	1.3	3.18	0.78	0.15	37944	FALSE			FALSE					TRUE	Increase
11313	Shaving of epidermal or (	Shaving of Epidermal or	April 2012	38			AAD	2.00	CMS High Expenditure Procedu	January 20:	000	1.68	3.53	1.00	0.18	6538	FALSE			FALSE					TRUE	Increase
11719	Trimming of nondystropl	Debridement of Nail	January 2012	32			APMA	0.17	Low Value-High Volume	October 20	000	0.17	0.25	0.04	0.01	562353	FALSE			FALSE					TRUE	Maintain
11720	Debridement of nail(s) b	Debridement of Nail	September 2011	53			APMA	0.32 (Interim)	MPC List	Septemer 2	000	0.32	0.64	0.08	0.03	1886100	FALSE			FALSE					TRUE	Maintain
11721	Debridement of nail(s) b	Debridement of Nail	September 2011	53			APMA	0.54 (Interim)	MPC List	October 20	000	0.54	0.77	0.13	0.04	5416583	FALSE			FALSE					TRUE	Maintain
11730	Avulsion of nail plate, pa	Removal of Nail Plate	January 2016	56			APMA	1.10	CMS High Expenditure Procedu	July 2015	000	1.05	2.29	0.48	0.08	221857	FALSE			FALSE					TRUE	Maintain
11750	Excision of nail and nail r	Excision of Nail Bed - HC	September 2014	26		RUC Review work and (		1.99	010-Day Global Post-Operative	January 20:	010	1.58	3.09	1.36	0.13	148449	FALSE			FALSE					TRUE	Decrease
11752	Excision of nail and nail r	Excision of Nail Bed - HC	January 2015	28				Deleted from CPT	010-Day Global Post-Operative	January 2014							FALSE			TRUE	The Americar	October 20	09	Code Deletec	TRUE	Deleted from CPT
11755	Biopsy of nail unit (eg, pl	Biopsy of Nail	April 2017	41i			APMA	1.25	CMS 000-Day Global Typically R	July 2016	000	1.25	2.29	0.46	0.1	54948	FALSE			FALSE					TRUE	Decrease
11900	Injection, intralesional; u	Skin Injection Services	April 2010	31			AAD	0.52	Harvard Valued - Utilization ove	October 20	000	0.52	1.15	0.31	0.05	255998	FALSE			FALSE					TRUE	Maintain
11901	Injection, intralesional; n	Skin Injection Services	April 2010	31			AAD	0.80	Harvard Valued - Utilization ove	February 2(	000	0.8	1.23	0.48	0.07	64313	FALSE			FALSE					TRUE	Maintain
11980	Subcutaneous hormone	Drug Delivery Implant P	October 2018	05			AAOS, ACO	1.10	High Volume Growth2 / Differe	April 2013	000	1.1	1.58	0.40	0.15	26223	FALSE			TRUE	In January 20	May 2018	10	Yes	TRUE	Decrease
11981	Insertion, drug-delivery i	Drug Delivery Implant P	October 2018	05			AAOS, ACO	1.30	High Volume Growth1 / Differe	June 2008	000	1.14	1.68	0.54	0.21	7979	FALSE			TRUE	In January 20	May 2018	10	Yes	TRUE	Decrease
11982	Removal, non-biodegrad	Drug Delivery Implant P	October 2018	05			AAOS, ACO	1.70	High Volume Growth1 / Differe	February 2(	000	1.34	1.74	0.61	0.23	1823	FALSE			TRUE	In January 20	May 2018	10	Yes	TRUE	Decrease
11983	Removal with reinsertior	Drug Delivery Implant P	October 2018	05			AAOS, ACO	2.10	High Volume Growth1	June 2008	000	1.91	2.00	0.85	0.34	970	FALSE			FALSE					TRUE	Decrease
12001	Simple repair of superfic	Repair of Superficial Wc	April 2010	32			ACEP, AAFF	0.84	Harvard Valued - Utilization ove	October 20	000	0.84	1.82	0.34	0.16	148478	FALSE			FALSE					TRUE	Decrease
12002	Simple repair of superfic	Repair of Superficial Wc	April 2010	32			ACEP, AAFF	1.14	Harvard Valued - Utilization ove	October 20	000	1.14	2.07	0.40	0.22	123416	FALSE			FALSE					TRUE	Decrease
12004	Simple repair of superfic	Repair of Superficial Wc	April 2010	32			ACEP, AAFF	1.44	Harvard Valued - Utilization ove	April 2010	000	1.44	2.27	0.47	0.28	19335	FALSE			FALSE					TRUE	Decrease
12005	Simple repair of superfic	Repair of Superficial Wc	April 2010	32			ACEP, AAFF	1.97	Harvard Valued - Utilization ove	April 2010	000	1.97	2.95	0.46	0.39	5269	FALSE			FALSE					TRUE	Decrease
12006	Simple repair of superfic	Repair of Superficial Wc	April 2010	32			ACEP, AAFF	2.39	Harvard Valued - Utilization ove	April 2010	000	2.39	3.28	0.60	0.5	924	FALSE			FALSE					TRUE	Decrease
12007	Simple repair of superfic	Repair of Superficial Wc	April 2010	32			ACEP, AAFF	2.90	Harvard Valued - Utilization ove	April 2010	000	2.9	3.39	0.84	0.59	345	FALSE			FALSE					TRUE	Decrease
12011	Simple repair of superfic	Repair of Superficial Wc	April 2010	32			ACEP, AAFF	1.07	Harvard Valued - Utilization ove	April 2010	000	1.07	2.09	0.39	0.21	79735	FALSE			FALSE					TRUE	Decrease
12013	Simple repair of superfic	Repair of Superficial Wc	April 2010	32			ACEP, AAFF	1.22	Harvard Valued - Utilization ove	April 2010	000	1.22	2.05	0.27	0.24	47327	FALSE			FALSE					TRUE	Decrease
12014	Simple repair of superfic	Repair of Superficial Wc	April 2010	32			ACEP, AAFF	1.57	Harvard Valued - Utilization ove	April 2010	000	1.57	2.39	0.35	0.3	6449	FALSE			FALSE					TRUE	Decrease
12015	Simple repair of superfic	Repair of Superficial Wc	April 2010	32			ACEP, AAFF	1.98	Harvard Valued - Utilization ove	April 2010	000	1.98	2.81	0.43	0.4	3092	FALSE			FALSE					TRUE	Decrease
12016	Simple repair of superfic	Repair of Superficial Wc	April 2010	32			ACEP, AAFF	2.68	Harvard Valued - Utilization ove	April 2010	000	2.68	3.40	0.58	0.55	472	FALSE			FALSE					TRUE	Decrease
12017	Simple repair of superfic	Repair of Superficial Wc	April 2010	32			ACEP, AAFF	3.18	Harvard Valued - Utilization ove	April 2010	000	3.18	NA	0.75	0.67	49	FALSE			FALSE					TRUE	Decrease
12018	Simple repair of superfic	Repair of Superficial Wc	April 2010	32			ACEP, AAFF	3.61	Harvard Valued - Utilization ove	April 2010	000	3.61	NA	0.83	0.77	21	FALSE			FALSE					TRUE	Decrease
12031	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	2.00	Harvard Valued - Utilization ove	February 2(	010	2	5.58	2.33	0.24	62162	FALSE			FALSE					TRUE	Decrease
12032	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	2.52	Harvard Valued - Utilization ove	October 20	010	2.52	6.28	2.94	0.29	341859	FALSE			FALSE					TRUE	Maintain
12034	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	2.97	Harvard Valued - Utilization ove	February 2(	010	2.97	6.63	2.83	0.39	34157	FALSE			FALSE					TRUE	Maintain
12035	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	3.60	Harvard Valued - Utilization ove	February 2(	010	3.5	7.55	3.17	0.63	5583	FALSE			FALSE					TRUE	Increase
12036	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	4.50	Harvard Valued - Utilization ove	February 2(	010	4.23	7.98	3.45	0.86	1086	FALSE			FALSE					TRUE	Increase

12037	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	5.25	Harvard Valued - Utilization ove	February 2(	010	5	8.62	3.85	1.04	489	FALSE			FALSE						TRUE	Increase
12041	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	2.10	Harvard Valued - Utilization ove	February 2(	010	2.1	5.49	2.03	0.27	20316	FALSE			FALSE						TRUE	Decrease
12042	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	2.79	Harvard Valued - Utilization ove	February 2(	010	2.79	6.14	2.79	0.33	65352	FALSE			FALSE						TRUE	Maintain
12044	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	3.19	Harvard Valued - Utilization ove	February 2(	010	3.19	7.78	2.82	0.48	3182	FALSE			FALSE						TRUE	Maintain
12045	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	3.90	Harvard Valued - Utilization ove	February 2(	010	3.75	7.97	3.82	0.66	345	FALSE			FALSE						TRUE	Increase
12046	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	4.60	Harvard Valued - Utilization ove	February 2(	010	4.3	9.63	4.24	1.1	79	FALSE			FALSE						TRUE	Increase
12047	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	5.50	Harvard Valued - Utilization ove	February 2(	010	4.95	10.27	4.47	1.26	46	FALSE			FALSE						TRUE	Increase
12051	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	2.33	Harvard Valued - Utilization ove	February 2(	010	2.33	5.81	2.48	0.29	50441	FALSE			FALSE						TRUE	Decrease
12052	Repair, intermediate, wc	Repair of Intermediate \	April 2010	45			AAO-HNS, /	Remove from screen	Harvard Valued - Utilization ove	February 2(	010	2.87	6.20	2.80	0.35	98459	FALSE			FALSE						TRUE	Remove from Screen
12053	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	3.17	Harvard Valued - Utilization ove	February 2(	010	3.17	7.27	2.93	0.39	15870	FALSE			FALSE						TRUE	Maintain
12054	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	3.50	Harvard Valued - Utilization ove	February 2(	010	3.5	7.39	2.62	0.51	3816	FALSE			FALSE						TRUE	Maintain
12055	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	4.65	Harvard Valued - Utilization ove	February 2(	010	4.5	9.69	3.77	0.82	287	FALSE			FALSE						TRUE	Increase
12056	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	5.50	Harvard Valued - Utilization ove	February 2(	010	5.3	11.10	5.36	0.98	31	FALSE			FALSE						TRUE	Increase
12057	Repair, intermediate, wc	Repair of Intermediate \	October 2010	22			AAO-HNS, /	6.28	Harvard Valued - Utilization ove	February 2(	010	6	11.02	5.59	1.11	29	FALSE			FALSE						TRUE	Increase
13100	Repair, complex, trunk; 1	Complex Wound Repair	April 2012	37			AAD, AAO-I	3.00	CMS Request	July 2011	010	3	6.76	2.65	0.39	4904	FALSE			FALSE						TRUE	Decrease
13101	Repair, complex, trunk; 2	Complex Wound Repair	April 2012	37			AAD, AAO-I	3.50	CMS Request	July 2011	010	3.5	7.86	3.47	0.43	90990	FALSE			FALSE						TRUE	Decrease
13102	Repair, complex, trunk; e	Complex Wound Repair	April 2012	37			AAD, AAO-I	1.24	CMS Request	July 2011	ZZZ	1.24	2.03	0.70	0.2	21515	FALSE			FALSE						TRUE	Maintain
13120	Repair, complex, scalp, a	Complex Wound Repair	October 2017	19			AAD, AAO-I	3.23	CMS Fastest Growing / CPT Assi	October 20	010	3.23	6.94	3.30	0.4	11362	TRUE	1st article:	Yes	FALSE		September	9	Complete		TRUE	Decrease
13121	Repair, complex, scalp, a	Complex Wound Repair	October 2017	19			AAD, AAO-I	4.00	CMS Fastest Growing / CPT Assi	October 20	010	4	8.17	3.26	0.49	201068	TRUE	1st article:	Yes	FALSE		September	9	Complete		TRUE	Decrease
13122	Repair, complex, scalp, a	Complex Wound Repair	October 2017	19			AAD, AAO-I	1.44	CMS Fastest Growing / CPT Assi	October 20	ZZZ	1.44	2.12	0.80	0.21	27096	TRUE	1st article:	Yes	FALSE		September	9	Complete		TRUE	Maintain
13131	Repair, complex, forehe	Complex Wound Repair	April 2012	37			AAD, AAO-I	3.73	Harvard Valued - Utilization ove	April 2011	010	3.73	7.37	3.07	0.48	34352	FALSE			FALSE						TRUE	Decrease
13132	Repair, complex, forehe	Complex Wound Repair	April 2012	37			AAD, AAO-I	4.78	CMS Request	September	010	4.78	8.69	3.73	0.55	268017	FALSE			FALSE						TRUE	Decrease
13133	Repair, complex, forehe	Complex Wound Repair	April 2012	37			AAD, AAO-I	2.19	CMS Request	September	ZZZ	2.19	2.56	1.26	0.28	13530	FALSE			FALSE						TRUE	Maintain
13150	Repair, complex, eyelids,	Complex Wound Repair	April 2012	37			AAD, AAO-I	Deleted from CPT	CMS Request	September	2011						FALSE			TRUE	Specialties ar	October 20	05	Deleted from		TRUE	Deleted from CPT
13151	Repair, complex, eyelids,	Complex Wound Repair	April 2012	37			AAD, AAO-I	4.34	CMS Request	September	010	4.34	7.73	3.46	0.55	28639	FALSE			FALSE						TRUE	Decrease
13152	Repair, complex, eyelids,	Complex Wound Repair	September 2024	14	September 2025	RAW	AAD, AAO-I	Reviewin 1 year. 5.34	Harvard Valued - Utilization ove	April 2011	010	5.34	8.81	4.05	0.64	49576	FALSE			FALSE						FALSE	Decrease
13153	Repair, complex, eyelids,	Complex Wound Repair	April 2012	37			AAD, AAO-I	2.38	CMS Request	July 2011	ZZZ	2.38	2.80	1.34	0.38	692	FALSE			FALSE						TRUE	Maintain
14000	Adjacent tissue transfer	Skin Tissue Rearrangem	October 2008	9			ACS, AAD, /	6.19	Site of Service Anomaly	April 2008	090	6.37	11.78	7.84	1.15	5485	FALSE			FALSE						TRUE	Decrease
14001	Adjacent tissue transfer	Skin Tissue Rearrangem	October 2008	9			ACS, AAD, /	8.58	Site of Service Anomaly	September	090	8.78	14.14	9.39	1.65	7985	FALSE			FALSE						TRUE	Decrease
14020	Adjacent tissue transfer	Skin Tissue Rearrangem	October 2008	9			AAD, ASPS	7.02	Site of Service Anomaly	April 2008	090	7.22	13.05	8.96	1.03	15513	FALSE			FALSE						TRUE	Decrease
14021	Adjacent tissue transfer	Skin Tissue Rearrangem	October 2008	9			AAD, ASPS	9.52	Site of Service Anomaly / CMS F	September	090	9.72	15.22	10.39	1.37	18582	FALSE			FALSE						TRUE	Decrease
14040	Adjacent tissue transfer	Skin Tissue Rearrangem	October 2008	9			AAD, ASPS,	8.44	Site of Service Anomaly	April 2008	090	8.6	13.31	9.19	1.11	56749	FALSE			FALSE						TRUE	Maintain
14041	Adjacent tissue transfer	Skin Tissue Rearrangem	October 2008	9			AAD, ASPS,	10.63	Site of Service Anomaly	September	090	10.83	15.80	10.88	1.35	44021	FALSE			FALSE						TRUE	Decrease
14060	Adjacent tissue transfer	Skin Tissue Rearrangem	October 2008	9			AAD, ASPS,	Maintain	Site of Service Anomaly	April 2008	090	9.23	12.89	9.77	1.12	78850	FALSE			FALSE						TRUE	Maintain
14061	Adjacent tissue transfer	Skin Tissue Rearrangem	October 2008	9			AAD, ASPS,	11.25	Site of Service Anomaly	September	090	11.48	17.27	11.82	1.42	30201	FALSE			FALSE						TRUE	Decrease
14300	Deleted from CPT	Adjacent Tissue Transfe	April 2009	04			ACS, AAD, /	Deleted from CPT	Site of Service Anomaly / CMS F	September	2007						FALSE			TRUE	The specialty	February 2(	09	Code Deletec		TRUE	Deleted from CPT
14301	Adjacent tissue transfer	Adjacent Tissue Transfe	April 2009	04			ACS, AAO-I	12.47	Site of Service Anomaly / CMS F	September	090	12.65	17.94	11.54	2.06	42545	FALSE			FALSE		February 2(	09			TRUE	Decrease
14302	Adjacent tissue transfer	Adjacent Tissue Transfe	April 2009	04			ACS, AAO-I	3.73	Site of Service Anomaly / CMS F	September	ZZZ	3.73	2.04	2.04	0.66	55376	FALSE			FALSE		February 2(	09			TRUE	Decrease
15002	Surgical preparation or c	RAW	September 2014	21			ASPS	Maintain work RVU and adjust th	Pre-Time Analysis	January 20:	000	3.65	5.94	2.30	0.65	26604	FALSE			FALSE						TRUE	Maintain
15004	Surgical preparation or c	RAW	September 2014	21			ASPS, APM,	Maintain work RVU and adjust th	Pre-Time Analysis	January 20:	000	4.58	6.54	2.60	0.63	35593	FALSE			FALSE						TRUE	Maintain
15100	Split-thickness autograft	RAW	September 2014	21			ASPS	Maintain work RVU and adjust th	Pre-Time Analysis	January 20:	090	9.9	14.34	9.86	1.92	9709	FALSE			FALSE						TRUE	Maintain
15120	Split-thickness autograft	Autograft	September 2007	16			AAO-HNS, /	Remove from screen	Site of Service Anomaly	September	090	10.15	13.69	9.09	1.64	6734	FALSE			FALSE						TRUE	Remove from Screen
15170	Acellular dermal replace	Acellular Dermal Replac	February 2010	31			APMA, ASP	Deleted from CPT	Different Performing Specialty f	February 2010							FALSE			FALSE						TRUE	Deleted from CPT
15171	Acellular dermal replace	Acellular Dermal Replac	February 2010	31			APMA, ASP	Deleted from CPT	Different Performing Specialty f	February 2010							FALSE			FALSE						TRUE	Deleted from CPT
15175	Acellular dermal replace	Acellular Dermal Replac	February 2010	31			APMA, ASP	Deleted from CPT	Different Performing Specialty f	October 2009							FALSE			TRUE	The specialty	October 20	07	Complete		TRUE	Deleted from CPT
15176	Acellular dermal replace	Acellular Dermal Replac	February 2010	31			APMA, ASP	Deleted from CPT	Different Performing Specialty f	February 2010							FALSE			FALSE						TRUE	Deleted from CPT
15220	Full thickness graft, free,	Skin Graft	September 2007	16			AAO-HNS, /	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	090	8.09	13.98	9.21	1.15	8779	FALSE			FALSE						TRUE	PE Only
15240	Full thickness graft, free,	RAW	September 2014	21			ASPS, AAD	Maintain work RVU and adjust th	Pre-Time Analysis	January 20:	090	10.41	16.25	12.27	1.41	11765	FALSE			FALSE						TRUE	Maintain
15271	Application of skin substi	Chronic Wound Dermal	April 2011	04			ACS, APMA	1.50	Different Performing Specialty f	April 2011	000	1.5	2.88	0.81	0.21	217251	FALSE			FALSE		February 2011				TRUE	Decrease
15272	Application of skin substi	Chronic Wound Dermal	September 2024	14		RAW	ACS, APMA	Remove from screen. 0.59	Different Performing Specialty f	April 2011	ZZZ	0.33	0.36	0.13	0.04	38261	FALSE			FALSE		February 2011				TRUE	Decrease
15273	Application of skin substi	Chronic Wound Dermal	April 2011	04			ACS, APMA	3.50	Different Performing Specialty f	April 2011	000	3.5	4.99	1.66	0.63	9471	FALSE			FALSE		February 2011				TRUE	Decrease
15274	Application of skin substi	Chronic Wound Dermal	April 2011	04			ACS, APMA	0.80	Different Performing Specialty f	April 2011	ZZZ	0.8	1.42	0.35	0.16	33387	FALSE			FALSE		February 2011				TRUE	Decrease
15275	Application of skin substi	Chronic Wound Dermal	April 2011	04			ACS, APMA	1.83	Different Performing Specialty f	April 2011	000	1.83	2.75	0.79	0.18	177533	FALSE			FALSE		February 2011				TRUE	Decrease
15276	Application of skin substi	Chronic Wound Dermal	April 2011	04			ACS, APMA	0.59	Different Performing Specialty f	April 2011	ZZZ	0.5	0.42	0.18	0.06	9104	FALSE			FALSE		February 2011				TRUE	Decrease
15277	Application of skin substi	Chronic Wound Dermal	April 2011	04			ACS, APMA	4.00	Different Performing Specialty f	April 2011	000	4	5.49	1.96	0.71	1615	FALSE			FALSE		February 2011				TRUE	Decrease
15278	Application of skin substi	Chronic Wound Dermal	April 2011	04			ACS, APMA	1.00	Different Performing Specialty f	April 2011	ZZZ	1	1.61	0.46	0.21	2818	FALSE			FALSE		February 2011				TRUE	Decrease
15320	Deleted from CPT	Skin Allograft	February 2010	31			APMA, ASP	Deleted from CPT	Different Performing Specialty f	October 2009							FALSE			TRUE	The specialty	October 20	07	Complete		TRUE	Deleted from CPT
15321	Deleted from CPT	Skin Allograft	February 2010	31			APMA, ASP	Deleted from CPT	Different Performing Specialty f	February 2010							FALSE			FALSE						TRUE	Deleted from CPT
15330	Acellular dermal allograf	Allograft	February 2008	S			ASPS	Deleted from CPT	High IWPUT	February 2008							FALSE			FALSE						TRUE	Deleted from CPT
15331	Deleted from CPT	Acellular Dermal Allogra	February 2010	31			AAO-HNS, /	Deleted from CPT	Different Performing Specialty f	February 2010							FALSE			FALSE						TRUE	Deleted from CPT
15335	Deleted from CPT	Acellular Dermal Allogra	February 2010	31			AAO-HNS, /	Deleted from CPT	Different Performing Specialty f	October 2009							FALSE			TRUE	The specialty	October 20	07	Complete		TRUE	Deleted from CPT
15336	Deleted from CPT	Acellular Dermal Allogra	February 2010	31			AAO-HNS, /	Deleted from CPT	Different Performing Specialty f	February 2010							FALSE			FALSE		February 2011				TRUE	Deleted from CPT
15360	Deleted from CPT	Tissue Cultured Allogen	February 2010	31			APMA, ASP	Deleted from CPT	Different Performing Specialty f	February 2010							FALSE			FALSE		February 2011				TRUE	Deleted from CPT
15361	Deleted from CPT	Tissue Cultured Allogen	February 2010	31			APMA, ASP	Deleted from CPT	Different Performing Specialty f	February 2010							FALSE			FALSE		February 2011				TRUE	Deleted from CPT
15365	Deleted from CPT	Tissue Cultured Allogen	February 2010	31			APMA, ASP	Deleted from CPT	Different Performing Specialty f	October 2009							FALSE			TRUE	The specialty	October 20	07	Complete		TRUE	Deleted from CPT
15366	Deleted from CPT	Tissue Cultured Allogen	February 2010	31			APMA, ASP	Deleted from CPT	Different Performing Specialty f	February 2010							FALSE			FALSE		February 2011				TRUE	Deleted from CPT
15400	Deleted from CPT	Xenograft	September 2007	16			APMA, AAC	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			FALSE						TRUE	Deleted from CPT
15401	Deleted from CPT	Xenograft	February 2008	S			ACS, ASPS	Deleted from CPT	High Volume Growth1	February 2008							FALSE			FALSE						TRUE	Deleted from CPT
15420	Deleted from CPT	Xenograft Skin	February 2010	31			APMA, ASP	Deleted from CPT	Different Performing Specialty f	October 2009							FALSE			TRUE	The specialty	October 20	07	Complete		TRUE	Deleted from CPT
15421	Deleted from CPT	Xenograft Skin	February 2010	31			APMA, ASP	Deleted from CPT	Different Performing Specialty f	February 2010							FALSE			FALSE		February 2011				TRUE	Deleted from CPT
15570	Formation of direct or tu	Skin Pedicle Flaps	October 2008	10			ACS, ASPS,	10.00	Site of Service Anomaly	September	090	10.21	15.18	9.87	1.97	197	FALSE			FALSE						TRUE	Maintain
15572	Formation of direct or tu	Skin Pedicle Flaps	October 2008	10			ACS, ASPS,	9.94	Site of Service Anomaly	April 2008	090	10.12	14.78	10.42	1.8	499	FALSE			FALSE						TRUE	Maintain
15574	Formation of direct or tu	Skin Pedicle Flaps	October 2008	10			ASPS, AAO-	10.52	Site of Service Anomaly	September	090	10.7	13.69	9.60	1.57	2231	FALSE			FALSE						TRUE	Maintain
15576	Formation of direct or tu	Skin Pedicle Flaps	October 2008	10			ASPS, AAO-	9.24	Site of Service Anomaly	September	090	9.37	13.13	9.11	1.15	4359	FALSE			FALSE						TRUE	Maintain
15730	Midface flap (ie, zygoma	Muscle Flaps	January 2017	05			AAO	13.50	High Level E/M in Global Period	January 20:	090	13.5	26.99	12.42	1.53	1705	FALSE			FALSE						TRUE	Decrease
15732	Muscle, myocutaneous,	Muscle Flaps	January 2017	05			ASPS	Deleted from CPT	Site of Service Anomaly / High L	September	2007						FALSE			TRUE	The specialty	September	15	yes		TRUE	Deleted from CPT
15733	Muscle, myocutaneous,	Muscle Flaps	January 2017	05			ASPS	15.68	High Level E/M in Global Period	January 20:	090	15.68	NA	12.79	2.56	4445	FALSE			FALSE						TRUE	Decrease
15734	Muscle, myocutaneous,	Muscle Flaps	April 2016	14				23.00	High Level E/M in Global Period	October 20	090	23	NA	17.39	4.94	22830	FALSE			FALSE		September	15	yes		TRUE	Increase
15736	Muscle, myocutaneous,	Muscle Flaps	April 2016	14			ASSH, ASPS	17.04	High Level E/M in Global Period	January 20:	090	17.04	NA	16.44	3.3	1399	FALSE			FALSE		September	15	yes		TRUE	Maintain
15738	Muscle, myocutaneous,	Muscle Flaps	April 2016	14			ASPS	19.04	High Level E/M in Global Period	January 20:	090	19.04	NA	15.43	3.65	5130	FALSE			FALSE		September	15	yes		TRUE	Maintain
15740	Flap; island pedicle requi	Dermatology and Plastic	April 2008	28			AAD, ASPS	11.57	Site of Service Anomaly / CMS F	September	090	11.8	17.05	11.85	1.87	1863	FALSE			TRUE	CPT code 157	February 2(	11 & 07	Complete		TRUE	Maintain
15769	Grafting of autologous so	Tissue Grafting Procedu	September 2022	13			AAOHNS, A	6.68	Site of Service Anomaly - 2017	May 2018	090	6.68	NA	6.67	1.24	5088	TRUE	July 2023	Yes	FALSE						TRUE	Increase
15771	Grafting of autologous fa	Tissue Grafting Procedu	October 2018	04			ASPS	6.73	Site of Service Anomaly - 2017	May 2018	090	6.73	10.57	7.63	1.25	3321	FALSE			FALSE						TRUE	Increase
15772	Grafting of autologous fa	Tissue Grafting Procedu	October 2018	04			ASPS	2.50	Site of Service Anomaly - 2017	May 2018	ZZZ	2.5	2.83	1.49	0.48	7642	FALSE			FALSE						TRUE	Increase
15773	Grafting of autologous fa	Tissue Grafting Procedu	October 2018	04			ASPS	6.83	Site of Service Anomaly - 2017	May 2018	090	6.83	10.12	7.29	1.15	478	FALSE			FALSE						TRUE	Increase
15774	Grafting of autologous fa	Tissue Grafting Procedu	October 2018	04			ASPS	2.41	Site of Service Anomaly - 2017	May 2018	ZZZ	2.41	2.79	1.45	0.47	99	FALSE			FALSE						TRUE	Increase
15777	Implantation of biologic	Chronic Wound Dermal	April 2011	04			ACS, APMA	3.65	Different Performing Specialty f	April 2011	ZZZ	3.65	2.08	2.08	0.69	6711	FALSE			FALSE		February 2011				TRUE	Decrease
15778	Implantation of absorbal	Anterior Abdominal Her	April 2021	09			ACS, ASCRS	8.00	Site of Service Anomaly - 2019	February 2(	000	7.05	NA	2.99	1.72	352	FALSE			FALSE		February 2(	18	complete		TRUE	Decrease
15823	Blepharoplasty, upper ey	Upper Eyelid Blepharop	April 2010	33			AAO	6.81	Harvard Valued - Utilization ove	October 20	090	6.81	11.18	9.07	0.6	89497	FALSE			FALSE						TRUE	Decrease
16020	Dressings and/or debrid	Dressings/ Debridemen	October 2010	08			ASPS, AAFP	0.80	Different Performing Specialty f	October 20	000	0.71	1.74	0.85	0.13	10823	FALSE			FALSE						TRUE	Maintain
16025	Dressings and/or debrid	Dressings/ Debridemen	October 2010	08			ASPS, AAFP	1.85	Different Performing Specialty f	October 20	000	1.74	2.67	1.31	0.29	1601	FALSE			FALSE						TRUE	Maintain
16030	Dressings and/or debrid	Dressings/ Debridemen	April 2010	45			ACEP, ASPS	CPT Assistant article published.	Different Performing Specialty f	February 2(	000	2.08	3.44	1.45	0.47	891	TRUE	Oct 2012	Yes	FALSE						TRUE	Maintain
17000	Destruction (eg, laser su	Destruction of Premalig	April 2013	17			AAD	0.61	MPC List	October 20	010	0.61	1.39	1.00	0.05	6114060	FALSE			FALSE						TRUE	Decrease
17003	Destruction (eg, laser su	Destruction of Premalig	April 2013	17			AAD	0.04	Low Value-Billed in Multiple Un	October 20	ZZZ	0.04	0.16	0.02	0	19436161	FALSE			FALSE						TRUE	Decrease
17004	Destruction (eg, laser su	Destruction of Premalig	April 2013	17			AAD	Remove from Modifier -51 Exem	CMS High Expenditure Procedu	September	010	1.37	3.47	1.45	0.16	845558	FALSE			FALSE						TRUE	Decrease
17106	Destruction of cutaneou	Destruction of Skin Lesi	October 2008	11			AAD	3.61	High IWPUT	February 2(	090	3.69	6.31	4.26	0.44	3535	FALSE			FALSE						TRUE	Decrease
17107	Destruction of cutaneou	Destruction of Skin Lesi	October 2008	11			AAD	4.68	High IWPUT	February 2(	090	4.79	8.25	5.62	0.53	2125	FALSE			FALSE						TRUE	Decrease
17108	Destruction of cutaneou	Destruction of Skin Lesi	October 2008	11			AAD	6.37	High IWPUT	February 2(	090	7.49	10.76	7.50	1	6107	FALSE			FALSE						TRUE	Decrease
17110	Destruction (eg, laser su	RAW	October 2013	18				Remove from screen	High Volume Growth2	April 2013	010	0.7	2.64	1.33	0.06	3037430	FALSE			FALSE						TRUE	Remove from Screen
17111	Destruction (eg, laser su	RAW	October 2013	18				Remove from screen	High Volume Growth2	April 2013	010	0.97	2.92	1.48	0.1	147647	FALSE			FALSE						TRUE	Remove from Screen
17250	Chemical cauterization o	Chemical Cauterization	January 2025	27	January 2027	RAW	AAFP, ACS,	Review in 2 years (Jan 2027).	High Volume Growth3	October 20	000	0.5	1.97	0.56	0.07	227314	TRUE	Sep 2016	Yes	TRUE	In January 20	September	17	Yes		FALSE	
17261	Destruction, malignant l	Destruction of Malignar	October 2010	26			AAD, AAFP	1.22	Harvard Valued - Utilization ove	October 20	010	1.22	3.11	1.31	0.13	129978	FALSE			FALSE						TRUE	Maintain
17262	Destruction, malignant l	Destruction of Malignar	October 2010	26			AAD, AAFP	1.63	Harvard Valued - Utilization ove	February 2(	010	1.63	3.56	1.55	0.16	301342	FALSE			FALSE						TRUE	Maintain
17271	Destruction, malignant l	Destruction of Malignar	October 2010	26			AAD, AAFP	1.54	Harvard Valued - Utilization ove	February 2(	010	1.54	3.31	1.49	0.16	43715	FALSE			FALSE						TRUE	Maintain

17272	Destruction, malignant le	Destruction of Malignar	October 2010	26			AAD, AAFP	1.82	Harvard Valued - Utilization ove	February 2(	010	1.82	3.66	1.66	0.18	75364	FALSE		FALSE					TRUE	Maintain							
17281	Destruction, malignant le	Destruction of Malignar	October 2010	26			AAD, AAFP	1.77	Harvard Valued - Utilization ove	February 2(	010	1.77	3.46	1.63	0.18	60552	FALSE		FALSE					TRUE	Maintain							
17282	Destruction, malignant le	Destruction of Malignar	October 2010	26			AAD, AAFP	2.09	Harvard Valued - Utilization ove	October 20	010	2.09	3.88	1.82	0.21	63118	FALSE		FALSE					TRUE	Maintain							
17311	Mohs micrographic tech	Mohs Surgery	September 2024	14	September 2025	RAW	AAD	Review in 1 year. 6.20	CMS High Expenditure Procedu	September	000	6.2	13.60	3.76	0.64	893458	FALSE		FALSE					FALSE	Maintain							
17312	Mohs micrographic tech	Mohs Surgery	April 2013	18			AAD	3.30	CMS High Expenditure Procedu	September	ZZZ	3.3	8.70	2.00	0.35	497539	FALSE		FALSE					TRUE	Maintain							
17313	Mohs micrographic tech	Mohs Surgery	April 2013	18			AAD	5.56	CMS High Expenditure Procedu	January 20	000	5.56	13.06	3.37	0.59	187048	FALSE		FALSE					TRUE	Maintain							
17314	Mohs micrographic tech	Mohs Surgery	April 2013	18			AAD	3.06	CMS High Expenditure Procedu	January 20	ZZZ	3.06	8.46	1.85	0.3	66589	FALSE		FALSE					TRUE	Maintain							
17315	Mohs micrographic tech	Mohs Surgery	April 2013	18			AAD	0.87	CMS High Expenditure Procedu	January 20	ZZZ	0.87	1.47	0.53	0.08	19566	FALSE		FALSE					TRUE	Maintain							
19020	Mastotomy with explora	Mastotomy	September 2007	16			ACS	Reduce 99238 to 0.5, remove hos	Site of Service Anomaly	September	090	3.83	9.11	4.83	0.89	935	FALSE		FALSE					TRUE	PE Only							
19081	Biopsy, breast, with plac	Breast Biopsy	April 2013	04			ACR, ACS, A	3.29	Codes Reported Together 75% (	January 20	000	3.29	10.94	1.20	0.33	56278	FALSE		FALSE		October 20	08	Complete	TRUE	Decrease							
19082	Biopsy, breast, with plac	Breast Biopsy	April 2013	04			ACR, ACS, A	1.65	Codes Reported Together 75% (	January 20	ZZZ	1.65	9.27	0.60	0.16	4273	FALSE		FALSE		October 20	08	Complete	TRUE	Decrease							
19083	Biopsy, breast, with plac	Breast Biopsy	April 2013	04			ACR, ACS, A	3.10	Codes Reported Together 75% (	January 20	000	3.1	11.00	1.13	0.3	108894	FALSE		FALSE		October 20	08	Complete	TRUE	Decrease							
19084	Biopsy, breast, with plac	Breast Biopsy	April 2013	04			ACR, ACS, A	1.55	Codes Reported Together 75% (	January 20	ZZZ	1.55	9.16	0.57	0.16	14173	FALSE		FALSE		October 20	08	Complete	TRUE	Decrease							
19085	Biopsy, breast, with plac	Breast Biopsy	April 2013	04			ACR, ACS, A	3.64	Codes Reported Together 75% (	January 20	000	3.64	18.04	1.33	0.33	7373	FALSE		FALSE		October 20	08	Complete	TRUE	Decrease							
19086	Biopsy, breast, with plac	Breast Biopsy	April 2013	04			ACR, ACS, A	1.82	Codes Reported Together 75% (	January 20	ZZZ	1.82	14.95	0.66	0.16	1562	FALSE		FALSE		October 20	08	Complete	TRUE	Decrease							
19102	Biopsy of breast; percuta	Breast Biopsy	April 2013	04			ACR, ACS, A	Deleted from CPT	Codes Reported Together 75% (	January 2012							FALSE		FALSE		October 20	08	Complete	TRUE	Deleted from CPT							
19103	Biopsy of breast; percuta	Breast Biopsy	April 2013	04			ACR, ACS, A	Deleted from CPT	Codes Reported Together 75% (	January 2012							FALSE		FALSE		October 20	08	Complete	TRUE	Deleted from CPT							
19281	Placement of breast loca	Breast Biopsy	April 2013	04			ACR, ACS, A	2.00	Codes Reported Together 75% (	January 20	000	2	5.00	0.73	0.17	22738	FALSE		FALSE		October 20	08	Complete	TRUE	Decrease							
19282	Placement of breast loca	Breast Biopsy	April 2013	04			ACR, ACS, A	1.00	Codes Reported Together 75% (	January 20	ZZZ	1	3.95	0.37	0.08	3362	FALSE		FALSE		October 20	08	Complete	TRUE	Decrease							
19283	Placement of breast loca	Breast Biopsy	April 2013	04			ACR, ACS, A	2.00	Codes Reported Together 75% (	January 20	000	2	5.44	0.73	0.2	3603	FALSE		FALSE		October 20	08	Complete	TRUE	Decrease							
19284	Placement of breast loca	Breast Biopsy	April 2013	04			ACR, ACS, A	1.00	Codes Reported Together 75% (	January 20	ZZZ	1	4.40	0.36	0.1	465	FALSE		FALSE		October 20	08	Complete	TRUE	Decrease							
19285	Placement of breast loca	Breast Biopsy	April 2013	04			ACR, ACS, A	1.70	Codes Reported Together 75% (	January 20	000	1.7	8.74	0.62	0.16	28449	FALSE		FALSE		October 20	08	Complete	TRUE	Decrease							
19286	Placement of breast loca	Breast Biopsy	April 2013	04			ACR, ACS, A	0.85	Codes Reported Together 75% (	January 20	ZZZ	0.85	7.67	0.31	0.08	2422	FALSE		FALSE		October 20	08	Complete	TRUE	Decrease							
19287	Placement of breast loca	Breast Biopsy	April 2013	04			ACR, ACS, A	3.02	Codes Reported Together 75% (	January 20	000	2.55	15.48	0.93	0.22	289	FALSE		FALSE		October 20	08	Complete	TRUE	Decrease							
19288	Placement of breast loca	Breast Biopsy	April 2013	04			ACR, ACS, A	1.51	Codes Reported Together 75% (	January 20	ZZZ	1.28	12.59	0.47	0.12	96	FALSE		FALSE		October 20	08	Complete	TRUE	Decrease							
19290	Preoperative placement	Breast Biopsy	April 2013	04			ACR, ACS, A	Deleted from CPT	Codes Reported Together 75% (	January 2012							FALSE		FALSE		October 20	08	Complete	TRUE	Deleted from CPT							
19291	Preoperative placement	Breast Biopsy	April 2013	04			ACR, ACS, A	Deleted from CPT	Codes Reported Together 75% (	January 2012							FALSE		FALSE		October 20	08	Complete	TRUE	Deleted from CPT							
19295	Image guided placement	Breast Biopsy	April 2013	04			ACR, ACS, A	Deleted from CPT	CMS Fastest Growing / Codes R	October 2008							FALSE		FALSE		October 20	08	Complete	TRUE	Deleted from CPT							
19303	Mastectomy, simple, cor	Mastectomy	April 2016	15			ACS, ASBS	15.00	Site of Service Anomaly - 2015 /	October 20	090	15	NA	10.33	3.74	22981	FALSE		FALSE					TRUE	Decrease							
19307	Mastectomy, modified ra	Modified Radical Maste	January 2020	22				17.99	Site of Service Anomaly - 2019	October 20	090	17.99	NA	13.22	4.5	3391	FALSE		FALSE					TRUE	Decrease							
19318	Breast reduction	Mammaplasty	September 2007	16			ASPS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	090	16.03	NA	14.13	2.99	7306	FALSE		FALSE					TRUE	PE Only							
19340	Insertion of breast impla	Breast Implant/Expande	January 2020	05			ASPS	11.00	CMS Request / Site of Service A	October 20	090	10.48	NA	10.56	2.05	2243	FALSE		FALSE					TRUE	Decrease							
19357	Tissue expander placeme	Breast Implant/Expande	January 2020	05			ASPS	15.36	Site of Service Anomaly / 090-D	September	090	14.84	NA	17.67	2.75	5304	FALSE		TRUE	Originally ref	October 20	20	Complete	TRUE	Decrease							
20000	Deleted from CPT	Incision of Abcess	September 2007	16			APMA, AAC	Deleted from CPT	Site of Service Anomaly (99238-	September	2007						FALSE		TRUE	This service v	June 2009	15	Code Deletec	TRUE	Deleted from CPT							
20005	Incision and drainage of	Incision of Deep Absces	October 2017	19			ACS, AAO-H	Deleted from CPT	Site of Service Anomaly / Negat	September	2007						FALSE		TRUE	A RUC memb	February 2(	06	complete	TRUE	Deleted from CPT							
20220	Biopsy, bone, trocar, or r	Bone Biopsy Trocar/Nee	January 2019	22			ACR, SIR	1.93	Different Performing Specialty f	January 20	000	1.65	4.99	0.78	0.16	11180	FALSE		FALSE					TRUE	Increase							
20225	Biopsy, bone, trocar, or r	Bone Biopsy Trocar/Nee	January 2019	22			ACR, SIR	3.00	Different Performing Specialty f	October 20	000	2.45	8.38	1.15	0.25	11992	FALSE		FALSE					TRUE	Increase							
20240	Biopsy, bone, open; supe	Bone Biopsy Excisional	January 2016	04			AAOS, APM	3.73	010-Day Global Post-Operative	April 2014	000	2.61	NA	1.30	0.29	6447	FALSE		FALSE					TRUE	Increase							
20245	Biopsy, bone, open; deep	Bone Biopsy Excisional	January 2016	04			AAOS	6.50	010-Day Global Post-Operative	January 20	000	6	NA	3.28	1	4220	FALSE		TRUE	In April 2015,	October 2015		revised	TRUE	Decrease							
20525	Removal of foreign body	Removal of Foreign Bod	September 2007	16			ACS, AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	010	3.54	9.79	3.37	0.65	1221	FALSE		FALSE					TRUE	PE Only							
20526	Injection, therapeutic (eg	RAW	January 2017	30				Remove fromm screen	CMS 000-Day Global Typically R	July 2016	000	0.94	1.40	0.61	0.16	99085	FALSE		FALSE					TRUE	Remove from Screen							
20550	Injection(s); single tendo	Injection of Tendon	January 2016	27		RUC	AAOS, AAPI	0.75	CMS Fastest Growing / CMS Hig	October 20	000	0.75	0.90	0.32	0.1	807717	FALSE		FALSE					TRUE	Maintain							
20551	Injection(s); single tendo	Therapeutic Injection C	April 2017	10			AAPMR, AA	0.75	CMS Fastest Growing / CMS 00(	October 20	000	0.75	0.90	0.32	0.08	121736	FALSE		FALSE					TRUE	Maintain							
20552	Injection(s); single or multiple trigger point(s), 1 (	January 2016	28		RUC	AAPM&R, A	0.66	CMS High Expenditure Procedu	July 2015	000	0.66	0.84	0.36	0.07	271998	FALSE		FALSE					TRUE	Maintain							
20553	Injection(s); single or multiple trigger point(s), 3 (	January 2016	28		RUC	AAPM&R, A	0.75	CMS High Expenditure Procedu	July 2015	000	0.75	0.98	0.41	0.08	354841	FALSE		FALSE					TRUE	Maintain							
20600	Arthrocentesis, aspiratio	Arthrocentesis	January 2014	04			AAFP, AAO:	0.66 and new PE inputs	Harvard Valued - Utilization ove	February 2(	000	0.66	0.88	0.33	0.08	465696	FALSE		TRUE	Ultrasound a	October 20	06	Complete	TRUE	Maintain							
20604	Arthrocentesis, aspiratio	Arthrocentesis	January 2014	04			AAFP, AAO:	0.89	CMS Request - Final Rule for 20	July 2013	000	0.89	1.49	0.38	0.12	60484	FALSE		FALSE		October 20	06		TRUE	Decrease							
20605	Arthrocentesis, aspiratio	Arthrocentesis	January 2014	04			AAFP, AAO:	0.68 and new PE inputs	Harvard Valued - Utilization ove	October 20	000	0.68	0.89	0.34	0.08	389364	FALSE		TRUE	Ultrasound a	October 20	06	Complete	TRUE	Maintain							
20606	Arthrocentesis, aspiratio	Arthrocentesis	January 2014	04			AAFP, AAO:	1.00	CMS Request - Final Rule for 20	July 2013	000	1	1.57	0.43	0.13	61560	FALSE		FALSE		October 20	06		TRUE	Decrease							
20610	Arthrocentesis, aspiratio	Arthrocentesis	January 2014	04			AAFP, AAO:	0.79 and new PE inputs	Harvard Valued - Utilization ove	February 2(	000	0.79	1.04	0.44	0.13	5969253	FALSE		TRUE	Ultrasound a	October 20	06	Complete	TRUE	Maintain							
20611	Arthrocentesis, aspiratio	Arthrocentesis	January 2014	04			AAFP, AAO:	1.10	CMS Request - Final Rule for 20	July 2013	000	1.1	1.72	0.51	0.16	1200510	FALSE		FALSE		October 20	06		TRUE	Decrease							
20612	Aspiration and/or injecti	RAW	January 2017	30				Remove from screen	CMS 000-Day Global Typically R	July 2016	000	0.7	1.17	0.44	0.1	25738	FALSE		FALSE					TRUE	Remove from Screen							
20680	Removal of implant; dee	RAW	September 2014	21			AAOS, APM	5.96 and adjustments to pre-serv	Pre-Time Analysis	January 20	090	5.96	11.03	5.81	1.03	46117	FALSE		FALSE					TRUE	Maintain							
20692	Application of a multipla	RAW	April 2014	52				Maintain	090-Day Global Post-Operative	January 20	090	16.27	NA	15.29	2.89	2834	FALSE		FALSE					TRUE	Maintain							
20694	Removal, under anesthe	External Fixation	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	090	4.28	8.09	5.48	0.79	5191	FALSE		FALSE					TRUE	PE Only							
20700	Manual preparation and	Drug Delivery Implant P	October 2018	05			AAOS, AUA	1.50	Different Performing Specialty f	May 2018	ZZZ	1.5	0.73	0.73	0.28	1227	FALSE		FALSE					TRUE	Increase							
20701	Removal of drug-deliver	Drug Delivery Implant P	October 2018	05			AAOS, AUA	1.13	Different Performing Specialty f	May 2018	ZZZ	1.13	0.57	0.57	0.21	164	FALSE		FALSE					TRUE	Increase							
20702	Manual preparation and	Drug Delivery Implant P	October 2018	05			AAOS, AUA	2.50	Different Performing Specialty f	May 2018	ZZZ	2.5	1.28	1.28	0.5	633	FALSE		FALSE					TRUE	Increase							
20703	Removal of drug-deliver	Drug Delivery Implant P	October 2018	05			AAOS, AUA	1.80	Different Performing Specialty f	May 2018	ZZZ	1.8	0.96	0.96	0.38	41	FALSE		FALSE					TRUE	Increase							
20704	Manual preparation and	Drug Delivery Implant P	October 2018	05			AAOS, AUA	2.60	Different Performing Specialty f	May 2018	ZZZ	2.6	1.38	1.38	0.52	912	FALSE		FALSE					TRUE	Increase							
20705	Removal of drug-deliver	Drug Delivery Implant P	October 2018	05			AAOS, AUA	2.15	Different Performing Specialty f	May 2018	ZZZ	2.15	1.13	1.13	0.44	226	FALSE		FALSE					TRUE	Increase							
20900	Bone graft, any donor ar	Bone Graft Procedures	April 2008	29			AOFAS, AA	3.00	Site of Service Anomaly	September	000	3	7.90	1.92	0.5	5031	FALSE		FALSE					TRUE	Decrease							
20902	Bone graft, any donor ar	Bone Graft Procedures	April 2008	29			AOFAS, AA	4.58	Site of Service Anomaly	April 2008	000	4.58	NA	2.83	0.82	4446	FALSE		FALSE					TRUE	Decrease							
20926	Tissue grafts, other (eg, (	Tissue Grafting Procedu	October 2018	04			AAOS, ASP:	Deleted from CPT	CMS Fastest Growing / Site of S	October 2008							TRUE	Deleted for N/A	TRUE	In October 2(	May 2018	12	Yes	TRUE	Deleted from CPT							
20985	Computer-assisted surgi	RAW	September 2024	14	April 2025	RUC	AAOS	Refer to CPT	High Volume Growth10	April 2024	ZZZ	2.5	NA	1.32	0.51	71832	FALSE		TRUE	In September	February 2(	07		FALSE								
21015	Radical resection of tum	Radical Resection of Sof	February 2009	6			ACS, AAOS,	9.71	Site of Service Anomaly	September	090	9.89	NA	9.67	1.71	303	FALSE		TRUE	CPT develope	June 2008	06	New code str	TRUE	Increase							
21025	Excision of bone (eg, for	Excision of Bone – Manc	October 2010	61			AAOMS	10.03	Site of Service Anomaly	September	090	10.03	13.18	9.18	1.07	2506	FALSE		FALSE					TRUE	Decrease							
21495	Open treatment of hyoid	Laryngoplasty	January 2016	09		RUC		Deleted from CPT	090-Day Global Post-Operative	October 2015							FALSE		FALSE					TRUE	Deleted from CPT							
21557	Radical resection of tum	Radical Resection of Sof	February 2009	6			ACS, AAOS	14.57	Site of Service Anomaly	September	090	14.75	NA	11.06	3.05	360	FALSE		TRUE	CPT develope	June 2008	06	New code str	TRUE	Decrease							
21800	Closed treatment of rib f	Internal Fixation of Rib I	April 2014	05			STS, ACS	Deleted from CPT	CMS Request - Final Rule for 20	July 2013							FALSE		TRUE	Refer to CPT I	February 2(	15	Complete	TRUE	Deleted from CPT							
21805	Open treatment of rib fra	Internal Fixation of Rib I	April 2014	05			STS, ACS	Deleted from CPT	CMS Request - Final Rule for 20	January 2014							FALSE		TRUE	Referred to C	October 20	7	Complete	TRUE	Deleted from CPT							
21810	Treatment of rib fracture	Internal Fixation of Rib I	April 2014	05			STS, ACS	Deleted from CPT	CMS Request - Final Rule for 20	January 2014							FALSE		FALSE		October 20	07	Complete	TRUE	Deleted from CPT							
21811	Open treatment of rib fra	Internal Fixation of Rib I	April 2014	05			STS, ACS	19.55	CMS Request - Final Rule for 20	January 20	000	10.79	NA	4.36	2.55	504	FALSE		FALSE		October 20	07	Complete	TRUE	Decrease							
21812	Open treatment of rib fra	Internal Fixation of Rib I	April 2014	05			STS, ACS	25.00	CMS Request - Final Rule for 20	January 20	000	13	NA	5.40	3.03	537	FALSE		FALSE		October 20	07	Complete	TRUE	Decrease							
21813	Open treatment of rib fra	Internal Fixation of Rib I	April 2014	05			STS, ACS	35.00	CMS Request - Final Rule for 20	January 20	000	17.61	NA	7.26	4.49	85	FALSE		FALSE		October 20	07	Complete	TRUE	Decrease							
21820	Closed treatment of ster	Internal Fixation of Rib I	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	CMS Request - Final Rule for 20	January 20	090	1.36	3.11	3.07	0.28	120	TRUE	Jan 2018	Yes	FALSE	October 20	07	Complete	TRUE	PE Only							
21825	Open treatment of stern	Internal Fixation of Rib I	April 2014	05			STS, ACS	Unrelated to the family	CMS Request - Final Rule for 20	January 20	090	7.76	NA	7.25	1.8	434	FALSE		FALSE		October 20	07	Complete	TRUE	Remove from Screen							
21935	Radical resection of tum	Radical Resection of Sof	February 2009	6			ACS, AAOS	15.54	Site of Service Anomaly	September	090	15.72	NA	11.46	3.65	166	FALSE		TRUE	CPT develope	June 2008	06	New code str	TRUE	Decrease							
22210	Osteotomy of spine, post	Osteotomy of Spine	January 2025	21	January 2026	RUC	AANS, AAO	Refer to CPT	CMS Request - Final Rule for 20	July 2024	090	25.38	NA	21.31	7.8	431	FALSE		TRUE	In the NPRM	September 2025			FALSE								
22212	Osteotomy of spine, post	Osteotomy of Spine	January 2025	21	January 2026	RUC	AANS, AAO	Refer to CPT	CMS Request - Final Rule for 20	July 2024	090	20.99	NA	19.11	6.23	1463	FALSE		TRUE	In the NPRM	September 2025			FALSE								
22214	Osteotomy of spine, post	Osteotomy of Spine	January 2025	21	January 2026	RUC	AANS, AAO	Refer to CPT	CMS Fastest Growing / CMS Re	October 20	090	21.02	NA	19.07	6.17	6962	FALSE		TRUE	In the NPRM	September 2025			FALSE								
22216	Osteotomy of spine, post	Osteotomy of Spine	January 2025	21	January 2026	RUC	AANS, AAO	Refer to CPT	CMS Request - Final Rule for 20	July 2024	ZZZ	6.03	NA	3.09	1.78	11400	FALSE		TRUE	In the NPRM	September 2025			FALSE								
22305	Closed treatment of vert	Closed treatment of ver	April 2015	23			AANS/CNS,	Deleted from CPT	CMS Request - Final Rule for 20	July 2013							FALSE		TRUE	In October 2(	May 2016	13	Complete	TRUE	Deleted from CPT							
22310	Closed treatment of vert	Closed Treatment Verte	September 2023	22	September 2028	RAW	AANS, AAO	CPT Assistant article published. 3	Negative IWPUT / Site of Servic	April 2017	090	3.45	5.38	4.96	0.77	4970	TRUE	May 2024	Yes	FALSE					TRUE	Decrease							
22510	Percutaneous vertebropl	Percutaneous Vertebro	April 2014	06			AANS, CNS,	8.15	Codes Reported Together 75% (	April 2014	010	7.9	42.85	3.89	1.13	1906	FALSE		FALSE		February 2(	16	Complete	TRUE	Decrease							
22511	Percutaneous vertebropl	Percutaneous Vertebro	April 2014	06			AANS, CNS,	8.05	Codes Reported Together 75% (	April 2014	010	7.33	43.46	3.80	1.04	2438	FALSE		FALSE		February 2(	16	Complete	TRUE	Decrease							
22512	Percutaneous vertebropl	Percutaneous Vertebro	April 2014	06			AANS, CNS,	4.00	Codes Reported Together 75% (	April 2014	ZZZ	4	16.37	1.45	0.71	1465	FALSE		FALSE		February 2(	16	Complete	TRUE	Decrease							
22513	Percutaneous vertebral a	Percutaneous Vertebro	April 2014	06			AANS, CNS,	8.90	Codes Reported Together 75% (	April 2014	010	8.65	150.73	5.02	1.58	18935	FALSE		FALSE		February 2(	16	Complete	TRUE	Decrease							
22514	Percutaneous vertebral a	Percutaneous Vertebro	April 2014	06			AANS, CNS,	8.24	Codes Reported Together 75% (	April 2014	010	7.99	150.75	4.79	1.47	21428	FALSE		FALSE		February 2(	16	Complete	TRUE	Decrease							
22515	Percutaneous vertebral a	Percutaneous Vertebro	April 2014	06			AANS, CNS,	4.00	Codes Reported Together 75% (	April 2014	ZZZ	4	77.33	1.68	0.8	12989	FALSE		FALSE		February 2(	16	Complete	TRUE	Decrease							
22520	Percutaneous vertebropl	Percutaneous Vertebro	April 2014	06			AANS, CNS,	Deleted from CPT	CMS Request - Practice Expense	February 2009							FALSE		TRUE	Joint Workgr	February 2(	16	Complete	TRUE	Deleted from CPT							
22521	Percutaneous vertebropl	Percutaneous Vertebro	April 2014	06			AANS, CNS,	Deleted from CPT	Site of Service Anomaly (99238-	September	2007						FALSE		TRUE	Joint Workgr	February 2(	16	Complete	TRUE	Deleted from CPT							
22522	Percutaneous vertebropl	Percutaneous Vertebro	April 2014	06			AANS, CNS,	Deleted from CPT	Codes Reported Together 75% (	April 2014							FALSE		FALSE		February 2(	16	Complete	TRUE	Deleted from CPT							
22523	Percutaneous vertebral a	Percutaneous Vertebro	April 2014	06			AANS, CNS,	Deleted from CPT	CMS Request: PE Review	September 2011							FALSE		FALSE		February 2(	16	Complete	TRUE	Deleted from CPT							
22524	Percutaneous vertebral a	Percutaneous Vertebro	April 2014	06			AANS, CNS,	Deleted from CPT	CMS Request: PE Review	September 2011							FALSE		FALSE		February 2(	16	Complete	TRUE	Deleted from CPT							
22525	Percutaneous vertebral a	Percutaneous Vertebro	April 2014	06			AANS, CNS,	Deleted from CPT	CMS Request: PE Review	September 2011							FALSE		FALSE		February 2(	16	Complete	TRUE	Deleted from CPT							
22533	Arthrodesis, lateral extra	Arthrodesis	September 2011	51			AAOS, NAS:	Remove from screen. CPT Assista	CMS Fastest Growing	October 20	090	24.79	NA	19.31	6.42	519	TRUE	Oct 2009	Yes	FALSE					TRUE	Remove from Screen							
22551	Arthrodesis, anterior inte	Arthrodesis	February 2010	05			NASS, AAN:	24.50	Codes Reported Together 95% (	February 2(	090	25	NA	18.55	8.19	31110	FALSE		FALSE		October 20	21		TRUE	Decrease							
22552	Arthrodesis, anterior inte	Arthrodesis	February 2010	05			NASS, AAN:	6.50	Codes Reported Together 95% (	February 2(	ZZZ	6.5	NA	3.29	2.12	28515	FALSE		FALSE		October 20	21		TRUE	Maintain							
22554	Arthrodesis, anterior inte	Arthrodesis	September 2022	13			AANS, AAO	CPT Assistant article published. 1	Codes Reported Together 95% (	September	090	17.69	NA	15.12	5.75	3039	TRUE	Aug 2023	Yes	TRUE	Referred to tl	October 20	21	Yes	TRUE	Maintain							
22558	Arthrodesis, anterior inte	Vertebral Corpectomy v	September 2022	13			AANS/CNS,	Maintain	High Volume Growth2 / Codes I	April 2013	090	23.53	NA	16.33	6.44	20385	FALSE		TRUE	In January 20	September	20	yes	TRUE	Maintain							
22585	Arthrodesis, anterior inte	Arthrodesis	February 2010	05			NASS, AAN:	Remove from screen	Codes Reported Together 95% (	February 2(	ZZZ	5.52	NA	2.60	1.6	15250	FALSE		FALSE		October 20	21		TRUE	Maintain							
22612	Arthrodesis, posterior or	Lumbar Arthrodesis	October 2015	21			AANS/CNS,	Review utilization data October 2	Codes Reported Together 75% (	February 2(	090	23.53	NA	17.86	6.64	41532	FALSE		TRUE	The Workgro	October 20	16	Complete	TRUE	Maintain							
22614	Arthrodesis, posterior or	Lumbar Arthrodesis	February 2011	04			AANS/CNS,	6.43	Codes Reported Together 75% (	February 2(	ZZZ	6.43	NA	3.26	2.07	144992	FALSE		FALSE					TRUE	Decrease							

22630	Arthrodesis, posterior in	Lumbar Arthrodesis	February 2011	04			AANS/CNS,	22.09	Codes Reported Together 75% (	February 2(	090	22.09	NA	17.80	7.85	4225	FALSE			TRUE	The Workgro	October 20	16	Complete	TRUE	Maintain
22632	Arthrodesis, posterior in	Lumbar Arthrodesis	February 2011	04			AANS/CNS,	5.22	Codes Reported Together 75% (	February 2(	ZZZ	5.22	NA	2.62	1.8	1448	FALSE			FALSE					TRUE	Decrease
22633	Arthrodesis, combined p	Lumbar Arthrodesis	February 2011	04			AANS/CNS,	27.75	Codes Reported Together 75% (	February 2(	090	26.8	NA	19.88	8.38	34325	FALSE			TRUE		October 20	16	Complete	TRUE	Decrease
22634	Arthrodesis, combined p	Lumbar Arthrodesis	February 2011	04			AANS/CNS,	8.16	Codes Reported Together 75% (	February 2(	ZZZ	7.96	NA	4.04	2.56	13538	FALSE			TRUE		October 20	16	Complete	TRUE	Decrease
22838	Revision (eg, augmentati	Vertebral Body Tetherir	January 2023	05	April 2028	RAW		Review action plan (April 2028)	Low Survey Response	January 20:	090	36	NA	17.83	3.65		FALSE			FALSE					FALSE	
22843	Posterior segmental inst	Spine Fixation Device	February 2009	38			AAOS, NAS	Remove from screen	CMS Fastest Growing	October 20	ZZZ	13.44	NA	6.83	4.29	9396	FALSE			FALSE					TRUE	Remove from Screen
22849	Reinsertion of spinal fixa	RAW	September 2014	21			AAOS, NAS	Maintain	CMS Fastest Growing	October 20	090	19.17	NA	14.88	5.73	3032	FALSE			TRUE	The Workgro	June 2010	10	Complete Int	TRUE	Maintain
22851	Application of interverte	Biomechancial Device Ir	January 2016	06		RUC	AANS/CNS,	Deleted from CPT	CMS Fastest Growing / High Vol	October 2008							FALSE			TRUE	While prepar	October 20	14	Code Deletec	TRUE	Deleted from CPT
22859	Insertion of intervertebr	Biomechancial Device Ir	January 2016	06			AAOS, AAN	6.00	CMS High Expenditure Procedu	October 20	ZZZ	5.5	NA	2.77	1.8	765	FALSE			FALSE					TRUE	Decrease
22867	Insertion of interlaminar	Insertion of Interlamina	January 2021	26			AAOS, AAN	15.00	CMS High Expenditure Procedu	October 20	090	15	NA	12.93	4.39	869	FALSE			FALSE					TRUE	Increase
22868	Insertion of interlaminar	Biomechancial Device Ir	January 2016	06			AAOS, AAN	5.50	CMS High Expenditure Procedu	October 20	ZZZ	4	NA	2.00	1.26	130	FALSE			FALSE					TRUE	Decrease
22900	Excision, tumor, soft tiss	Subfascial Excision of Sc	February 2009	5			ACS, AAOS	8.21	Site of Service Anomaly	September	090	8.32	NA	7.07	1.91	395	FALSE			TRUE	CPT develope	June 2008	06	New code str	TRUE	Increase
23076	Excision, tumor, soft tiss	Subfascial Excision of Sc	February 2009	5			ACS, AAOS	7.28	Site of Service Anomaly	September	090	7.41	NA	7.70	1.61	563	FALSE			TRUE	CPT develope	June 2008	06	New code str	TRUE	Decrease
23120	Claviculectomy; partial	Claviculectomy	April 2008	30			AAOS	7.23	Site of Service Anomaly	September	090	7.39	NA	9.26	1.47	3555	FALSE			FALSE					TRUE	Maintain
23130	Acromioplasty or acromi	Removal of Bone	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	090	7.77	NA	9.72	1.57	754	FALSE			FALSE					TRUE	PE Only
23350	Injection procedure for s	Injection for Shoulder X	September 2011	13			ACR, AAOS	1.00	Harvard Valued - Utilization ove	April 2011	000	1	3.62	0.38	0.1	23565	FALSE			FALSE					TRUE	Maintain
23405	Tenotomy, shoulder area	Tenotomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	090	8.54	NA	8.74	1.53	2119	FALSE			FALSE					TRUE	PE Only
23410	Repair of ruptured musc	Rotator Cuff	February 2008	12			AAOS	11.23	Site of Service Anomaly	September	090	11.39	NA	11.43	2.25	2064	FALSE			FALSE					TRUE	Decrease
23412	Repair of ruptured musc	Rotator Cuff	September 2014	21			AAOS	Maintain work RVU and adjust th	Site of Service Anomaly / Pre-Ti	September	090	11.93	NA	11.74	2.38	6144	FALSE			FALSE					TRUE	Decrease
23415	Coracoacromial ligamen	Shoulder Ligament Rele	October 2010	62			AAOS	9.23	Site of Service Anomaly	September	090	9.23	NA	10.41	1.89	209	FALSE			FALSE					TRUE	Decrease
23420	Reconstruction of compl	Rotator Cuff	February 2008	12			AAOS	13.35	Site of Service Anomaly	September	090	13.54	NA	13.52	2.75	853	FALSE			FALSE					TRUE	Decrease
23430	Tenodesis of long tendor	Tenodesis	October 2009	12			AAOS	10.17	CMS Fastest Growing, Site of Se	September	090	10.17	NA	10.64	1.98	20753	FALSE			FALSE					TRUE	Maintain
23440	Resection or transplanta	Tendon Transfer	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	090	10.64	NA	10.37	2.14	948	FALSE			FALSE					TRUE	PE Only
23472	Arthroplasty, glenohume	Arthroplasty	October 2015	21			AAOS	Remove from screen	CMS Fastest Growing / High Vol	October 20	090	22.13	NA	17.27	4.34	76910	FALSE			FALSE					TRUE	Remove from Screen
23540	Closed treatment of acrc	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	2.36	4.69	4.64	0.49	236	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
23600	Closed treatment of pro	Treatment of Humerus I	September 2011	14			AAOS	3.00	Harvard Valued - Utilization ove	April 2011	090	3	6.99	6.44	0.6	25306	FALSE			FALSE					TRUE	Decrease
23625	Closed treatment of gre	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	4.1	7.10	6.07	0.81	117	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
23650	Closed treatment of sho	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	3.53	6.30	5.26	0.72	11926	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
23655	Closed treatment of sho	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	4.76	NA	6.96	0.97	2355	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
23665	Closed treatment of sho	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	4.66	8.08	6.95	0.95	301	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
24505	Closed treatment of hur	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	5.39	9.30	7.63	1.1	603	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
24600	Treatment of closed elbc	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	4.37	6.64	5.52	0.89	1010	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
24605	Treatment of closed elbc	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	5.64	NA	8.02	1.15	289	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
25116	Radical excision of bursa	Forearm Excision	October 2010	63			ASSH, AAO	7.56	Site of Service Anomaly	September	090	7.56	NA	9.74	1.41	913	FALSE			FALSE					TRUE	Maintain
25210	Carpectomy; 1 bone	Carpectomy	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	090	6.12	NA	8.02	1.15	3475	FALSE			FALSE					TRUE	PE Only
25260	Repair, tendon or muscle	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	090	8.04	NA	10.05	1.54	788	FALSE			FALSE					TRUE	PE Only
25280	Lengthening or shortenir	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	090	7.39	NA	8.71	1.39	1727	FALSE			FALSE					TRUE	PE Only
25310	Tendon transplantation (	Hand, Wrist & Forearm	September 2023	04			AAOS, ASP	9.50	Site of Service Anomaly / Codes	September	090	9	NA	11.26	1.69	6292	FALSE			FALSE					TRUE	Decrease
25312	Tendon transplantation (	Hand, Wrist & Forearm	September 2023	04	September 2029	RAW	AAOS, ASP	Review action plan	RUC Flag	September	090	9.82	NA	10.37	1.89	320	FALSE			FALSE					FALSE	
25447	Arthroplasty, interpositi	Hand, Wrist & Forearm	September 2023	04			AAOS, ASP	11.14	Codes Reported Together 75% (	April 2022	090	10.5	NA	12.11	1.97	20989	FALSE			TRUE	In April 2022, May 2023		16	Yes	TRUE	Decrease
25565	Closed treatment of radi	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	5.85	9.24	7.46	1.17	502	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
25605	Closed treatment of dist	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	6.25	9.37	8.41	1.27	17362	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
25606	Percutaneous skeletal fix	RAW	September 2014	21			AAOS, ASS	Maintain work RVU and adjust th	Pre-Time Analysis	September	090	8.31	NA	10.73	1.65	857	FALSE			FALSE					TRUE	Maintain
25607	Open treatment of distal	RAW	September 2014	21			AAOS, ASS	Maintain work RVU and adjust th	Pre-Time Analysis	September	090	9.56	NA	11.42	1.89	6714	FALSE			FALSE					TRUE	Maintain
25608	Open treatment of distal	RAW	September 2014	21			AAOS, ASS	Maintain work RVU and adjust th	Pre-Time Analysis	September	090	11.07	NA	12.26	2.14	5785	FALSE			FALSE					TRUE	Maintain
25609	Open treatment of distal	RAW	September 2014	21			AAOS, ASS	Maintain work RVU and adjust th	Pre-Time Analysis	January 20:	090	14.38	NA	15.14	2.76	17503	FALSE			FALSE					TRUE	Maintain
25675	Closed treatment of dist	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	4.89	8.52	7.10	1.02	535	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
26020	Drainage of tendon shea	Tendon Sheath Procedu	April 2018	07			AAOS, ASP	7.79	Negative IWPUT	April 2017	090	6.84	NA	9.05	1.3	2174	FALSE			FALSE					TRUE	Increase
26055	Tendon sheath incision (	Tendon Sheath Procedu	April 2018	07			AAOS, ASP	3.75	Negative IWPUT	April 2017	090	3.11	13.90	5.39	0.6	101295	FALSE			FALSE					TRUE	Increase
26080	Arthrotomy, with explor	RAW	October 2015	21		RAW	ASSH, AAO	Action plan for RAW Oct 2015. M	Site of Service Anomaly / CPT As	September	090	4.47	NA	7.11	0.84	1797	TRUE	Sep 2012	Yes	FALSE					TRUE	Maintain
26160	Excision of lesion of tend	Tendon Sheath Procedu	April 2018	07			AAOS, ASP	3.57	Negative IWPUT	April 2017	090	3.57	14.17	5.61	0.66	16711	FALSE			FALSE					TRUE	Maintain
26356	Repair or advancement,	Repair Flexor Tendon	April 2015	25		RUC	AAOS, ASP	10.03	Site of Service Anomaly (99238-	September	090	9.56	NA	13.11	1.8	905	FALSE			FALSE					TRUE	Decrease
26357	Repair or advancement,	Repair Flexor Tendon	April 2015	25		RUC	AAOS, ASP	11.50	090-Day Global Post-Operative	April 2014	090	11	NA	14.09	2.24	69	FALSE			FALSE					TRUE	Increase
26358	Repair or advancement,	Repair Flexor Tendon	April 2015	25		RUC	AAOS, ASP	13.10	090-Day Global Post-Operative	April 2014	090	12.6	NA	14.94	2.57	56	FALSE			FALSE					TRUE	Increase
26480	Transfer or transplant of Hand, Wrist & Forearm		September 2023	04			AAOS, ASP	9.50	CMS Fastest Growing / Codes R	October 20	090	9	NA	11.28	1.69	11294	FALSE			TRUE	In April 2022, May 2023		16	Yes	TRUE	Decrease
26483	Transfer or transplant of Hand, Wrist & Forearm		September 2023	04	September 2029	RAW	AAOS, ASP	Review action plan	RUC Flag	September	090	8.48	NA	16.27	1.58	428	FALSE			FALSE					FALSE	
26700	Closed treatment of met	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	3.83	6.18	5.33	0.76	405	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
26750	Closed treatment of dist	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	1.8	3.87	3.94	0.36	5317	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
26755	Closed treatment of dist	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	3.23	6.33	4.86	0.64	380	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
26770	Closed treatment of inte	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	3.15	5.41	4.58	0.63	5218	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27048	Excision, tumor, soft tiss	Excision of Subfascial Sc	February 2009	05			ACS, AAOS	8.74	Site of Service Anomaly	September	090	8.85	NA	7.97	1.95	278	FALSE			TRUE	CPT develope	June 2008	06	New code str	TRUE	Increase
27062	Excision; trochanteric bu	Trochanteric Bursa Exci	April 2008	32			AAOS	5.66	Site of Service Anomaly	September	090	5.75	NA	7.10	1.13	2186	FALSE			FALSE					TRUE	Maintain
27096	Injection procedure for s	Injection for Sacroiliac J	April 2011	06			AAPM, AAP	1.48	Different Performing Specialty f	October 20	000	1.48	3.29	0.87	0.15	438308	FALSE			TRUE	Refer to CPT I	February 2(	76	Code Revisec	TRUE	Decrease
27130	Arthroplasty, acetabular	Hip/Knee Arthroplasty	October 2019	11			AAOS, AAH	19.60	CMS High Expenditure Procedu	September	090	19.6	NA	15.34	3.99	174976	FALSE			FALSE					TRUE	Decrease
27134	Revision of total hip arth	RAW	September 2014	21			AAOS, AAH	Maintain work RVU and adjust th	Pre-Time Analysis	January 20:	090	30.28	NA	21.01	6.17	9503	FALSE			FALSE					TRUE	Maintain
27193	Closed treatment of pelv	Closed Treatment of Pel	January 2016	07			AAOS	Deleted from CPT	CMS Request - Final Rule for 20	July 2013							FALSE			TRUE	Refer to CPT I	October 2015		Code Deletec	TRUE	Deleted from CPT
27194	Closed treatment of pelv	Closed Treatment of Pel	January 2016	07			AAOS	Deleted from CPT	CMS Request - Final Rule for 20	October 2015							FALSE			FALSE				Code Deletec	TRUE	Deleted from CPT
27197	Closed treatment of post	Closed Treatment of Pel	January 2016	07			AAOS	5.50	CMS Request - Final Rule for 20	October 20	000	1.53	NA	2.21	0.29	7834	FALSE			FALSE					TRUE	Decrease
27198	Closed treatment of post	Closed Treatment of Pel	January 2016	07			AAOS	9.00	CMS Request - Final Rule for 20	October 20	000	4.75	NA	3.88	0.97	123	FALSE			FALSE					TRUE	Decrease
27220	Closed treatment of acet	Closed Treatment Fract	April 2018	08			AAOS	6.00	Negative IWPUT	April 2017	090	5.5	6.27	6.11	1.12	2143	FALSE			FALSE					TRUE	Decrease
27230	Closed treatment of fem	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	5.81	8.10	7.84	1.17	1243	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27232	Closed treatment of fem	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	11.72	NA	8.10	2.41	157	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27236	Open treatment of femo	Open Treatment of Fem	October 2012	16			AAOS	17.61	CMS High Expenditure Procedu	September	090	17.61	NA	15.10	3.54	53729	FALSE			FALSE					TRUE	Maintain
27240	Closed treatment of inte	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	13.81	NA	12.49	2.85	148	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27244	Treatment of intertroch	Treat Thigh Fracture	October 2008	12			AAOS	18.00	High IWPUT	April 2008	090	18.18	NA	15.44	3.68	3140	FALSE			FALSE					TRUE	Increase
27245	Treatment of intertroch	Treat Thigh Fracture	October 2008	12			AAOS	18.00	High IWPUT / CMS Fastest Grov	February 2(	090	18.18	NA	15.41	3.66	73428	FALSE			FALSE					TRUE	Decrease
27250	Closed treatment of hip (	Closed Treatment of Hip	February 2008	18			ACEP	3.82	Site of Service Anomaly	September	000	3.82	NA	0.77	0.8	2843	FALSE			FALSE					TRUE	Decrease
27252	Closed treatment of hip (	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	11.03	NA	9.51	2.24	900	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27265	Closed treatment of post	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	5.24	NA	6.67	1.1	6314	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27266	Closed treatment of post	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	7.78	NA	8.52	1.57	4448	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27279	Arthrodesis, sacroiliac jo	Arthodesis - Sacroiliac J	April 2018	09			AANS, AAO	9.03	CMS Request - Final Rule for 20	July 2017	090	12.13	NA	9.84	2.46	6299	FALSE			FALSE					TRUE	Maintain
27324	Biopsy, soft tissue of thig	Soft Tissue Biopsy	September 2007	16			ACS, AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	090	5.04	NA	6.51	1.12	612	FALSE			FALSE					TRUE	PE Only
27369	Injection procedure for c	Knee Arthrography Injec	April 2024	12	April 2028	RAW	AAOS, AAP,	CPT Assistant article published. 0	Harvard Valued - Utilization Ov	June 2017	000	0.77	4.28	0.33	0.1	18927	TRUE	Oct 2024	Yes	TRUE	In June 2017,	February 2(	EC-O	Yes	TRUE	Maintain
27370	Injection of contrast for l	Knee Arthrography Injec	October 2017	05			ACR	Deleted from CPT	High Volume Growth1 / CMS Fa	February 2008							TRUE	Clinical Exa	Yes	TRUE	In October 2(	June 2017	09	yes	TRUE	Deleted from CPT
27446	Arthroplasty, knee, cond	Knee Arthroplasty	April 2021	18			AAOS, AAH	17.13	CMS High Expenditure Procedu	September	090	17.13	NA	14.27	3.47	12117	FALSE			FALSE					TRUE	Decrease
27447	Arthroplasty, knee, cond	Hip/Knee Arthroplasty	April 2021	18			AAOS, AAH	19.60	CMS High Expenditure Procedu	September	090	19.6	NA	15.30	3.98	313723	FALSE			FALSE					TRUE	Decrease
27502	Closed treatment of fem	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	11.36	NA	9.34	2.33	342	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27510	Closed treatment of fem	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	9.8	NA	9.03	2.02	274	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27550	Closed treatment of knee	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	5.98	8.76	7.43	1.23	258	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27552	Closed treatment of knee	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	8.18	NA	9.75	1.65	223	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27615	Radical resection of tum	Radical Resecion of Soft	February 2009	6			ACS, AAOS	15.54	Site of Service Anomaly	September	090	15.72	NA	11.66	3.31	234	FALSE			TRUE	CPT develope	June 2008	06	New code str	TRUE	Increase
27619	Excision, tumor, soft tiss	Excision of Subfascial Sc	February 2009	5			ACS, AAOS	6.80	Site of Service Anomaly	September	090	6.91	NA	6.18	1.16	640	FALSE			TRUE	CPT develope	June 2008	06	New code str	TRUE	Decrease
27640	Partial excision (craterizz	Leg Bone Resection Part	February 2008	19			AOFAS, AA	12.10	Site of Service Anomaly	September	090	12.24	NA	10.83	2.14	1502	FALSE			TRUE	CPT Editorial	June 2008	07	Complete	TRUE	Maintain
27641	Partial excision (craterizz	Leg Bone Resection Part	February 2008	19			AOFAS, AA	9.72	Site of Service Anomaly	February 2(	090	9.84	NA	8.64	1.56	850	FALSE			TRUE	CPT Editorial	June 2008	07	Complete	TRUE	Decrease
27650	Repair, primary, open or	Achilles Tendon Repair	February 2008	20			AAOS, AOF	9.00	Site of Service Anomaly	September	090	9.21	NA	9.53	1.42	2197	FALSE			FALSE					TRUE	Decrease
27654	Repair, secondary, Achill	Achilles Tendon Repair	April 2008	33			AOFAS, AP	10.32	Site of Service Anomaly	September	090	10.53	NA	9.84	1.56	3084	FALSE			FALSE					TRUE	Maintain
27685	Lengthening or shortenir	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	090	6.69	12.17	6.68	0.89	3890	FALSE			FALSE					TRUE	PE Only
27687	Gastrocnemius recessior	Tendon Repair	September 2007	16			AAOS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	090	6.41	NA	6.60	0.92	5894	FALSE			FALSE					TRUE	PE Only
27690	Transfer or transplant of	Tendon Transfer	April 2008	34			AOFAS, AP	8.96	Site of Service Anomaly	September	090	9.17	NA	9.08	1.31	1017	FALSE			FALSE					TRUE	Maintain
27691	Transfer or transplant of	Tendon Transfer	April 2008	34			AOFAS, AP	10.28	Site of Service Anomaly	September	090	10.49	NA	10.51	1.73	3972	FALSE			FALSE					TRUE	Maintain
27752	Closed treatment of tibia	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	6.27	9.11	7.66	1.27	945	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27762	Closed treatment of mec	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	5.47	8.57	7.09	1.1	286	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only
27792	Open treatment of distal	Treatment of Ankle Frac	February 2011	18			AAOS, AOF	9.71	Site of Service Anomaly	June 2010	090	8.75	NA	9.38	1.58	5734	FALSE			FALSE					TRUE	Maintain
27810	Closed treatment of bim	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	5.32	8.47	6.97	1.07	2347	TRUE	Jan 2018	Yes	FALSE					TRUE	PE Only

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31591	Laryngoplasty, medializa	Laryngoplasty	January 2016	09			AAOHNS	15.60	090-Day Global Post-Operative	October 20	090	13.56	NA	17.76	1.97	1143	FALSE		FALSE		October 20	13	Complete	TRUE	Decrease
31592	Cricotracheal resection	Laryngoplasty	January 2016	09			AAOHNS	25.00	090-Day Global Post-Operative	October 20	090	25	NA	23.60	3.61	25	FALSE		FALSE		October 20	13	Complete	TRUE	Decrease
31600	Tracheostomy, planned (	Tracheostomy	April 2016	21			AAOHNS	5.56	CMS High Expenditure Procedu	July 2015	000	5.56	NA	2.48	1.04	16852	FALSE		FALSE					TRUE	Increase
31601	Tracheostomy, planned (	Tracheostomy	April 2016	21			AAOHNS	8.00	CMS High Expenditure Procedu	July 2015	000	8	NA	4.28	1.16	5	FALSE		FALSE					TRUE	Increase
31603	Tracheostomy, emergen	Tracheostomy	April 2016	21			AAOHNS	6.00	CMS High Expenditure Procedu	July 2015	000	6	NA	2.46	1.05	482	FALSE		FALSE					TRUE	Increase
31605	Tracheostomy, emergen	Tracheostomy	April 2016	21	April 2025	RAW	AAOHNS	6.45	CMS High Expenditure Procedu	July 2015	000	6.45	NA	2.15	1.27	200	FALSE		FALSE					FALSE	Increase
31610	Tracheostomy, fenestrat	Tracheostomy	October 2016	15	April 2025	RAW	AAOHNS, A	12.00	CMS High Expenditure Procedu	July 2015	090	12	NA	14.80	1.88	799	FALSE		FALSE					FALSE	Increase
31611	Construction of tracheoe	Speech Prosthesis	February 2008	S			AAO-HNS	Reduce 99238 to 0.5	Site of Service Anomaly	September	090	6	NA	9.29	0.87	612	FALSE		FALSE					TRUE	PE Only
31620	Endobronchial ultrasoun	Endobronchial Ultrasou	January 2015	05			ACCP, ATS	Deleted from CPT	High Volume Growth2	April 2013							FALSE		TRUE	In January 20	October 20	10	Complete	TRUE	Deleted from CPT
31622	Bronchoscopy, rigid or fl	Bronchial Aspiration of `	January 2015	05			ACCP, ATS	2.78	High Volume Growth2	April 2013	000	2.53	4.70	1.08	0.29	31336	FALSE		FALSE		October 20	10	Complete	TRUE	Maintain
31623	Bronchoscopy, rigid or fl	Diagnostic Bronchoscop	October 2017	09			ATS, CHEST	2.63	High Volume Growth4	October 20	000	2.63	5.32	1.02	0.23	12536	FALSE		FALSE					TRUE	Maintain
31624	Bronchoscopy, rigid or fl	Diagnostic Bronchoscop	October 2017	09			ATS, CHEST	2.63	High Volume Growth4	October 20	000	2.63	4.78	1.07	0.24	104850	FALSE		FALSE					TRUE	Maintain
31625	Bronchoscopy, rigid or fl	Endobronchial Ultrasou	January 2015	05			ATS, CHEST	3.36	High Volume Growth2	April 2013	000	3.11	6.93	1.18	0.29	13056	FALSE		FALSE		October 20	10	Complete	TRUE	Maintain
31626	Bronchoscopy, rigid or fl	Endobronchial Ultrasou	January 2015	05			ACCP, ATS	4.16	High Volume Growth2	April 2013	000	3.91	18.46	1.45	0.48	2972	FALSE		FALSE		October 20	10	Complete	TRUE	Maintain
31628	Bronchoscopy, rigid or fl	Endobronchial Ultrasou	January 2015	05			ACCP, ATS	3.80	High Volume Growth2	April 2013	000	3.55	7.14	1.31	0.29	35531	FALSE		FALSE		October 20	10	Complete	TRUE	Maintain
31629	Bronchoscopy, rigid or fl	Endobronchial Ultrasou	January 2015	05			ACCP, ATS	4.00	High Volume Growth2	April 2013	000	3.75	9.19	1.38	0.36	23723	FALSE		FALSE		October 20	10	Complete	TRUE	Decrease
31632	Bronchoscopy, rigid or fl	Endobronchial Ultrasou	January 2015	05			ACCP, ATS	1.03	High Volume Growth2	April 2013	ZZZ	1.03	0.81	0.31	0.08	4936	FALSE		FALSE					TRUE	Maintain
31633	Bronchoscopy, rigid or fl	Endobronchial Ultrasou	January 2015	05			ACCP, ATS	1.32	High Volume Growth2	April 2013	ZZZ	1.32	0.96	0.40	0.13	2028	FALSE		FALSE					TRUE	Maintain
31645	Bronchoscopy, rigid or fl	Bronchial Aspiration of `	October 2016	08		RUC	ATS, CHEST	2.88	Harvard Valued - Utilization ove	October 20	000	2.88	5.06	1.17	0.28	39041	FALSE		FALSE		May 2016	14	Complete	TRUE	Decrease
31646	Bronchoscopy, rigid or fl	Bronchial Aspiration of `	October 2016	08		RUC	ATS, CHEST	2.78	Harvard Valued - Utilization ove	October 20	000	2.78	NA	1.15	0.27	4254	FALSE		FALSE		May 2016	14	Complete	TRUE	Increase
31652	Bronchoscopy, rigid or fl	Endobronchial Ultrasou	January 2015	05			ATS, ACCP	5.00	High Volume Growth2	October 20	000	4.46	30.82	1.59	0.43	25670	FALSE		FALSE		October 20	10	Complete	TRUE	Decrease
31653	Bronchoscopy, rigid or fl	Endobronchial Ultrasou	January 2015	05			ATS, ACCP	5.50	High Volume Growth2	October 20	000	4.96	31.57	1.73	0.49	17836	FALSE		FALSE		October 20	10	Complete	TRUE	Decrease
31654	Bronchoscopy, rigid or fl	Bronchial Aspiration of `	January 2015	05			ATS, ACCP	1.70	High Volume Growth2	October 20	ZZZ	1.4	2.04	0.43	0.13	19772	FALSE		FALSE		October 20	10	Complete	TRUE	Decrease
32201	Pneumonostomy; with p	Drainage of Abscess	January 2013	04				Deleted from CPT	Codes Reported Together 75% (	January 2012							FALSE		FALSE		October 20	06	Complete	TRUE	Deleted from CPT
32405	Biopsy, lung or mediastir	Lung Biopsy-CT Guidanc	April 2019	05			ACR, SIR	Deleted from CPT	Codes Reported Together 75%o	October 2017							FALSE		TRUE	In October 2(	February 2(	11	complete	TRUE	Deleted from CPT
32408	Core needle biopsy, lung	Lung Biopsy-CT Guidanc	April 2019	05			ACR, SIR	4.00	Codes Reported Together 75%o	April 2019	000	3.18	21.02	0.99	0.3	49686	FALSE		FALSE					TRUE	Increase
32420	Pneumocentesis, punctu	Thoracentesis with Tube	September 2011	17			ACCP, ACR,	Deleted from CPT	Harvard Valued - Utilization ove	September 2011							FALSE		TRUE	In September	February 2(	10	Complete	TRUE	Deleted from CPT
32421	Thoracentesis, puncture	Thoracentesis with Tube	September 2011	17			ACCP, ACR,	Deleted from CPT	Harvard Valued - Utilization ove	September 2011							FALSE		TRUE	In September	February 2(	10	Complete	TRUE	Deleted from CPT
32422	Thoracentesis with inser	Thoracentesis with Tube	September 2011	17			ACCP, ACR,	Deleted from CPT	Harvard Valued - Utilization ove	April 2011							FALSE		TRUE	In September	February 2(	10	Complete	TRUE	Deleted from CPT
32440	Removal of lung, pneum	RAW Review	January 2013	34			ACCP, ATS,	No reliable way to determine inc	CMS Request to Re-Review Fam	November .	090	27.28	NA	12.74	6.58	100	FALSE		FALSE					TRUE	Remove from Screen
32480	Removal of lung, other tl	RAW Review	January 2013	34			ACCP, ATS,	No reliable way to determine inc	CMS Request to Re-Review Fam	November .	090	25.82	NA	11.87	6.23	2229	FALSE		FALSE					TRUE	Remove from Screen
32482	Removal of lung, other tl	RAW Review	January 2013	34			ACCP, ATS,	No reliable way to determine inc	CMS Request to Re-Review Fam	November .	090	27.44	NA	12.92	6.65	146	FALSE		FALSE					TRUE	Remove from Screen
32491	Removal of lung, other tl	RAW Review	January 2012	30			ACCP, ATS,	Request further information fron	CMS Request to Re-Review Fam	November .	090	25.24	NA	12.40	6.17	7	FALSE		FALSE					TRUE	Remove from Screen
32551	Tube thoracostomy, incl	Chest Tube Thoracostor	April 2012	10			ACCP, ATS,	3.50	Harvard Valued - Utilization ove	April 2011	000	3.04	NA	1.04	0.53	26764	FALSE		TRUE	In September	February 2(	09	Complete	TRUE	Increase
32554	Thoracentesis, needle or	Chest Tube Intervention	October 2012	04			ACCP, ACR,	1.82	Harvard Valued - Utilization ove	October 20	000	1.82	4.84	0.58	0.21	9903	FALSE		FALSE		February 2(	10	Complete	TRUE	Decrease
32555	Thoracentesis, needle or	Chest Tube Intervention	October 2012	04			ACCP, ACR,	2.27	Harvard Valued - Utilization ove	October 20	000	2.27	6.71	0.73	0.21	214513	FALSE		FALSE		February 2(	10	Complete	TRUE	Decrease
32556	Pleural drainage, percut	Chest Tube Intervention	October 2012	04			ACCP, ACR,	2.50	Harvard Valued - Utilization ove	October 20	000	2.5	18.49	0.81	0.38	4607	FALSE		FALSE		February 2(	10	Complete	TRUE	Decrease
32557	Pleural drainage, percut	Chest Tube Intervention	October 2012	04			ACCP, ACR,	3.62	Harvard Valued - Utilization ove	October 20	000	3.12	15.71	0.97	0.29	33335	FALSE		FALSE		February 2(	10	Complete	TRUE	Decrease
32663	Thoracoscopy, surgical; v	RAW review	January 2013	34			STS	No reliable way to determine inc	CMS Fastest Growing	October 20	090	24.64	NA	10.81	5.99	8333	FALSE		FALSE					TRUE	Remove from Screen
33010	Pericardiocentesis; initia	Pericardiocentesis and I	January 2019	04				Deleted from CPT	Negative IWPUT	September 2018							FALSE		FALSE		September	14	Complete	TRUE	Deleted from CPT
33011	Pericardiocentesis; subs	Pericardiocentesis and I	January 2019	04				Deleted from CPT	Negative IWPUT	September 2018							FALSE		FALSE		September	14	Complete	TRUE	Deleted from CPT
33015	Tube pericardiostomy	Pericardiocentesis and I	January 2019	04			ACC	Deleted from CPT	Negative IWPUT	April 2017							FALSE		TRUE	A RUC memb	September	14	Complete	TRUE	Deleted from CPT
33016	Pericardiocentesis, inclu	Pericardiocentesis and I	January 2019	04				5.00	Negative IWPUT	September	000	4.4	NA	1.52	0.97	3896	FALSE		FALSE		September	14	Complete	TRUE	Increase
33017	Pericardial drainage with	Pericardiocentesis and I	January 2019	04				5.50	Negative IWPUT	September	000	4.62	NA	1.61	1.02	3888	FALSE		FALSE		September	14	Complete	TRUE	Increase
33018	Pericardial drainage with	Pericardiocentesis and I	January 2019	04				6.00	Negative IWPUT	September	000	5.4	NA	1.86	1.25	6	FALSE		FALSE		September	14	Complete	TRUE	Increase
33019	Pericardial drainage with	Pericardiocentesis and I	January 2019	04				5.00	Negative IWPUT	September	000	4.29	NA	1.36	0.5	253	FALSE		FALSE		September	14	Complete	TRUE	Increase
33020	Pericardiotomy for remo	Pericardiotomy	April 2018	10			AATS, STS	14.31	Negative IWPUT	April 2018	090	14.31	NA	6.93	3.39	119	FALSE		TRUE	In April 2018,	May 2018	EC	Yes	TRUE	Decrease
33025	Creation of pericardial w	Pericardiotomy	April 2018	10			AATS, STS	13.20	Negative IWPUT	April 2017	090	13.2	NA	6.59	3.14	3349	FALSE		TRUE	In April 2018,	May 2018	EC	Yes	TRUE	Decrease
33207	Insertion of new or repla	Pacemaker or Pacing Ca	April 2011	10			ACC	8.05	Codes Reported Together 75% (	February 2(	090	7.8	NA	4.60	1.77	9151	FALSE		TRUE	33213 - This (	February 2(	13	Complete	TRUE	Maintain
33208	Insertion of new or repla	Pacemaker or Pacing Ca	April 2011	10			ACC	8.77	Codes Reported Together 75% (	February 2(	090	8.52	NA	4.87	1.91	89186	FALSE		TRUE	33213 - This (	February 2(	13	Complete	TRUE	Maintain
33212	Insertion of pacemaker p	Pacemaker or Pacing Ca	September 2011	04			ACC	5.26	Codes Reported Together 75% (	February 2(	090	5.01	NA	3.46	1.15	163	FALSE		TRUE	33213 - This (	February 2(	13	Complete	TRUE	Decrease
33213	Insertion of pacemaker p	Pacemaker or Pacing Ca	September 2011	04			ACC	5.53	CMS Fastest Growing / Codes R	October 20	090	5.28	NA	3.55	1.18	817	FALSE		TRUE	33213 - This (	February 2(	13	Complete	TRUE	Decrease
33221	Insertion of pacemaker p	Pacemaker or Pacing Ca	September 2011	04			ACC	5.80	Codes Reported Together 75% (	April 2011	090	5.55	NA	3.77	1.26	207	FALSE		FALSE		February 2(	13		TRUE	Decrease
33227	Removal of permanent p	Pacemaker or Pacing Ca	September 2011	04			ACC	5.50	Codes Reported Together 75% (	April 2011	090	5.25	NA	3.62	1.18	2154	FALSE		FALSE		February 2(	13		TRUE	Decrease
33228	Removal of permanent p	Pacemaker or Pacing Ca	September 2011	04			ACC	5.77	Codes Reported Together 75% (	April 2011	090	5.52	NA	3.74	1.26	30320	FALSE		FALSE		February 2(	13		TRUE	Decrease
33229	Removal of permanent p	Pacemaker or Pacing Ca	September 2011	04			ACC	6.04	Codes Reported Together 75% (	April 2011	090	5.79	NA	3.94	1.3	6482	FALSE		FALSE		February 2(	13		TRUE	Decrease
33230	Insertion of implantable	Pacemaker or Pacing Ca	September 2011	04			ACC	6.32	Codes Reported Together 75% (	April 2011	090	6.07	NA	3.61	1.39	75	FALSE		FALSE		February 2(	13		TRUE	Decrease
33231	Insertion of implantable	Pacemaker or Pacing Ca	September 2011	04			ACC	6.59	Codes Reported Together 75% (	April 2011	090	6.34	NA	4.10	1.42	114	FALSE		FALSE		February 2(	13		TRUE	Decrease
33233	Removal of permanent p	Pacemaker or Pacing Ca	April 2011	10			ACC	3.39	Codes Reported Together 75% (	February 2(	090	3.14	NA	3.09	0.71	7138	FALSE		TRUE	33213 - This (	February 2(	13	Complete	TRUE	Maintain
33240	Insertion of implantable	Pacemaker or Pacing Ca	September 2011	04			ACC	6.06	Codes Reported Together 75% (	February 2(	090	5.8	NA	3.52	1.34	60	FALSE		TRUE	33213 - This (	February 2(	13	Complete	TRUE	Decrease
33241	Removal of implantable (	Pacemaker or Pacing Ca	April 2011	10			ACC	3.29	Codes Reported Together 75% (	February 2(	090	3.04	NA	2.67	0.69	4408	FALSE		TRUE	33213 - This (	February 2(	13	Complete	TRUE	Maintain
33249	Insertion or replacement	Pacemaker or Pacing Ca	April 2011	10			ACC	15.17	Codes Reported Together 75% (	February 2(	090	14.92	NA	8.64	3.36	29152	FALSE		TRUE	33213 - This (	February 2(	13	Complete	TRUE	Maintain
33262	Removal of implantable (	Pacemaker or Pacing Ca	September 2011	04			ACC	6.06	Codes Reported Together 75% (	April 2011	090	5.81	NA	3.91	1.3	1992	FALSE		FALSE		February 2(	13		TRUE	Decrease
33263	Removal of implantable (	Pacemaker or Pacing Ca	September 2011	04			ACC	6.33	Codes Reported Together 75% (	April 2011	090	6.08	NA	4.00	1.38	4886	FALSE		FALSE		February 2(	13		TRUE	Decrease
33264	Removal of implantable (	Pacemaker or Pacing Ca	September 2011	04			ACC	6.60	Codes Reported Together 75% (	April 2011	090	6.35	NA	4.14	1.45	12252	FALSE		FALSE		February 2(	13		TRUE	Decrease
33274	Transcatheter insertion (	Transcatheter Insertion	September 2023	12	September 2026	RAW	ACC, HRS	Maintain and Review in 3 years ('	Site of Service Anomaly - 2023	April 2023	090	7.8	NA	4.56	1.75	14419	FALSE		FALSE					FALSE	
33275	Transcatheter removal o	Transcatheter Insertion	September 2023	12	September 2026	RAW	ACC, HRS	Maintain and Review in 3 years ('	Site of Service Anomaly - 2023	September	090	8.59	NA	4.36	1.97	67	FALSE		FALSE					FALSE	
33276	Insertion of phrenic nerv	Phrenic Nerve Stimulati	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 20:	090	9.5	NA	5.53	2.13		FALSE		FALSE					FALSE	
33277	Insertion of phrenic nerv	Phrenic Nerve Stimulati	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 20:	ZZZ	5.43	NA	2.38	0.36		FALSE		FALSE					FALSE	
33278	Removal of phrenic nerv	Phrenic Nerve Stimulati	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 20:	090	9.55	NA	5.31	2.17		FALSE		FALSE					FALSE	
33279	Removal of phrenic nerv	Phrenic Nerve Stimulati	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 20:	090	5.42	NA	3.56	1.25		FALSE		FALSE					FALSE	
33280	Removal of phrenic nerv	Phrenic Nerve Stimulati	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 20:	090	3.04	NA	2.86	0.29		FALSE		FALSE					FALSE	
33281	Repositioning of phrenic	Phrenic Nerve Stimulati	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 20:	090	6	NA	4.27	0.61		FALSE		FALSE					FALSE	
33282	Implantation of patient-a	Implantation and Remo	April 2013	20				3.50	CMS Request - Final Rule for 20	October 2012							FALSE		FALSE		February 2(	12	yes	TRUE	Deleted from CPT
33284	Removal of an implantat	Implantation and Remo	April 2013	20				3.00	CMS Request - Final Rule for 20	October 2012							FALSE		FALSE		February 2(	12	yes	TRUE	Deleted from CPT
33287	Removal and replacemer	Phrenic Nerve Stimulati	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 20:	090	6.05	NA	4.11	1.39		FALSE		FALSE					FALSE	
33288	Removal and replacemer	Phrenic Nerve Stimulati	January 2023	06	April 2028	RAW		Review action Plan	Low Survey Response	January 20:	090	8.51	NA	5.26	0.86		FALSE		FALSE					FALSE	
33364	Transcatheter aortic valv	Transcatheter Aortic Va	April 2024	12	April 2025	RAW		Review action plan	RAW Flag Service with Less thar	April 2018	000	25.97	NA	8.12	5.94	11	FALSE		FALSE					FALSE	
33405	Replacement, aortic valv	Valve Replacement and	April 2012	40			STS	41.32	CMS High Expenditure Procedu	September	090	41.32	NA	15.88	9.78	11835	FALSE		FALSE					TRUE	Maintain
33430	Replacement, mitral valv	Valve Replacement and	April 2012	40			STS	50.93	High IWPUT / CMS High Expend	February 2(	090	50.93	NA	19.69	12.04	6044	FALSE		FALSE					TRUE	Maintain
33533	Coronary artery bypass,	Valve Replacement and	April 2012	40			STS	34.98	CMS High Expenditure Procedu	September	090	33.75	NA	13.54	8.02	43401	FALSE		FALSE					TRUE	Increase
33620	Application of right and l	New Technology Review	January 2019	37			STS	CPT Article published July 2016. I	New Technology/New Services	January 20:	090	30	NA	11.33	7.34	67	TRUE	July 2016	Yes	FALSE					TRUE	Maintain
33621	Transthoracic insertion c	New Technology Review	January 2019	37			STS	CPT Article published July 2016. I	New Technology/New Services	January 20:	090	16.18	NA	7.46	3.95	1	TRUE	July 2016	Yes	FALSE					TRUE	Maintain
33622	Reconstruction of compl	New Technology Review	January 2019	37			STS	CPT Article published July 2016. I	New Technology/New Services	January 20:	090	64	NA	21.26	15.66	2	TRUE	July 2016	Yes	FALSE					TRUE	Maintain
33741	Transcatheter atrial sept	Atrial Septostomy	January 2020	13				14.00	CMS Request - Final Rule for 20	September	000	14	NA	4.82	3.2	68	FALSE		FALSE		September	16	yes	TRUE	Maintain
33745	Transcatheter intracardi	Atrial Septostomy	January 2020	13				20.00	CMS Request - Final Rule for 20	September	000	20	NA	6.90	4.56	8	FALSE		FALSE		September	16	yes	TRUE	Maintain
33746	Transcatheter intracardi	Atrial Septostomy	January 2020	13				10.50	CMS Request - Final Rule for 20	September	ZZZ	8	NA	2.76	1.81	2	FALSE		FALSE		September	16	yes	TRUE	Maintain
33863	Ascending aorta graft, w	Aortic Graft	February 2008	S			STS, AATS	Remove from screen	High IWPUT	February 2(	090	58.79	NA	19.77	13.91	2008	FALSE		FALSE					TRUE	Remove from Screen
33945	Heart transplant, with or	ECMO-ECLS	April 2014	11			STS, AAP, A	16.00	CMS Request - Final Rule for 20	November .	090	89.5	NA	32.42	21.29	656	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain
33946	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	6.00	CMS Request - Final Rule for 20	November .	XXX	6	NA	1.83	1.27	447	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain
33947	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	6.63	CMS Request - Final Rule for 20	November .	XXX	6.63	NA	2.01	1.45	1454	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain
33948	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	4.73	CMS Request - Final Rule for 20	November .	XXX	4.73	NA	1.48	0.83	5508	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain
33949	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	4.60	CMS Request - Final Rule for 20	November .	XXX	4.6	NA	1.46	0.81	5915	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain
33951	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	8.15	CMS Request - Final Rule for 20	November .	000	8.15	NA	2.35	1.89		FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain
33952	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	8.43	CMS Request - Final Rule for 20	November .	000	8.15	NA	2.56	1.8	1467	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain
33953	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	9.83	CMS Request - Final Rule for 20	November .	000	9.11	NA	2.61	2.1		FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain
33954	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	9.43	CMS Request - Final Rule for 20	November .	000	9.11	NA	2.74	2.13	277	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain
33956	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	16.00	CMS Request - Final Rule for 20	November .	000	16	NA	4.70	3.76	364	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain
33957	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	4.00	CMS Request - Final Rule for 20	November .	000	3.51	NA	1.08	0.81		FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain
33958	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	4.05	CMS Request - Final Rule for 20	November .	000	3.51	NA	1.08	0.81	51	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain
33959	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	4.69	CMS Request - Final Rule for 20	November .	000	4.47	NA	1.35	1.03	1	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain
33960	Prolonged extracorporea	ECMO-ECLS	April 2014	11			STS, AAP, A	Deleted from CPT	CMS Request - Final Rule for 20	July 2013							FALSE		TRUE	October 201:	February 2(	23	Complete	TRUE	Deleted from CPT
33961	Prolonged extracorporea	ECMO-ECLS	April 2014	11			STS, AAP, A	Deleted from CPT	CMS Request - Final Rule for 20	July 2013							FALSE		TRUE	October 201:	February 2(	23	Complete	TRUE	Deleted from CPT
33962	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	4.73	CMS Request - Final Rule for 20	November .	000	4.47	NA	1.35	1.03	25	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain

33963	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	9.00	CMS Request - Final Rule for 20	November	000	9	NA	2.58	2.06		FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain					
33964	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	9.50	CMS Request - Final Rule for 20	November	000	9.5	NA	2.72	2.16	4	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain					
33965	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	3.51	CMS Request - Final Rule for 20	November	000	3.51	NA	1.08	0.81		FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain					
33966	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	4.50	CMS Request - Final Rule for 20	November	000	4.5	NA	1.44	1.01	462	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain					
33969	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	6.00	CMS Request - Final Rule for 20	November	000	5.22	NA	1.54	1.18		FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain					
33984	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	6.38	CMS Request - Final Rule for 20	November	000	5.46	NA	1.57	1.3	493	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain					
33985	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	9.89	CMS Request - Final Rule for 20	November	000	9.89	NA	2.83	2.25	1	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain					
33986	Extracorporeal membrar	ECMO-ECLS	April 2014	11			STS, AAP, A	10.00	CMS Request - Final Rule for 20	November	000	10	NA	3.05	2.36	197	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain					
33987	Arterial exposure with cr	ECMO-ECLS	April 2014	11			STS, AAP, A	4.08	CMS Request - Final Rule for 20	November	ZZZ	4.04	NA	1.11	0.91	43	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain					
33988	Insertion of left heart ver	ECMO-ECLS	April 2014	11			STS, AAP, A	15.00	CMS Request - Final Rule for 20	November	000	15	NA	4.23	3.44	35	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain					
33989	Removal of left heart ver	ECMO-ECLS	April 2014	11			STS, AAP, A	9.50	CMS Request - Final Rule for 20	November	000	9.5	NA	2.72	2.16	10	FALSE		FALSE		February 2(	23	Complete	TRUE	Maintain					
34701	Endovascular repair of ir	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	23.71	Codes Reported Together 75%o	January 20	090	23.71	NA	6.82	5.72	546	FALSE		FALSE					TRUE	Decrease					
34702	Endovascular repair of ir	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	36.00	Codes Reported Together 75%o	January 20	090	36	NA	7.69	8.87	82	FALSE		FALSE					TRUE	Decrease					
34703	Endovascular repair of ir	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	26.52	Codes Reported Together 75%o	January 20	090	26.52	NA	7.22	6.43	530	FALSE		FALSE					TRUE	Decrease					
34704	Endovascular repair of ir	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	45.00	Codes Reported Together 75%o	January 20	090	45	NA	10.98	10.76	68	FALSE		FALSE					TRUE	Decrease					
34705	Endovascular repair of ir	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	29.58	Codes Reported Together 75%o	January 20	090	29.58	NA	7.96	7.1	9669	FALSE		FALSE					TRUE	Decrease					
34706	Endovascular repair of ir	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	45.00	Codes Reported Together 75%o	January 20	090	45	NA	10.77	10.88	515	FALSE		FALSE					TRUE	Decrease					
34707	Endovascular repair of ili	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	22.28	Codes Reported Together 75%o	January 20	090	22.28	NA	6.46	5.32	434	FALSE		FALSE					TRUE	Decrease					
34708	Endovascular repair of ili	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	36.50	Codes Reported Together 75%o	January 20	090	36.5	NA	7.77	8.99	90	FALSE		FALSE					TRUE	Decrease					
34709	Placement of extension p	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	6.50	Codes Reported Together 75%o	January 20	ZZZ	6.5	NA	1.34	1.56	1854	FALSE		FALSE					TRUE	Decrease					
34710	Delayed placement of dis	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	15.00	Codes Reported Together 75%o	January 20	090	15	NA	4.74	3.6	911	FALSE		FALSE					TRUE	Decrease					
34711	Delayed placement of dis	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	6.00	Codes Reported Together 75%o	January 20	ZZZ	6	NA	1.15	1.46	263	FALSE		FALSE					TRUE	Decrease					
34712	Transcatheter delivery o	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	12.00	Codes Reported Together 75%o	January 20	090	12	NA	4.36	2.87	803	FALSE		FALSE					TRUE	Decrease					
34713	Percutaneous access and	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	2.50	Codes Reported Together 75%o	January 20	ZZZ	2.5	NA	0.50	0.6	16269	FALSE		FALSE					TRUE	Decrease					
34714	Open femoral artery exp	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	5.25	Codes Reported Together 75%o	January 20	ZZZ	5.25	NA	1.38	1.26	376	FALSE		FALSE					TRUE	Decrease					
34715	Open axillary/subclavian	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	6.00	Codes Reported Together 75%o	January 20	ZZZ	6	NA	1.24	1.47	168	FALSE		FALSE					TRUE	Decrease					
34716	Open axillary/subclavian	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	7.19	Codes Reported Together 75%o	January 20	ZZZ	7.19	NA	2.01	1.72	1501	FALSE		FALSE					TRUE	Decrease					
34800	Endovascular repair of ir	Endovascular Repair Pro	January 2017	10			AAOHNS	Deleted from CPT	Codes Reported Together 75%o	October 2015							FALSE		FALSE					TRUE	Deleted from CPT					
34802	Endovascular repair of ir	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	Deleted from CPT	Pre-Time Analysis / Codes Repo	January 2014							FALSE		TRUE	Referred to C	September 2016		yes	TRUE	Deleted from CPT					
34803	Endovascular repair of ir	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%o	October 2015							FALSE		FALSE					TRUE	Deleted from CPT					
34804	Endovascular repair of ir	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%o	October 2015							FALSE		FALSE					TRUE	Deleted from CPT					
34805	Endovascular repair of ir	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%o	January 2017							FALSE		FALSE					TRUE	Deleted from CPT					
34806	Transcatheter placemen	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%o	January 2017							FALSE		FALSE					TRUE	Deleted from CPT					
34812	Open femoral artery exp	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	4.13	Pre-Time Analysis	January 20	ZZZ	4.13	NA	0.86	1.02	4251	FALSE		TRUE	Referred to C	September	27	yes	TRUE	Decrease					
34820	Open iliac artery exposu	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	7.00	Codes Reported Together 75%o	January 20	ZZZ	7	NA	1.13	1.72	66	FALSE		FALSE					TRUE	Decrease					
34825	Placement of proximal o	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	Deleted from CPT	Pre-Time Analysis / Codes Repo	January 2014							FALSE		TRUE	Referred to C	September	27	yes	TRUE	Deleted from CPT					
34826	Placement of proximal o	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%o	January 2017							FALSE		FALSE					TRUE	Deleted from CPT					
34833	Open iliac artery exposu	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	8.16	Codes Reported Together 75%o	January 20	ZZZ	8.16	NA	1.32	2	29	FALSE		FALSE					TRUE	Decrease					
34834	Open brachial artery exp	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	2.65	Codes Reported Together 75%o	January 20	ZZZ	2.65	NA	0.48	0.64	339	FALSE		FALSE					TRUE	Decrease					
34900	Endovascular repair of ili	Endovascular Repair Pro	January 2017	10			SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%o	January 2017							FALSE		FALSE					TRUE	Deleted from CPT					
35301	Thromboendarterectom	Thromboendarterectom	January 2013	21			SVS	21.16	CMS High Expenditure Procedu	September	090	21.16	NA	6.66	5.3	22058	FALSE		FALSE					TRUE	Increase					
35450	Transluminal balloon ang	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, S\	Deleted from CPT	Codes Reported Together 75% o	October 2015							FALSE		FALSE					TRUE	Deleted from CPT					
35452	Transluminal balloon ang	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, S\	Deleted from CPT	Codes Reported Together 75% o	October 2015							FALSE		FALSE					TRUE	Deleted from CPT					
35454	Deleted from CPT	Endovascular Revascula	April 2010	07			ACC, ACR, A	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE		FALSE		February 2(	07		TRUE	Deleted from CPT					
35456	Deleted from CPT	Endovascular Revascula	April 2010	07			ACC, ACR, A	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE		FALSE		February 2(	07		TRUE	Deleted from CPT					
35458	Transluminal balloon ang	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, S\	Deleted from CPT	Codes Reported Together 75% o	October 2015							FALSE		FALSE					TRUE	Deleted from CPT					
35459	Deleted from CPT	Endovascular Revascula	April 2010	07			ACC, ACR, A	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE		FALSE		February 2(	07		TRUE	Deleted from CPT					
35460	Transluminal balloon ang	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, S\	Deleted from CPT	Codes Reported Together 75% o	October 2015							FALSE		FALSE					TRUE	Deleted from CPT					
35470	Deleted from CPT	Endovascular Revascula	April 2010	07			ACC, ACR, A	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE		TRUE	The code is p	February 2(	07	Deleted- Nev	TRUE	Deleted from CPT					
35471	Transluminal balloon ang	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, S\	Deleted from CPT	CMS Fastest Growing / Codes R	October 2009							FALSE		TRUE	In January 20	October 2015		Deleted from	TRUE	Deleted from CPT					
35472	Transluminal balloon ang	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, S\	Deleted from CPT	CMS Fastest Growing / Codes R	October 2009							FALSE		TRUE	The code is p	Removed from CPT refe		Complete	TRUE	Deleted from CPT					
35473	Deleted from CPT	Endovascular Revascula	April 2010	07			ACC, ACR, A	Deleted from CPT	CMS Fastest Growing	February 2010							FALSE		TRUE	The code is p	February 2(	07	Deleted- Nev	TRUE	Deleted from CPT					
35474	Deleted from CPT	Endovascular Revascula	April 2010	07			ACC, ACR, A	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE		TRUE	The code is p	February 2(	07	Deleted- Nev	TRUE	Deleted from CPT					
35475	Transluminal balloon ang	Open and Percutaneous	January 2016	15			ACR, SIR, S\	Deleted from CPT	CMS Fastest Growing / CMS Hig	September 2011							FALSE		TRUE	In January 20	October 2015		Deleted from	TRUE	Deleted from CPT					
35476	Transluminal balloon ang	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, S\	Deleted from CPT	CMS Fastest Growing / CMS Hig	September 2011							FALSE		TRUE	In January 20	October 2015		Deleted from	TRUE	Deleted from CPT					
35490	Deleted from CPT	Endovascular Revascula	April 2010	07			ACC, ACR, A	Deleted from CPT	High Volume Growth1	April 2008							FALSE		TRUE	The RUC reco	February 2(	07	Deleted- Nev	TRUE	Deleted from CPT					
35491	Deleted from CPT	Endovascular Revascula	April 2010	07			ACC, ACR, A	Deleted from CPT	High Volume Growth1	April 2008							FALSE		TRUE	The RUC reco	February 2(	07	Deleted- Nev	TRUE	Deleted from CPT					
35492	Deleted from CPT	Endovascular Revascula	April 2010	07			ACC, ACR, A	Deleted from CPT	High Volume Growth1	April 2008							FALSE		TRUE	The RUC reco	February 2(	07	Deleted- Nev	TRUE	Deleted from CPT					
35493	Deleted from CPT	Endovascular Revascula	April 2010	07			SIR, ACR, S\	Deleted from CPT	High Volume Growth1	February 2008							FALSE		TRUE	The RUC reco	February 2(	07	Deleted- Nev	TRUE	Deleted from CPT					
35494	Deleted from CPT	Endovascular Revascula	April 2010	07			SIR, ACR, S\	Deleted from CPT	High Volume Growth1	April 2008							FALSE		TRUE	The RUC reco	February 2(	07	Deleted- Nev	TRUE	Deleted from CPT					
35495	Deleted from CPT	Endovascular Revascula	April 2010	07			SIR, ACR, S\	Deleted from CPT	High Volume Growth1	February 2008							FALSE		TRUE	The RUC reco	February 2(	07	Deleted- Nev	TRUE	Deleted from CPT					
35701	Exploration not followed	Exploration of Artery	January 2019	06			ACS, SVS	7.50	Negative IWPUT	January 20	090	7.5	NA	4.27	1.34	729	FALSE		TRUE	The RUC iden	September	17	Complete	TRUE	Decrease					
35702	Exploration not followed	Exploration of Artery	January 2019	06				7.12	Negative IWPUT	September	090	7.12	NA	3.39	1.67	350	FALSE		FALSE		September	17	Complete	TRUE	Decrease					
35703	Exploration not followed	Exploration of Artery	January 2019	06				7.50	Negative IWPUT	September	090	7.5	NA	3.08	1.78	522	FALSE		FALSE		September	17	Complete	TRUE	Decrease					
35721	Exploration (not followe	Exploration of Artery	January 2019	06			ACS, SVS	Deleted from CPT	Negative IWPUT	January 2018							FALSE		TRUE	The RUC iden	September	17	Complete	TRUE	Deleted from CPT					
35741	Exploration (not followe	Exploration of Artery	January 2019	06			ACS, SVS	Deleted from CPT	Negative IWPUT	January 2018							FALSE		TRUE	The RUC iden	September	17	Complete	TRUE	Deleted from CPT					
35761	Exploration (not followe	Exploration of Artery	January 2019	06			ACS, SVS	Deleted from CPT	Negative IWPUT	April 2017							FALSE		TRUE	The RUC iden	September	17	Complete	TRUE	Deleted from CPT					
36000	Introduction of needle or	Introduction of Needle (	April 2010	45			ACC, AUR, A	CMS consider a bundled status fc	Harvard Valued - Utilization ove	October 20	XXX	0.18	0.73	0.07	0.02		FALSE		TRUE	The specialty societies indicated they			Complete	TRUE	Maintain					
36010	Introduction of catheter,	Introduction of Catheter	October 2013	18			ACR, SIR, S\	Remove from re-review.	Codes Reported Together 75% o	February 2(	XXX	2.18	12.63	0.59	0.39	10931	FALSE		FALSE		February 2(	15		TRUE	Remove from Screen					
36140	Introduction of needle or	Introduction of Needle (	October 2013	18			SVS, SIR, AC	Remove from re-review	Harvard Valued - Utilization ove	April 2011	XXX	1.76	12.37	0.48	0.36	15126	FALSE		FALSE					TRUE	Remove from Screen					
36145	Deleted from CPT	Arteriovenous Shunt Im	April 2009	9				Deleted from CPT	Codes Reported Together 95% o	February 2008							FALSE		TRUE	Referred to tl	February 2(	31	Code Deletec	TRUE	Deleted from CPT					
36147	Introduction of needle ar	Dialysis Circuit -1	January 2016	14			ACR, RPA, S	Deleted from CPT	Codes Reported Together 95% o	February 2008							FALSE		FALSE		October 20	27	Complete	TRUE	Deleted from CPT					
36148	Introduction of needle ar	Dialysis Circuit -1	January 2016	14			ACR, RPA, S	Deleted from CPT	Codes Reported Together 95% o	February 2008							FALSE		FALSE		October 20	27	Complete	TRUE	Deleted from CPT					
36215	Selective catheter placer	Selective Catheter Place	April 2016	23			ACR, RPA, S	4.17	Codes Reported Together 75% o	February 2(	000	4.17	25.01	1.48	0.63	28718	FALSE		TRUE	The Workgroup recommends the spe			Complete	TRUE	Decrease					
36216	Selective catheter placer	Selective Catheter Place	April 2016	23			ACR, SIR, S\	5.27	Codes Reported Together 75% o	February 2(	000	5.27	24.40	1.67	1.08	2779	FALSE		TRUE	The Workgroup recommends the spe			Complete	TRUE	Maintain					
36217	Selective catheter placer	Selective Catheter Place	April 2016	23			ACR, SIR, S\	6.29	Harvard Valued - Utilization ove	April 2011	000	6.29	45.95	2.18	1.5	3593	FALSE		TRUE	In September 2011, the specialty soc			Complete	TRUE	Maintain					
36218	Selective catheter placer	Selective Catheter Place	April 2016	23			ACR, SIR, S\	1.01	CMS High Expenditure Procedu	July 2015	ZZZ	1.01	4.91	0.33	0.21	2043	FALSE		FALSE					TRUE	Maintain					
36221	Non-selective catheter p	Cervicocerebral Angiogr	April 2012	14			AAN, AANS	4.51	Codes Reported Together 75% o	February 2(	000	3.92	23.31	1.08	0.87	1141	FALSE		TRUE	The Workgro	February 2(	12	Complete	TRUE	Decrease					
36222	Selective catheter placer	Cervicocerebral Angiogr	April 2012	14			AAN, AANS	6.00	Codes Reported Together 75% o	February 2(	000	5.28	29.10	1.87	1.3	4880	FALSE		TRUE	The Workgro	February 2(	12	Complete	TRUE	Decrease					
36223	Selective catheter placer	Cervicocerebral Angiogr	October 2020	24			AAN, AANS	6.50	Codes Reported Together 75% o	February 2(	000	5.75	42.11	2.43	1.65	25049	FALSE		TRUE	The Workgro	February 2(	12	Complete	TRUE	Decrease					
36224	Selective catheter placer	Cervicocerebral Angiogr	October 2020	24			AAN, AANS	7.55	Codes Reported Together 75% o	February 2(	000	6.25	52.14	2.86	1.93	34713	FALSE		TRUE	The Workgro	February 2(	12	Complete	TRUE	Decrease					
36225	Selective catheter placer	Cervicocerebral Angiogr	April 2012	14			AAN, AANS	6.50	Codes Reported Together 75% o	February 2(	000	5.75	39.58	2.35	1.67	9374	FALSE		TRUE	The Workgro	February 2(	12	Complete	TRUE	Decrease					
36226	Selective catheter placer	Cervicocerebral Angiogr	April 2012	14			AAN, AANS	7.55	Codes Reported Together 75% o	February 2(	000	6.25	50.66	2.81	1.9	29161	FALSE		TRUE	The Workgro	February 2(	12	Complete	TRUE	Decrease					
36227	Selective catheter placer	Cervicocerebral Angiogr	April 2012	14			AAN, AANS	2.32	Codes Reported Together 75% o	February 2(	ZZZ	2.09	4.56	0.89	0.63	17722	FALSE		TRUE	The Workgro	February 2(	12	Complete	TRUE	Decrease					
36228	Selective catheter placer	Cervicocerebral Angiogr	April 2012	14			AAN, AANS	4.25	Codes Reported Together 75% o	February 2(	ZZZ	4.25	33.01	1.84	1.39	1927	FALSE		TRUE	The Workgro	February 2(	12	Complete	TRUE	Decrease					
36245	Selective catheter placer	Selective Catheter Place	January 2013	22			ACC, ACR, S	4.90	Harvard Valued - Utilization ove	October 20	XXX	4.65	29.89	1.45	0.83	29685	FALSE		TRUE	An extensive	February 2(	07 & 06	New code str	TRUE	Decrease					
36246	Selective catheter placer	Vascular Injection Proce	October 2012	27			SVS, SIR, AC	5.27	Harvard Valued - Utilization ove	February 2(	000	5.02	17.75	1.34	1.02	26539	FALSE		FALSE					TRUE	Maintain					
36247	Selective catheter placer	Vascular Injection Proce	October 2012	27			SVS, SIR, AC	7.00	Harvard Valued - Utilization ove	February 2(	000	6.04	33.46	1.68	0.99	63809	FALSE		FALSE					TRUE	Increase					
36248	Selective catheter placer	Catheter Placement	October 2009	40			ACR, SIR	Remove from screen	CMS Fastest Growing	October 20	ZZZ	1.01	2.25	0.28	0.13	34377	FALSE		TRUE	The code is p	February 2(	07	New code str	TRUE	Remove from Screen					
36251	Selective catheter placer	Renal Angiography	April 2011	11			ACR, SIR	5.45	Codes Reported Together 75% o	February 2(	000	5.1	30.56	1.46	0.9	2488	FALSE		FALSE					TRUE	Decrease					
36252	Selective catheter placer	Renal Angiography	April 2011	11			ACR, SIR	7.38	Codes Reported Together 75% o	February 2(	000	6.74	31.54	2.24	1.47	4143	FALSE		FALSE					TRUE	Decrease					
36253	Superselective catheter p	Renal Angiography	April 2011	11			ACR, SIR	7.55	Codes Reported Together 75% o	February 2(	000	7.3	49.30	2.20	0.85	1751	FALSE		FALSE					TRUE	Decrease					
36254	Superselective catheter p	Renal Angiography	April 2011	11			ACR, SIR	8.15	Codes Reported Together 75% o	February 2(	000	7.9	46.15	2.60	1.72	143	FALSE		FALSE					TRUE	Decrease					
36410	Venipuncture, age 3 yeai	Venipunture	April 2010	36			ACP	0.18	Harvard Valued - Utilization ove	October 20	XXX	0.18	0.34	0.07	0.02	118105	FALSE		FALSE					TRUE	Maintain					
36475	Endovenous ablation the	Endovenous Ablation	April 2014	38			ACC, ACR, A	5.30	High Volume Growth2	April 2013	000	5.3	24.15	1.71	1.15	80613	FALSE		FALSE					TRUE	Decrease					
36476	Endovenous ablation the	Endovenous Ablation	April 2014	38			ACC, ACR, A	2.65	High Volume Growth2	October 20	ZZZ	2.65	4.98	0.70	0.58	4362	FALSE		FALSE					TRUE	Decrease					
36478	Endovenous ablation the	Endovenous Ablation	April 2014	38			ACC, ACR, A	5.30	High Volume Growth2	April 2013	000	5.3	21.84	1.81	1.07	32298	FALSE		FALSE					TRUE	Decrease					
36479	Endovenous ablation the	Endovenous Ablation	April 2014	38			ACC, ACR, A	2.65	High Volume Growth2	April 2013	ZZZ	2.65	5.71	0.80	0.54	3810	FALSE		FALSE					TRUE	Decrease					
36481	Percutaneous portal veir	Interventional Radiolog	February 2009	21			ACR, SIR	New PE Inputs	CMS Request - Practice Expense	NA	000	6.73	42.09	2.08	0.71	592	FALSE		FALSE					TRUE	PE Only					
36511	Therapeutic apheresis; fc	Therapeutic Apheresis	January 2017	12			CAP, RPA	2.00. Refer to CPT Assistant.	CMS Request - Final Rule for 20	January 20	000	2	NA	1.18	0.13	309	TRUE	May 2018	Yes	FALSE		September	30	yes	TRUE	Increase					
36512	Therapeutic apheresis; fc	Therapeutic Apheresis	January 2017	12			CAP, RPA	2.00. Refer to CPT Assistant.	CMS Request - Final Rule for 20	January 20	000	2	NA	1.01	0.13	2526	TRUE	May 2018	Yes	FALSE		September	30	yes	TRUE	Increase					
36513	Therapeutic apheresis; fc	Therapeutic Apheresis	January 2017	12			CAP, RPA	2.00. Refer to CPT Assistant.	CMS Request - Final Rule for 20	January 20	000	2	NA	1.01	0.2	206	TRUE	May 2018	Yes	FALSE		September	30	yes	TRUE	Increase					
36514	Therapeutic apheresis; a	Therapeutic Apheresis a	January 2024	11			AAFP, ASCC	PE Only. 1.81. CPT Assistant artic	CMS Request - Final Rule for 20	January 20	000	1.81	18.54	0.80	0.16	20710	TRUE	May 2018	Yes	FALSE		September	30	yes	TRUE	Increase					
36515	Therapeutic apheresis; w	Therapeutic Apheresis	January 2017	12			CAP, RPA	Deleted from CPT	CMS Request - Final Rule for 20	January 2017							TRUE	May 2018	Yes	FALSE		September	30	yes	TRUE	Deleted from CPT					

36516	Therapeutic apheresis; w	Therapeutic Apheresis a	January 2024	11			AAFP, ASCC	PE Only. 1.56. CPT Assistant artic	CMS Fastest Growing / CMS Re	October 20	000	1.56	62.15	0.68	0.38	1074	TRUE	Sep 2009	Yes	TRUE	CPT code 365	September	30	yes	TRUE	Increase							
36522	Photopheresis, extracorp	Therapeutic Apheresis a	January 2024	11			AAFP, ASCC	PE Only. 1.75. CPT Assistant artic	CMS Request - Final Rule for 20	January 20	000	1.75	37.38	0.96	0.15	6375	TRUE	May 2018	Yes	FALSE		September	30	yes	TRUE	Increase							
36555	Insertion of non-tunnele	Insertion of Catheter	October 2016	16		RUC	ACR, ASA	1.93	CMS High Expenditure Procedu	July 2015	000	1.93	3.42	0.40	0.16	26	FALSE			FALSE					TRUE	Decrease							
36556	Insertion of non-tunnele	Insertion of Catheter	October 2016	16		RUC	ACR, ASA	1.75	CMS High Expenditure Procedu	July 2015	000	1.75	4.25	0.52	0.22	308226	FALSE			FALSE					TRUE	Decrease							
36557	Insertion of tunneled cer	Insertion of Tunneled Ca	January 2024	12	April 2025	RUC	ACR, ACS, A	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	4.89	26.95	3.53	1.26	26	FALSE			TRUE	In April 2023,	February 2025			FALSE							
36558	Insertion of tunneled cer	Insertion of Tunneled Ca	January 2024	12	April 2025	RUC	ACR, ACS, A	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	4.59	18.36	2.46	0.63	90021	FALSE			FALSE	In April 2023,	February 2025			FALSE							
36560	Insertion of tunneled cer	Insertion of Tunneled Ca	January 2024	12	April 2025	RUC	ACR, ACS, A	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	6.04	27.78	3.96	1.55	7	FALSE			TRUE	In April 2023,	February 2025			FALSE							
36561	Insertion of tunneled cer	Insertion of Tunneled Ca	January 2024	12	April 2025	RUC	ACR, ACS, A	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	5.79	21.11	3.13	0.92	110592	FALSE			TRUE	In April 2023,	February 2025			FALSE							
36563	Insertion of tunneled cer	Insertion of Tunneled Ca	January 2024	12	April 2025	RUC	ACR, ACS, C	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	5.99	23.92	3.53	1.29	110	FALSE			TRUE	In April 2023,	February 2025			FALSE							
36565	Insertion of tunneled cer	Insertion of Tunneled Ca	January 2024	12	April 2025	RUC	ACR, ACS, C	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	5.79	16.76	2.99	1.25	523	FALSE			TRUE	In April 2023,	February 2025			FALSE							
36566	Insertion of tunneled cer	Insertion of Tunneled Ca	January 2024	12	April 2025	RUC	OEIS, SIR, S	Refer to CPT	Site of Service Anomaly - 2023	April 2023	010	6.29	108.68	3.19	1.11	192	FALSE			TRUE	In April 2023,	February 2025			FALSE							
36568	Insertion of peripherally	PICC Line Procedures	September 2022	13			ACR, SIR	2.11	Identified in RUC review of othe	October 20	000	2.11	NA	0.38	0.25	1	FALSE			TRUE	In October 2(	September	16	Complete	TRUE	Decrease							
36569	Insertion of peripherally	PICC Line Procedures	September 2022	13			ACR, SIR	1.90.	CMS High Expenditure Procedu	July 2015	000	1.9	NA	0.62	0.29	7562	FALSE			TRUE	In October 2(	September	16	Complete	TRUE	Decrease							
36572	Insertion of peripherally	PICC Line Procedures	September 2022	13			ACR, SIR, S\	2.00	CMS High Expenditure Procedu	September	000	1.82	8.90	0.36	0.22	14	FALSE			FALSE					TRUE	Decrease							
36573	Insertion of peripherally	PICC Line Procedures	September 2022	13			ACR, SIR, S\	1.90	CMS High Expenditure Procedu	September	000	1.7	9.11	0.59	0.17	48999	FALSE			FALSE					TRUE	Decrease							
36584	Replacement, complete,	PICC Line Procedures	September 2022	13			ACR, SIR	1.47	Identified in RUC review of othe	October 20	000	1.2	8.01	0.41	0.13	2380	FALSE			TRUE	In October 2(	September	16	Complete	TRUE	Decrease							
36620	Arterial catheterization (	Insertion of Catheter	April 2018	33			ACR, ASA	1.00	CMS High Expenditure Procedu	July 2015	000	1	NA	0.21	0.08	506301	FALSE			FALSE					TRUE	Decrease							
36818	Arteriovenous anastomo	Arteriovenous Anastom	October 2013	10			ACS, SVS	13.00	CMS Request - Final Rule for 20	November	090	12.39	NA	4.87	3.01	2456	FALSE			FALSE					TRUE	Increase							
36819	Arteriovenous anastomo	Arteriovenous Anastom	October 2013	10			ACS, SVS	15.00	CMS Request - Final Rule for 20	November	090	13.29	NA	4.89	3.25	3765	FALSE			FALSE					TRUE	Increase							
36820	Arteriovenous anastomo	Arteriovenous Anastom	October 2013	10			ACS, SVS	13.99	Site of Service Anomaly / CMS R	September	090	13.07	NA	5.20	3.2	806	FALSE			FALSE					TRUE	Decrease							
36821	Arteriovenous anastomo	Arteriovenous Anastom	October 2013	10			ACS, SVS	11.90	Site of Service Anomaly / CMS R	September	090	11.9	NA	4.61	2.9	19939	FALSE			FALSE					TRUE	Decrease							
36822	Insertion of cannula(s) fc	ECMO-ECLS	April 2014	11			STS, AAP, A	Deleted from CPT	CMS Request - Final Rule for 20	February 2011							FALSE			TRUE	Added as par	February 2(	23	Complete	TRUE	Deleted from CPT							
36825	Creation of arteriovenou	Arteriovenous Anastom	October 2013	10			ACS, SVS	15.93	Site of Service Anomaly / CMS R	September	090	14.17	NA	5.65	3.49	958	FALSE			FALSE					TRUE	Increase							
36830	Creation of arteriovenou	Arteriovenous Anastom	October 2013	10			ACS, SVS	11.90	CMS Request - Final Rule for 20	November	090	12.03	NA	4.63	2.97	10999	FALSE			FALSE					TRUE	Decrease							
36834	Deleted from CPT	Aneurysm Repair	September 2007	16			AVA, ACS	Deleted from CPT	Site of Service Anomaly	September 2007							FALSE			TRUE	The RUC refe	February 2(	18	Code Deletec	TRUE	Deleted from CPT							
36870	Thrombectomy, percuta	Dialysis Circuit -1	January 2016	14		RUC	ACR, SIR, S\	Deleted from CPT	Site of Service Anomaly (99238-	September 2007							FALSE			TRUE	The RUC revi	October 20	27	Complete	TRUE	Deleted from CPT							
36901	Introduction of needle(s)	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, '	3.36	Codes Reported Together 75% (	October 20	000	3.36	16.33	1.06	0.52	35573	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease							
36902	Introduction of needle(s)	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, '	4.83	Codes Reported Together 75% (	October 20	000	4.83	28.87	1.47	0.71	108780	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease							
36903	Introduction of needle(s)	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, '	6.39	Codes Reported Together 75% (	October 20	000	6.39	111.45	1.81	1.02	11758	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease							
36904	Percutaneous translumir	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, '	7.50	Codes Reported Together 75% (	October 20	000	7.5	42.93	2.16	1.1	1968	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease							
36905	Percutaneous translumir	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, '	9.00	Codes Reported Together 75% (	October 20	000	9	54.27	2.69	1.26	19261	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease							
36906	Percutaneous translumir	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, '	10.42	Codes Reported Together 75% (	October 20	000	10.42	139.71	2.99	1.5	7339	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease							
36907	Transluminal balloon ang	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, '	3.00	Codes Reported Together 75% (	October 20	ZZZ	3	13.37	0.82	0.48	40996	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease							
36908	Transcatheter placemen	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, '	4.25	Codes Reported Together 75% (	October 20	ZZZ	4.25	35.17	1.11	0.71	2895	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease							
36909	Dialysis circuit permaner	Dialysis Circuit -1	January 2016	14		RUC	ACR, RPA, '	4.12	Codes Reported Together 75% (	October 20	ZZZ	4.12	48.36	1.08	0.66	3385	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease							
37183	Revision of transvenous i	Interventional Radiolog	February 2009	21			ACR, SIR	New PE inputs	CMS Request - Practice Expense	NA	000	7.74	155.15	2.37	0.81	752	FALSE			FALSE					TRUE	PE Only							
37191	Insertion of intravascular	IVC Transcatheter Proce	April 2011	12			ACR, SIR, S\	4.71	Codes Reported Together 75% (	February 2(	000	4.46	51.91	1.37	0.63	19043	FALSE			FALSE		February 2(	15		TRUE	Decrease							
37192	Repositioning of intravas	IVC Transcatheter Proce	April 2011	12			ACR, SIR, S\	8.00	Codes Reported Together 75% (	February 2(	000	7.1	27.73	1.24	1.75	27	FALSE			FALSE		February 2(	15		TRUE	Decrease							
37193	Retrieval (removal) of int	IVC Transcatheter Proce	April 2011	12			ACR, SIR, S\	8.00	Codes Reported Together 75% (	February 2(	000	7.1	34.67	2.01	1.03	5460	FALSE			FALSE		February 2(	15		TRUE	Decrease							
37201	Transcatheter therapy, in	Bundle Thrombolysis	April 2012	15			ACR, SIR, S\	Deleted from CPT	Codes Reported Together 75% (	February 2010							FALSE			TRUE	The Workgro	October 20	18	Complete	TRUE	Deleted from CPT							
37203	Transcatheter retrieval, (	Transcatheter Procedur	September 2011	07			ACC, ACR, S	Deleted from CPT	Codes Reported Together 75% (	February 2010							FALSE			TRUE	The Workgro	June 2011		Complete	TRUE	Deleted from CPT							
37204	Transcatheter occlusion	Embolization and Occlu	April 2013	08			ACC, ACR, S	Deleted from CPT	Codes Reported Together 75% (	February 2010							FALSE			TRUE	In February 2	February 2(	09	Complete	TRUE	Deleted from CPT							
37205	Transcatheter placemen	Endovascular Revascula	April 2010	07			SVS, ACS, S	Deleted from CPT	High Volume Growth1 / Codes F	February 2010							FALSE			TRUE	In February 2	February 2(	10	Complete	TRUE	Deleted from CPT							
37206	Transcatheter placemen	Endovascular Revascula	April 2010	07			SVS, ACS, S	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 2	February 2(	10	Complete	TRUE	Deleted from CPT							
37207	Transcatheter placemen	Endovascular Revascula	April 2010	07			SVS, ACS, S	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 2	February 2(	10	Complete	TRUE	Deleted from CPT							
37208	Transcatheter placemen	Endovascular Revascula	April 2010	07			SVS, ACS, S	Deleted from CPT	High Volume Growth1	February 2010							FALSE			TRUE	In February 2	February 2(	10	Complete	TRUE	Deleted from CPT							
37209	Exchange of a previously	Bundle Thrombolysis	April 2012	15			ACR, SIR, S\	Deleted from CPT	Codes Reported Together 75% (	February 2010							FALSE			TRUE	The Workgro	October 20	18	Complete	TRUE	Deleted from CPT							
37210	Uterine fibroid embolizat	Embolization and Occlu	April 2013	08			ACR, SIR, S\	Deleted from CPT	Codes Reported Together 75% (	February 2010							FALSE			TRUE		February 2(	09	Complete	TRUE	Deleted from CPT							
37211	Transcatheter therapy, a	Bundle Thrombolysis	April 2012	15			ACR, SIR, S\	8.00	Codes Reported Together 75% (	February 2(	000	7.75	NA	2.10	1.47	6202	FALSE			FALSE					TRUE	Decrease							
37212	Transcatheter therapy, v	Bundle Thrombolysis	April 2012	15			ACR, SIR, S\	7.06	Codes Reported Together 75% (	February 2(	000	6.81	NA	1.91	1.17	1019	FALSE			FALSE					TRUE	Decrease							
37213	Transcatheter therapy, a	Bundle Thrombolysis	April 2012	15			ACR, SIR, S\	5.00	Codes Reported Together 75% (	February 2(	000	4.75	NA	1.18	0.83	983	FALSE			FALSE					TRUE	Decrease							
37214	Transcatheter therapy, a	Bundle Thrombolysis	April 2012	15			ACR, SIR, S\	3.04	Codes Reported Together 75% (	February 2(	000	2.49	NA	0.62	0.48	2950	FALSE			FALSE					TRUE	Decrease							
37220	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1	February 2(	000	7.9	61.11	2.04	1.73	10301	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37221	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1	February 2(	000	9.75	74.63	2.41	2.21	23950	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37222	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1	February 2(	ZZZ	3.73	13.16	0.87	0.82	2728	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37223	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1	February 2(	ZZZ	4.25	30.50	0.95	0.98	3476	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37224	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1	February 2(	000	8.75	71.29	2.23	1.98	26393	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37225	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1 / PE Scre	February 2(	000	11.75	230.03	3.16	2.48	38122	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37226	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1	February 2(	000	10.24	213.49	2.56	2.33	16061	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37227	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1 / PE Scre	February 2(	000	14.25	294.67	3.57	3.04	18199	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37228	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1	February 2(	000	10.75	102.86	2.64	2.39	26878	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37229	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1 / PE Scre	February 2(	000	13.8	232.95	3.64	2.75	37066	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37230	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1	February 2(	000	13.55	233.13	3.73	2.99	1838	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37231	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1	February 2(	000	14.75	310.05	4.07	2.78	2625	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37232	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1	February 2(	ZZZ	4	18.41	0.98	0.82	11143	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37233	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1	February 2(	ZZZ	6.5	22.52	1.65	1.24	7277	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37234	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1	February 2(	ZZZ	5.5	94.85	1.55	1.16	229	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37235	Revascularization, endov	Lower Extremity Revasc	January 2025	06			ACC, ACR, A	Deleted from CPT	High Volume Growth1	February 2(	ZZZ	7.8	103.54	1.94	1.15	101	FALSE			TRUE	In October 2(	September	30	Deleted	TRUE	Deleted from CPT							
37236	Transcatheter placemen	Transcatheter Placemer	April 2013	09			SVS, ACS, S	9.00	Codes Reported Together 75% (	February 2(	000	8.75	66.79	2.21	1.92	10422	FALSE			FALSE		February 2(	10	Complete	TRUE	Decrease							
37237	Transcatheter placemen	Transcatheter Placemer	April 2013	09			SVS, ACS, S	4.25	Codes Reported Together 75% (	February 2(	ZZZ	4.25	31.39	0.97	0.95	1161	FALSE			FALSE		February 2(	10	Complete	TRUE	Decrease							
37238	Transcatheter placemen	Transcatheter Placemer	April 2013	09			SVS, ACS, S	6.29	Codes Reported Together 75% (	February 2(	000	6.04	89.76	1.76	1.18	10065	FALSE			FALSE		February 2(	10	Complete	TRUE	Decrease							
37239	Transcatheter placemen	Transcatheter Placemer	April 2013	09			SVS, ACS, S	3.34	Codes Reported Together 75% (	February 2(	ZZZ	2.97	44.98	0.85	0.6	3479	FALSE			FALSE		February 2(	10	Complete	TRUE	Decrease							
37241	Vascular embolization or	Embolization and Occlu	April 2013	08			SVS, ACS, S	9.00	Codes Reported Together 75% (	February 2(	000	8.75	119.77	2.47	1.26	1382	FALSE			FALSE		February 2(	09		TRUE	Decrease							
37242	Vascular embolization or	Embolization and Occlu	April 2013	08			SVS, ACS, S	11.98	Codes Reported Together 75% (	February 2(	000	9.8	188.61	2.59	1.5	10066	FALSE			FALSE		February 2(	09		TRUE	Decrease							
37243	Vascular embolization or	Embolization and Occlu	April 2013	08			SVS, ACS, S	14.00	Codes Reported Together 75% (	February 2(	000	11.74	229.43	3.42	1.24	15872	FALSE			FALSE		February 2(	09		TRUE	Decrease							
37244	Vascular embolization or	Embolization and Occlu	April 2013	08			SVS, ACS, S	14.00	Codes Reported Together 75% (	February 2(	000	13.75	170.05	4.07	1.47	13935	FALSE			FALSE		February 2(	09		TRUE	Decrease							
37246	Transluminal balloon ang	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, S\	7.00	Codes Reported Together 75% (	October 20	000	7	42.89	1.86	1.34	5848	FALSE			FALSE		October 20	24	Complete	TRUE	Decrease							
37247	Transluminal balloon ang	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, S\	3.50	Codes Reported Together 75% (	October 20	ZZZ	3.5	13.28	0.96	0.63	686	FALSE			FALSE		October 20	24	Complete	TRUE	Decrease							
37248	Transluminal balloon ang	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, S\	6.00	Codes Reported Together 75% (	October 20	000	6	31.45	1.78	0.9	11948	FALSE			FALSE		October 20	24	Complete	TRUE	Decrease							
37249	Transluminal balloon ang	Open and Percutaneous	January 2016	15		RUC	ACR, SIR, S\	2.97	Codes Reported Together 75% (	October 20	ZZZ	2.97	9.23	0.78	0.54	3906	FALSE			FALSE		October 20	24	Complete	TRUE	Decrease							
37250	Intravascular ultrasound	Intravascular Ultrasoun	January 2015	07			ACC, SCAI, !	Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was su	October 20	13	Complete	TRUE	Deleted from CPT							
37251	Intravascular ultrasound	Intravascular Ultrasoun	January 2015	07			ACC,SCAI, S	Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was su	October 20	13	Complete	TRUE	Deleted from CPT							
37252	Intravascular ultrasound	Intravascular Ultrasoun	October 2018	14			ACC,SCAI, S	1.80	Final Rule for 2015 / Work Neut	July 2014	ZZZ	1.8	24.44	0.45	0.36	71765	FALSE			FALSE		October 20	13	Complete	TRUE	Decrease							
37253	Intravascular ultrasound	Intravascular Ultrasoun	October 2018	14			ACC,SCAI, S	1.44	Final Rule for 2015 / Work Neut	July 2014	ZZZ	1.44	3.36	0.36	0.28	108933	FALSE			FALSE		October 20	13	Complete	TRUE	Decrease							
37609	Ligation or biopsy, temp	Ligation	September 2007	16			SVS, ACS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	010	3.05	5.48	2.41	0.64	9622	FALSE			FALSE					TRUE	PE Only							
37619	Ligation of inferior vena	Ligation of Inferior Vena	April 2011	13			ACS, SVS	37.60	Codes Reported Together 75% (	February 2(	090	30	NA	14.11	7.65	29	FALSE			FALSE		February 2(	15		TRUE	Increase							
37620	Interruption, partial or c	Major Vein Revision	April 2010	45			ACR, SIR, S\	Deleted from CPT	Codes Reported Together 75% (	February 2010							FALSE			TRUE	The Workgro	February 2(	15	Code Deletec	TRUE	Deleted from CPT							
37760	Ligation of perforator ve	Perforator Vein Ligation	April 2009	10			SVS, ACS	10.69	Site of Service Anomaly	September	090	10.78	NA	3.62	2.65	54	FALSE			TRUE	The RUC refe	February 2(	19	Complete	TRUE	Maintain							
37761	Ligation of perforator ve	Perforator Vein Ligation	April 2009	10			SVS, ACS	9.00	Site of Service Anomaly	April 2009	090	9.13	NA	4.43	2.22	202	FALSE			FALSE					TRUE	Increase							
37765	Stab phlebectomy of vari	Stab Phlebectomy of Va	April 2018	12			ACS, SIR, S\	4.80	High Volume Growth1 / CMS Fa	February 2(	010	4.8	6.42	2.09	1.07	10420	FALSE			FALSE					TRUE	Decrease							
37766	Stab phlebectomy of vari	Stab Phlebectomy of Va	April 2018	12			ACS, SIR, S\	6.00	High Volume Growth1 / CMS Fa	February 2(	010	6	7.21	2.45	1.37	7200	FALSE			FALSE					TRUE	Decrease							
37785	Ligation, division, and/or	Ligation	September 2007	16			APMA, SVS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	090	3.93	5.31	2.62	0.95	745	FALSE			FALSE					TRUE	PE Only							
38220	Diagnostic bone marrow	Diagnostic Bone Marrov	April 2016	06			ASCO, ASH,	1.20	CMS High Expenditure Procedu	February 2(	XXX	1.2	3.42	0.71	0.1	3673	FALSE			FALSE		February 2(	16	Complete	TRUE	Decrease							
38221	Diagnostic bone marrow	Diagnostic Bone Marrov	April 2016	06			ASCO, ASH,	1.28	CMS High Expenditure Procedu	July 2015	XXX	1.28	3.44	0.69	0.1	5922	FALSE			TRUE	Prior to the J	February 2(	16	Complete	TRUE	Decrease							
38222	Diagnostic bone marrow	Diagnostic Bone Marrov	September 2023	22			ASCO, ASH,	1.44	CMS High Expenditure Procedu	February 2(	XXX	1.44	3.66	0.65	0.13	119842	FALSE			FALSE		February 2(	16	Complete	TRUE	Decrease							
38505	Biopsy or excision of lym	Needle Biopsy of Lymph	October 2020	15			ACR, SIR	1.59	Harvard Valued - Utilization ove	October 20	000	1.59	3.40	0.80	0.16	36152	FALSE			FALSE					TRUE	Increase							
38542	Dissection, deep jugular	Jugular Node Dissection	April 2008	40			ACS, AAO-H	7.85	Site of Service Anomaly	September	090	7.95	NA	6.54	1.37	490	FALSE			FALSE					TRUE	Increase							
38570	Laparoscopy, surgical; w	Laparoscopic Prostatect	September 2024	06	April 2028	RAW	ACOG, AUA	Review at RAW in 3 years.	9.34	010-Day Global Post-Operative	January 20	010	8.49	NA	5.63	1.47	7737	FALSE			FALSE		May 2024	12	complete	FALSE	Maintain							
38571	Laparoscopy, surgical; w	Laparoscopic Prostatect	September 2024	06	April 2028	RAW	ACOG, AUA	Review at RAW in 3 years.	12.00	CMS Fastest Growing / 010-Day	October 20	010	12	NA	6.33	1.56	16367	FALSE			TRUE	In April 2023,	May 2024	12	Yes	FALSE	Decrease							
38572	Laparoscopy, surgical; w	Laparoscopic Prostatect	September 2024	06	April 2028	RAW	ACOG, AUA	Review at RAW in 3 years.	15.60	010-Day Global Post-Operative	January 20	010	15.6	NA	8.97	2.42	1244	FALSE			FALSE		May 2024	12	complete	FALSE	Decrease							
38573	Laparoscopy, surgical; w	Laparoscopic Prostatect	September 2024	06	April 2028	RAW	ACOG, AUA	Review at RAW in 3 years.		Codes Reported Together 75% (	May 2024	010	20	NA	12.06	3.43	278	FALSE			FALSE		May 2024	12	complete	FALSE								
38792	Injection procedure; radi	Radioactive Tracer	January 2018	23				0.65	Negative IWPUT	April 2017	000	0.65	1.74	0.23	0.07	26724	FALSE			FALSE					TRUE	Increase							
39400	Mediastinoscopy, includ	Mediastinoscopy with B	January 2015	08			STS	Deleted from CPT	Pre-Time Analysis	January 2014							FALSE			TRUE	Referred to C	October 20	14	Complete	TRUE	Deleted from CPT							
39401	Mediastinoscopy; includ	Mediastinoscopy with B	January 2015	08			STS	5.44	Pre-Time Analysis	October 20	000	5.44	NA	2.44	1.3	219	FALSE			FALSE		October 20	14	Complete	TRUE	Decrease							

39402	Mediastinoscopy; with l	Mediastinoscopy with B	January 2015	08			STS	7.50	Pre-Time Analysis	October 20	000	7.25	NA	2.95	1.77	1760	FALSE			FALSE		October 20	14	Complete	TRUE	Increase
40490	Biopsy of lip	Biopsy of Lip	September 2011	21			AAO-HNS, /	1.22	Harvard Valued - Utilization ove	April 2011	000	1.22	2.31	0.73	0.13	27618	FALSE			FALSE					TRUE	Maintain
40650	Repair lip, full thickness;	PE Subcommittee	April 2016	46			AAOS, ACEI	PE Clinical staff pre-time revised	Emergent Procedures	October 20	090	3.78	10.03	5.21	0.74	396	TRUE	Nov 2016	Yes	FALSE					TRUE	PE Only
40800	Drainage of abscess, cyst	RAW	April 2014	52				Maintain	010-Day Global Post-Operative	January 20	010	1.23	4.76	2.29	0.13	2126	FALSE			FALSE					TRUE	Maintain
40801	Drainage of abscess, cyst	Ostectomy	January 2020	37			APMA, AAC	Maintain. Reduced 99238 to 0.5	Site of Service Anomaly (99238-	September	010	2.63	5.97	3.21	0.28	815	FALSE			FALSE					TRUE	PE Only
40808	Biopsy, vestibule of mou	Biopsy of Mouth Lesion	April 2018	13			AAOHNS, A	1.05	Negative IWPUT	April 2017	010	1.05	3.87	1.55	0.13	9007	FALSE			FALSE					TRUE	Increase
40812	Excision of lesion of muc	RAW	April 2014	52				Maintain	010-Day Global Post-Operative	January 20	010	2.37	5.66	2.89	0.25	6470	FALSE			FALSE					TRUE	Maintain
40820	Destruction of lesion or s	RAW	April 2014	52				Maintain	010-Day Global Post-Operative	January 20	010	1.34	6.14	3.48	0.15	1550	FALSE			FALSE					TRUE	Maintain
41530	Submucosal ablation of t	Submucosal ablation of	April 2015	26	RUC		AAO-HNS	3.50	Final Rule for 2015	July 2014	000	3.5	22.64	7.36	0.5	80	FALSE			FALSE					TRUE	Decrease
42145	Palatopharyngoplasty (e	Palatopharyngoplasty	April 2008	41			AAO-HNS	9.63	Site of Service Anomaly	September	090	9.78	NA	9.59	1.42	358	FALSE			FALSE					TRUE	Maintain
42415	Excision of parotid tumo	Excise Parotid Gland/Le	February 2011	27			ACS, AAO-H	18.12	Site of Service Anomaly	September	090	17.16	NA	12.30	2.53	4507	FALSE			FALSE					TRUE	Maintain
42420	Excision of parotid tumo	Excise Parotid Gland/Le	February 2011	27			ACS, AAO-H	21.00	Site of Service Anomaly	September	090	19.53	NA	13.40	2.87	1187	FALSE			FALSE					TRUE	Maintain
42440	Excision of submandibul	Submandibular Gland E	October 2010	64			AAO-HNS, /	7.13	Site of Service Anomaly	September	090	6.14	NA	5.61	0.88	1439	FALSE			FALSE					TRUE	Maintain
43191	Esophagoscopy, rigid, tra	Esophagoscopy	October 2012	10			AAO-HNS, /	2.78	MPC List	September	000	2.49	NA	1.82	0.39	2139	FALSE			FALSE					TRUE	Increase
43192	Esophagoscopy, rigid, tra	Esophagoscopy	October 2012	10			AAO-HNS, /	3.21	MPC List	September	000	2.79	NA	1.92	0.4	250	FALSE			FALSE					TRUE	Increase
43193	Esophagoscopy, rigid, tra	Esophagoscopy	October 2012	10			AAO-HNS, /	3.36	MPC List	September	000	2.79	NA	1.91	0.42	167	FALSE			FALSE					TRUE	Increase
43194	Esophagoscopy, rigid, tra	Esophagoscopy	October 2012	10			AAO-HNS, /	3.99	MPC List	September	000	3.51	NA	1.76	0.51	85	FALSE			FALSE					TRUE	Increase
43195	Esophagoscopy, rigid, tra	Esophagoscopy	October 2012	10			AAO-HNS, /	3.21	MPC List	September	000	3.07	NA	2.05	0.47	625	FALSE			FALSE					TRUE	Increase
43196	Esophagoscopy, rigid, tra	Esophagoscopy	October 2012	10			AAO-HNS, /	3.36	MPC List	September	000	3.31	NA	2.13	0.47	310	FALSE			FALSE					TRUE	Increase
43197	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AAO-HNS, /	1.59	MPC List	September	000	1.52	4.02	0.70	0.23	1068	FALSE			FALSE					TRUE	Maintain
43198	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AAO-HNS, /	1.89	MPC List	September	000	1.82	4.33	0.86	0.25	233	FALSE			FALSE					TRUE	Maintain
43200	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AAO-HNS, /	1.59	MPC List	September	000	1.42	6.16	0.99	0.21	3227	FALSE			FALSE		May 2012			TRUE	Maintain
43201	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	1.90	MPC List	September	000	1.72	5.77	1.14	0.23	197	FALSE			FALSE		May 2012			TRUE	Decrease
43202	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AAO-HNS, /	1.89	MPC List	September	000	1.72	8.46	1.12	0.22	1638	FALSE			FALSE		May 2012			TRUE	Maintain
43204	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	2.89	MPC List	September	000	2.33	NA	1.41	0.28	4	FALSE			FALSE		May 2012			TRUE	Decrease
43205	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	3.00	MPC List	September	000	2.44	NA	1.45	0.28	65	FALSE			FALSE		May 2012			TRUE	Decrease
43206	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	2.39	MPC List	September	000	2.29	6.45	1.40	0.27	6	FALSE			FALSE					TRUE	Decrease
43211	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	4.58	MPC List	September	000	4.2	NA	2.24	0.5	83	FALSE			FALSE					TRUE	Decrease
43212	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	3.73	MPC List	September	000	3.4	NA	1.65	0.58	487	FALSE			FALSE					TRUE	Decrease
43213	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	5.00	MPC List	September	000	4.63	29.65	2.37	0.69	102	FALSE			FALSE					TRUE	Decrease
43214	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	3.78	MPC List	September	000	3.4	NA	1.88	0.54	157	FALSE			FALSE					TRUE	Decrease
43215	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AAO-HNS, /	2.60	MPC List	September	000	2.44	8.71	1.39	0.39	666	FALSE			FALSE		May 2012			TRUE	Maintain
43216	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	2.40	MPC List	September	000	2.3	9.36	1.40	0.28	137	FALSE			FALSE		May 2012			TRUE	Maintain
43217	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	2.90	MPC List	September	000	2.8	9.20	1.61	0.34	32	FALSE			FALSE		May 2012			TRUE	Maintain
43219	Esophagoscopy, rigid or	Esophagoscopy	October 2012	10			AGA, ASGE,	Deleted from CPT	MPC List	September	2011						FALSE			FALSE		May 2012			TRUE	Deleted from CPT
43220	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	2.10	MPC List	September	000	2	23.32	1.25	0.28	1625	FALSE			FALSE		May 2012			TRUE	Maintain
43226	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AAO-HNS, /	2.34	MPC List	September	000	2.24	8.75	1.29	0.38	1195	FALSE			FALSE		May 2012			TRUE	Maintain
43227	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	3.26	MPC List	September	000	2.89	13.98	1.64	0.36	103	FALSE			FALSE		May 2012			TRUE	Decrease
43228	Esophagoscopy, rigid or	Esophagoscopy	October 2012	10			AGA, ASGE,	Deleted from CPT	MPC List	September	2011						FALSE			FALSE		May 2012			TRUE	Deleted from CPT
43229	Esophagoscopy, flexible,	Esophagoscopy	October 2012	10			AGA, ASGE,	3.72	MPC List	September	000	3.49	16.55	1.89	0.44	1164	FALSE			FALSE					TRUE	Decrease
43231	Esophagoscopy, flexible,	Esophagoscopy	April 2013	10			AGA, ASGE,	3.19	MPC List	September	000	2.8	NA	1.52	0.29	457	FALSE			FALSE		May 2012			TRUE	Maintain
43232	Esophagoscopy, flexible,	Esophagoscopy	April 2013	10			AGA, ASGE,	3.83	MPC List	September	000	3.59	NA	1.88	0.39	289	FALSE			FALSE		May 2012			TRUE	Decrease
43233	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	4.45	MPC List	October 20	000	4.07	NA	2.08	0.64	1060	FALSE			FALSE		October 20	14	Complete	TRUE	Decrease
43234	Upper gastrointestinal en	Esophagoscopy	April 2013	10			AGA, ASGE,	Deleted from CPT	MPC List	September	2011						FALSE			TRUE	Several speci	February 2(	11	Complete	TRUE	Deleted from CPT
43235	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	2.26	MPC List / CMS High Expenditur	October 20	000	2.09	6.18	1.29	0.27	231264	FALSE			FALSE		October 20	14	Complete	TRUE	Decrease
43236	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	2.57	CMS Fastest Growing / MPC Lis	October 20	000	2.39	9.06	1.42	0.29	13112	TRUE	Apr 2009	Yes	FALSE		October 20	14	Complete	TRUE	Decrease
43237	Esophagogastroduodenc	EGD	April 2013	11			AGA, ASGE,	3.85	MPC List	September	000	3.47	NA	1.91	0.4	19537	FALSE			TRUE	In the Panel A	February 2(	12	Complete	TRUE	Decrease
43238	Esophagogastroduodenc	EGD	April 2013	11			AGA, ASGE,	4.50	MPC List	September	000	4.16	NA	2.22	0.5	16192	FALSE			TRUE	In the Panel A	February 2(	12	Complete	TRUE	Decrease
43239	Esophagogastroduodenc	EGD with Biopsy	April 2019	12			ACG, ACS, /	2.39	MPC List / CMS Request - Final I	October 20	000	2.39	8.36	1.42	0.29	1166120	FALSE			FALSE					TRUE	Maintain
43240	Esophagogastroduodenc	EGD	April 2013	11			AGA, ASGE,	7.25	MPC List	September	000	7.15	NA	3.56	0.83	1272	FALSE			TRUE	In the Panel A	February 2(	12	Complete	TRUE	Increase
43241	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	2.59	MPC List	September	000	2.49	NA	1.41	0.33	4168	FALSE			FALSE		October 2012			TRUE	Maintain
43242	Esophagogastroduodenc	EGD	April 2013	11			AGA, ASGE,	5.39	CMS Fastest Growing / MPC Lis	October 20	000	4.73	NA	2.47	0.55	24366	TRUE	Mar 2009	Yes	TRUE	In the Panel A	February 2(	12	Complete	TRUE	Decrease
43243	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	4.37	MPC List	September	000	4.27	NA	2.18	0.59	310	FALSE			FALSE		October 2012			TRUE	Decrease
43244	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	4.50	MPC List	September	000	4.4	NA	2.32	0.51	17137	FALSE			FALSE		October 2012			TRUE	Decrease
43245	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	3.18	MPC List	September	000	3.08	13.69	1.69	0.47	11985	FALSE			FALSE		October 2012			TRUE	Maintain
43246	Esophagogastroduodenc	EGD	April 2013	11			AGA, ASGE,	4.32	MPC List	September	000	3.56	NA	1.83	0.55	47724	FALSE			FALSE		October 2012			TRUE	Maintain
43247	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	3.27	MPC List	September	000	3.11	7.82	1.72	0.4	22139	FALSE			FALSE		October 2012			TRUE	Decrease
43248	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	3.01	MPC List	September	000	2.91	8.88	1.65	0.36	85103	FALSE			FALSE		October 2012			TRUE	Decrease
43249	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	2.77	MPC List	September	000	2.67	27.63	1.54	0.34	119490	FALSE			FALSE		October 2012			TRUE	Decrease
43250	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	3.07	MPC List	September	000	2.97	9.79	1.65	0.44	2527	FALSE			FALSE		October 2012			TRUE	Decrease
43251	Esophagogastroduodenc	EGD	April 2013	11			AGA, ASGE,	3.57	MPC List	September	000	3.47	10.57	1.90	0.43	42905	FALSE			FALSE		October 2012			TRUE	Decrease
43253	Esophagogastroduodenc	EGD	April 2013	11			AGA, ASGE,	5.39	MPC List	February 2(	000	4.73	NA	2.47	0.56	1710	FALSE			TRUE	In the Panel A	February 2(	12	Complete	TRUE	Decrease
43254	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	5.25	MPC List	October 20	000	4.87	NA	2.53	0.58	6053	FALSE			FALSE		October 20	14	Complete	TRUE	Decrease
43255	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	4.20	MPC List	September	000	3.56	14.17	1.95	0.42	51562	FALSE			FALSE		October 2012			TRUE	Decrease
43256	Upper gastrointestinal en	EGD	January 2013	08			AGA, ASGE,	Deleted from CPT	MPC List	September	2011						FALSE			FALSE		October 2012			TRUE	Deleted from CPT
43257	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	4.25	MPC List	September	000	4.15	NA	2.22	0.5	72	FALSE			FALSE		October 2012			TRUE	Decrease
43258	Upper gastrointestinal en	EGD	January 2013	08			AGA, ASGE,	Deleted from CPT	MPC List	September	2011						FALSE			FALSE		October 20	14	Complete	TRUE	Deleted from CPT
43259	Esophagogastroduodenc	EGD	April 2013	11			AGA, ASGE,	4.74	CMS Fastest Growing	October 20	000	4.04	NA	2.17	0.48	29545	TRUE	Mar 2009	Yes	TRUE	In the Panel A	February 2(	12	Complete	TRUE	Decrease
43260	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	5.95	MPC List	September	000	5.85	NA	2.97	0.69	3203	FALSE			TRUE	Several speci	February 2(	13	Complete	TRUE	Maintain
43261	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	6.25	MPC List	September	000	6.15	NA	3.10	0.72	6210	FALSE			FALSE		January 20:	13		TRUE	Decrease
43262	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	6.60	MPC List	September	000	6.5	NA	3.26	0.76	23667	FALSE			FALSE		January 20:	13		TRUE	Decrease
43263	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	7.28	MPC List	September	000	6.5	NA	3.27	0.77	9	FALSE			FALSE		February 2(	13		TRUE	Maintain
43264	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	6.73	Harvard Valued - Utilization ove	April 2011	000	6.63	NA	3.32	0.79	53092	FALSE			FALSE		February 2(	13		TRUE	Decrease
43265	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	8.03	MPC List	September	000	7.93	NA	3.89	0.91	2151	FALSE			FALSE		February 2(	13		TRUE	Decrease
43266	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	4.40	MPC List	October 20	000	3.92	NA	2.00	0.52	5886	FALSE			FALSE		October 20	14	Complete	TRUE	Decrease
43267	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	Deleted from CPT	MPC List	September	2011						FALSE			FALSE		February 2(	13		TRUE	Deleted from CPT
43268	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	Deleted from CPT	Harvard Valued - Utilization ove	April 2011							FALSE			FALSE		February 2(	13		TRUE	Deleted from CPT
43269	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	Deleted from CPT	MPC List	September	2011						FALSE			FALSE		February 2(	13		TRUE	Deleted from CPT
43270	Esophagogastroduodenc	EGD	January 2013	08			AGA, ASGE,	4.39	MPC List	October 20	000	4.01	16.63	2.14	0.5	17070	FALSE			FALSE		October 20	14	Complete	TRUE	Decrease
43271	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	Deleted from CPT	MPC List	September	2011						FALSE			FALSE		February 2(	13		TRUE	Deleted from CPT
43272	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	Deleted from CPT	MPC List	September	2011						FALSE			FALSE		February 2(	13		TRUE	Deleted from CPT
43273	Endoscopic cannulation (	ERCP	April 2013	12			AGA, ASGE,	2.24	MPC List	September	ZZZ	2.24	NA	1.00	0.27	7532	FALSE			FALSE		February 2(	13		TRUE	Maintain
43274	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	8.74	MPC List	September	000	8.48	NA	4.14	1	39292	FALSE			FALSE		February 2(	13		TRUE	Decrease
43275	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	6.96	MPC List	September	000	6.86	NA	3.42	0.81	13108	FALSE			FALSE		February 2(	13		TRUE	Decrease
43276	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	9.10	MPC List	September	000	8.84	NA	4.30	1.03	16091	FALSE			FALSE		February 2(	13		TRUE	Decrease
43277	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	7.11	MPC List	September	000	6.9	NA	3.44	0.81	5426	FALSE			FALSE		February 2(	13		TRUE	Decrease
43278	Endoscopic retrograde cl	ERCP	April 2013	12			AGA, ASGE,	8.08	MPC List	September	000	7.92	NA	3.89	0.94	454	FALSE			FALSE		February 2(	13		TRUE	Decrease
43450	Dilation of esophagus, by	Dilation of Esophagus	October 2012	17			AGA, ASGE,	1.30	MPC List	September	000	1.28	4.16	0.94	0.16	52545	FALSE			FALSE					TRUE	Decrease
43453	Dilation of esophagus, ov	Dilation of Esophagus	October 2012	17			AGA, ASGE,	1.51	MPC List	September	000	1.41	21.20	1.00	0.18	1003	FALSE			FALSE		May 2012			TRUE	Maintain
43456	Dilation of esophagus, by	Dilation of Esophagus	October 2012	17			AGA, ASGE,	Deleted from CPT	MPC List	September	2011						FALSE			FALSE		October 20	14	Complete	TRUE	Deleted from CPT
43458	Dilation of esophagus wi	Dilation of Esophagus	October 2012	17			AGA, ASGE,	Deleted from CPT	MPC List	September	2011						FALSE			FALSE		October 20	14	Complete	TRUE	Deleted from CPT
43760	Change of gastrostomy t	Gastrostomy Tube Repl	January 2018	11			ACEP, ACG,	Deleted from CPT	CMS 000-Day Global Typically R	July 2016							FALSE			TRUE	In April 2017,	September	18	Complete	TRUE	Deleted from CPT
43762	Replacement of gastrost	Gastrostomy Tube Repl	January 2022	20	January 2026	RAW	ACEP, ACG,	0.75. CPT Assistant article	CMS 000-Day Global Typically R	September	000	0.75	5.67	0.22	0.15	45121	TRUE	June 2022	Yes	FALSE					TRUE	Decrease
43763	Replacement of gastrost	Gastrostomy Tube Repl	January 2022	20	January 2026	RAW	ACEP, ACG,	1.41. CPT Assistant article.	CMS 000-Day Global Typically R	September	000	1.41	8.01	0.94	0.28	2112	TRUE	June 2022	Yes	FALSE					TRUE	Decrease
44143	Colectomy, partial; with	RAW	January 2016	54				99214 visit appropriate. Remove	High Level E/M in Global Period	October 20	090	27.79	NA	15.23	6.48	7777	FALSE			FALSE					TRUE	Remove from Screen
44205	Laparoscopy, surgical; cc	Laproscopic Procedures	October 2008	26			ACS, ASCRS	Remove from screen	CMS Fastest Growing	October 20	090	22.95	NA	12.26	4.74	10527	FALSE			FALSE					TRUE	Remove from Screen
44207	Laparoscopy, surgical; cc	Laproscopic Procedures	October 2008	26			ACS, ASCRS	Remove from screen	CMS Fastest Growing	February 2(	090	31.92	NA	15.85	6.26	8896	FALSE			FALSE					TRUE	Remove from Screen
44380	Ileoscopy, through stoma	Ileoscopy\Ileoscopy	October 2013	04			AGA, ASGE,	0.97	MPC List	September	000	0.87	4.89	0.74	0.12	1386	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44381	Ileoscopy, through stoma	Ileoscopy	October 2013	04			AGA, ASGE,	1.48	MPC List	May 2013	000	1.38	26.08	0.96	0.17	127	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44382	Ileoscopy, through stoma	Ileoscopy\Ileoscopy\Ileos	October 2013	04			AGA, ASGE,	1.27	MPC List	September	000	1.17	7.37	0.89	0.15	1281	FALSE			FALSE		May 2013		Complete	TRUE	Maintain
44383	Ileoscopy, through stoma	Ileoscopy	October 2013	04			AGA, ASGE,	Deleted from CPT	MPC List	September	2011						FALSE			FALSE		May 2013		Complete	TRUE	Deleted from CPT
44384	Ileoscopy, through stoma	Ileoscopy	October 2013	04			AGA, ASGE,	3.11	MPC List	May 2013	000	2.85	NA	1.34	0.35	50	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44385	Endoscopic evaluation of	Pouchoscopy	October 2013	05			ACG, ACS, /	1.30	MPC List	September	000	1.2	5.09	0.81	0.16	906	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
44386	Endoscopic evaluation of	Pouchoscopy	October 2013	05			ACG, ACS, /	1.60	MPC List	September	000	1.5	7.42	0.97	0.18	1920	FALSE			FALSE		May 2013		Complete	TRUE	Decrease

44388	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	2.82	MPC List	September	000	2.72	6.30	1.51	0.42	3153	FALSE			TRUE	Several speci	October 20	17	Complete	TRUE	Maintain
44389	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	3.12	MPC List	September	000	3.02	8.71	1.66	0.42	1957	FALSE			TRUE	Several speci	October 20	17	Complete	TRUE	Decrease
44390	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	3.82	MPC List	September	000	3.74	7.80	2.03	0.47	21	FALSE			TRUE	Several speci	October 20	17	Complete	TRUE	Maintain
44391	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	4.22	MPC List	September	000	4.12	13.92	2.17	0.51	126	FALSE			TRUE	Several speci	October 20	17	Complete	TRUE	Decrease
44392	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	3.63	MPC List	September	000	3.53	7.47	1.81	0.6	192	FALSE			TRUE	Several speci	October 20	17	Complete	TRUE	Decrease
44393	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	Deleted from CPT	MPC List	September	2011						FALSE			TRUE	Several speci	October 20	17	Complete	TRUE	Deleted from CPT
44394	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	4.13	MPC List	September	000	4.03	8.40	2.10	0.54	1650	FALSE			TRUE	Several speci	October 20	17	Complete	TRUE	Decrease
44397	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	Deleted from CPT	MPC List	September	2011						FALSE			TRUE	Several speci	October 20	17	Complete	TRUE	Deleted from CPT
44401	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	4.44	MPC List	September	000	4.34	61.83	2.30	0.51	38	FALSE			TRUE		October 20	17	Complete	TRUE	Decrease
44402	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	4.96	MPC List	January 20	000	4.7	NA	2.46	0.55	11	FALSE			FALSE		October 20	17	Complete	TRUE	Decrease
44403	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	5.81	MPC List	January 20	000	5.5	NA	2.82	0.64	64	FALSE			TRUE		October 20	17	Complete	TRUE	Decrease
44404	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	3.13	MPC List	January 20	000	3.02	8.96	1.66	0.42	168	FALSE			TRUE		October 20	17	Complete	TRUE	Decrease
44405	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	3.33	MPC List	January 20	000	3.23	12.54	1.81	0.39	35	FALSE			TRUE		October 20	17	Complete	TRUE	Decrease
44406	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	4.41	MPC List	January 20	000	4.1	NA	2.19	0.5	4	FALSE			TRUE		October 20	17	Complete	TRUE	Decrease
44407	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	5.06	MPC List	January 20	000	4.96	NA	2.58	0.59	1	FALSE			TRUE		October 20	17	Complete	TRUE	Decrease
44408	Colonoscopy through stc	Colonoscopy through st	January 2014	08		ASCRS, ACS	4.24	MPC List	January 20	000	4.14	NA	2.21	0.5	21	FALSE			TRUE		October 20	17	Complete	TRUE	Decrease
44901	Incision and drainage of	Drainage of Abscess	January 2013	04			Deleted from CPT	Codes Reported Together 75% (	January 2012							FALSE			FALSE		October 20	06	Complete	TRUE	Deleted from CPT
44970	Laparoscopy, surgical, ap	Laproscopic Procedures	October 2008	26		ACS	Remove from screen	CMS Fastest Growing	October 20	090	9.45	NA	6.53	2.31	19647	FALSE			FALSE					TRUE	Remove from Screen
45170	Deleted from CPT	Rectal Tumor Excision	February 2009	11		ACS, ASCRS	Deleted from CPT	Site of Service Anomaly	September	2007						FALSE			TRUE	CPT code 451	October 20	18	Code Deletec	TRUE	Deleted from CPT
45171	Excision of rectal tumor,	Rectal Tumor Excision	February 2009	11		ACS, ASCRS	8.00	Site of Service Anomaly	September	090	8.13	NA	9.04	1.54	1987	FALSE			FALSE					TRUE	Decrease
45172	Excision of rectal tumor,	Rectal Tumor Excision	February 2009	11		ACS, ASCRS	12.00	Site of Service Anomaly	September	090	12.13	NA	10.61	2.13	1706	FALSE			FALSE					TRUE	Decrease
45300	Proctosigmoidoscopy, ri	Diagnostic Proctosigmo	April 2017	13		ACS, ASCRS	0.80	CMS 000-Day Global Typically R	July 2016	000	0.8	2.95	0.53	0.13	14357	FALSE			FALSE					TRUE	Maintain
45330	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, /	0.84	Harvard Valued - Utilization ove	April 2011	000	0.84	4.60	0.74	0.13	38732	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45331	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, /	1.14	MPC List	September	000	1.14	7.11	0.87	0.16	28372	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45332	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, /	1.85	MPC List	September	000	1.76	6.21	1.14	0.23	288	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45333	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, /	1.65	MPC List	September	000	1.55	7.83	1.03	0.23	466	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45334	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, /	2.10	MPC List	September	000	2	11.99	1.25	0.24	3017	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45335	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, /	1.15	MPC List	September	000	1.04	7.35	0.82	0.16	2444	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45337	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, /	2.20	MPC List	September	000	2.1	NA	1.02	0.27	1667	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45338	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, /	2.15	MPC List	September	000	2.05	6.54	1.26	0.27	4835	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45339	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, /	Deleted from CPT	MPC List	September	2011						FALSE			FALSE		May 2013		Complete	TRUE	Deleted from CPT
45340	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, /	1.35	MPC List	September	000	1.25	11.77	0.91	0.16	948	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45341	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	January 2014	09		AGA, ASGE,	2.43	MPC List	September	000	2.12	NA	1.31	0.25	1579	FALSE			TRUE	Several speci	October 20	16	Complete	TRUE	Increase
45342	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	January 2014	09		AGA, ASGE,	3.08	MPC List	September	000	2.98	NA	1.67	0.39	380	FALSE			TRUE	Several speci	October 20	16	Complete	TRUE	Decrease
45345	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, /	Deleted from CPT	MPC List	September	2011						FALSE			FALSE		May 2013		Complete	TRUE	Deleted from CPT
45346	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, /	2.97	MPC List	May 2013	000	2.81	61.24	1.59	0.35	793	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45347	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	October 2013	06		ACG, ACS, /	2.98	MPC List	May 2013	000	2.72	NA	1.51	0.33	526	FALSE			FALSE		May 2013		Complete	TRUE	Decrease
45349	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	April 2014	13		AGA, ASGE,	3.83	MPC List	January 20	000	3.52	NA	1.92	0.42	690	FALSE			TRUE		October 20	16	Complete	TRUE	Decrease
45350	Sigmoidoscopy, flexible;	Flexible Sigmoidoscopy	April 2014	13		AGA, ASGE,	1.78	MPC List	January 20	000	1.68	17.34	1.10	0.22	1030	FALSE			TRUE		October 20	16	Complete	TRUE	Decrease
45355	Colonoscopy, rigid or fle	Colonoscopy via stoma	January 2014	08		AGA, ASGE,	Deleted from CPT	MPC List	September	2011						FALSE			FALSE		February 2(	32	Complete	TRUE	Deleted from CPT
45378	Colonoscopy, flexible; di	Colonoscopy	January 2014	10		AGA, ASGE,	3.36	CMS High Expenditure Procedur	September	000	3.26	6.44	1.79	0.43	229904	FALSE			TRUE	Several speci	October 20	18	Complete	TRUE	Decrease
45379	Colonoscopy, flexible; wi	Colonoscopy	January 2014	10		AGA, ASGE,	4.37	MPC List	September	000	4.28	8.08	2.25	0.52	885	FALSE			TRUE	Several speci	October 20	18	Complete	TRUE	Decrease
45380	Colonoscopy, flexible; wi	Colonoscopy	January 2014	10		AGA, ASGE,	3.66	MPC List	October 20	000	3.56	8.79	1.93	0.47	910246	FALSE			TRUE	Several speci	October 20	18	Complete	TRUE	Decrease
45381	Colonoscopy, flexible; wi	Colonoscopy	January 2018	31		AGA, ASGE,	3.67	CMS Fastest Growing / MPC Lis	October 20	000	3.56	9.04	1.93	0.47	62076	TRUE	Jun 2010	Yes	TRUE	Several speci	October 20	18	Complete	TRUE	Decrease
45382	Colonoscopy, flexible; wi	Colonoscopy	January 2014	10		AGA, ASGE,	4.76	MPC List	September	000	4.66	14.16	2.43	0.56	20075	FALSE			TRUE	Several speci	October 20	18	Complete	TRUE	Decrease
45383	Colonoscopy, flexible, pr	Colonoscopy	January 2014	10		AGA, ASGE,	Deleted from CPT	MPC List	September	2011						FALSE			TRUE	Several speci	October 20	18	Complete	TRUE	Deleted from CPT
45384	Colonoscopy, flexible; wi	Colonoscopy	January 2014	10		AGA, ASGE,	4.17	MPC List	September	000	4.07	9.74	2.07	0.63	39039	FALSE			TRUE	Several speci	October 20	18	Complete	TRUE	Decrease
45385	Colonoscopy, flexible; wi	Colonoscopy	April 2019	13		AGA, ASGE,	4.57	MPC List / Codes Reported Toge	October 20	000	4.57	8.33	2.38	0.56	1028197	FALSE			TRUE	Several speci	October 20	18	Complete	TRUE	Maintain
45386	Colonoscopy, flexible; wi	Colonoscopy	January 2014	10		AGA, ASGE,	3.87	MPC List	September	000	3.77	13.48	2.02	0.5	1822	FALSE			TRUE	Several speci	October 20	18	Complete	TRUE	Decrease
45387	Colonoscopy, flexible, pr	Colonoscopy	January 2014	10		AGA, ASGE,	Deleted from CPT	MPC List	September	2011						FALSE			TRUE	Several speci	October 20	18	Complete	TRUE	Deleted from CPT
45388	Colonoscopy, flexible; wi	Colonoscopy	January 2014	10		AGA, ASGE,	4.98	MPC List	January 20	000	4.88	63.54	2.48	0.63	17504	FALSE			FALSE		October 20	18	Complete	TRUE	Decrease
45389	Colonoscopy, flexible; wi	Colonoscopy	January 2014	10		AGA, ASGE,	5.50	MPC List	January 20	000	5.24	NA	2.67	0.63	389	FALSE			FALSE		October 20	18	Complete	TRUE	Decrease
45390	Colonoscopy, flexible; wi	Colonoscopy	January 2014	10		AGA, ASGE,	6.35	MPC List	January 20	000	6.04	NA	3.05	0.71	27740	FALSE			FALSE		October 20	18	Complete	TRUE	Decrease
45391	Colonoscopy, flexible; wi	Colonoscopy	January 2014	10		AGA, ASGE,	4.95	MPC List	September	000	4.64	NA	2.43	0.54	697	FALSE			TRUE	Several speci	October 20	18	Complete	TRUE	Decrease
45392	Colonoscopy, flexible; wi	Colonoscopy	January 2014	10		AGA, ASGE,	5.60	MPC List	September	000	5.5	NA	2.83	0.64	148	FALSE			TRUE	Several speci	October 20	18	Complete	TRUE	Decrease
45393	Colonoscopy, flexible; wi	Colonoscopy	January 2014	10		AGA, ASGE,	4.78	MPC List	January 20	000	4.68	NA	2.14	0.6	1978	FALSE			FALSE		October 20	18	Complete	TRUE	Decrease
45398	Colonoscopy, flexible; wi	Colonoscopy	January 2014	10		AGA, ASGE,	4.30	MPC List	January 20	000	4.2	18.91	2.14	0.63	3079	FALSE			FALSE		October 20	18	Complete	TRUE	Decrease
46020	Placement of seton	Placement/Removal of S	October 2020	16		ACS, ASCRS	3.50	010-Day Global Post-Operative	October 20	000	1.86	NA	1.32	0.35	1201	FALSE			FALSE					TRUE	Increase
46030	Removal of anal seton, o	Placement/ Removal of	October 2020	16		ACS, ASCRS	2.00	010-Day Global Post-Operative	April 2020	000	1.48	5.82	0.90	0.24	281	FALSE			FALSE					TRUE	Increase
46200	Fissurectomy, including s	Fissurectomy	September 2007	16		ACS	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	090	3.59	10.16	6.17	0.6	694	FALSE			FALSE					TRUE	PE Only
46500	Injection of sclerosing so	Hemorrhoid Injection	January 2018	24		ACS, ASCRS	2.00	010-Day Global Post-Operative	January 20	010	1.74	7.38	3.58	0.27	12634	FALSE			FALSE					TRUE	Increase
47011	Hepatotomy; for percuta	Drainage of Abscess	January 2013	04			Deleted from CPT	Codes Reported Together 75% (	January 2012							FALSE			FALSE		October 20	06	Complete	TRUE	Deleted from CPT
47135	Liver allotransplantation	Liver Allotransplantatio	September 2014	14		ACS, ASTS	91.78	090-Day Global Post-Operative	January 20	090	90	NA	49.95	22.66	1355	FALSE			FALSE					TRUE	Increase
47136	Liver allotransplantation	RAW	April 2014	52		ACS, ASTS	Deleted from CPT	090-Day Global Post-Operative	April 2014							FALSE			TRUE	Identified as (	October 20	16	Complete	TRUE	Deleted from CPT
47382	Ablation, 1 or more liver	Interventional Radiolog	October 2008	13		ACR, SIR	New PE Inputs	CMS Request - Practice Expense	NA	010	14.97	87.64	5.19	1.57	2573	FALSE			FALSE					TRUE	PE Only
47490	Cholecystostomy, percut	Cholecystostomy	October 2009	04		ACR	4.76	CMS Fastest Growing	October 20	010	4.76	NA	4.62	0.49	11835	FALSE			TRUE	This service v	June 2009	17	CPT Editorial	TRUE	Decrease
47500	Injection procedure for p	Percutaneous Biliary Pro	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% (	October 2012							FALSE			TRUE	The Joint Wo	February 2(	16	Complete	TRUE	Deleted from CPT
47505	Injection procedure for c	Percutaneous Biliary Pro	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% (	October 2012							FALSE			TRUE	The Joint Wo	February 2(	16	Complete	TRUE	Deleted from CPT
47510	Introduction of percutan	Percutaneous Biliary Pro	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% (	October 2012							FALSE			TRUE	The Joint Wo	February 2(	16	Complete	TRUE	Deleted from CPT
47511	Introduction of percutan	Percutaneous Biliary Pro	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% (	October 2012							FALSE			TRUE	The Joint Wo	February 2(	16	Complete	TRUE	Deleted from CPT
47525	Change of percutaneous	Percutaneous Biliary Pro	October 2015	06	RUC	ACR, SIR	Deleted from CPT	High IWPUT	February 2008							FALSE			FALSE		February 2(	16		TRUE	Deleted from CPT
47530	Revision and/or reinserti	Percutaneous Biliary Pro	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75% (	February 2015							FALSE			FALSE		February 2(	16		TRUE	Deleted from CPT
47531	Injection procedure for c	Percutaneous Biliary Pro	October 2015	04	RUC	ACR, SIR	1.30	Codes Reported Together 75% (	February 2(	000	1.3	10.70	0.65	0.13	6003	FALSE			FALSE		February 2(	16		TRUE	Increase
47532	Injection procedure for c	Percutaneous Biliary Pro	October 2015	04	RUC	ACR, SIR	4.50	Codes Reported Together 75% (	February 2(	000	4.25	19.56	1.47	0.49	373	FALSE			FALSE		February 2(	16		TRUE	Increase
47533	Placement of biliary drai	Percutaneous Biliary Pro	October 2015	04	RUC	ACR, SIR	5.63	Codes Reported Together 75% (	February 2(	000	5.38	27.50	1.78	0.55	1184	FALSE			FALSE		February 2(	16		TRUE	Increase
47534	Placement of biliary drai	Percutaneous Biliary Pro	October 2015	04	RUC	ACR, SIR	7.85	Codes Reported Together 75% (	February 2(	000	7.6	28.48	2.41	0.79	3720	FALSE			FALSE		February 2(	16		TRUE	Increase
47535	Conversion of external b	Percutaneous Biliary Pro	October 2015	04	RUC	ACR, SIR	4.20	Codes Reported Together 75% (	February 2(	000	3.95	21.18	1.37	0.42	330	FALSE			FALSE		February 2(	16		TRUE	Increase
47536	Exchange of biliary drain	Percutaneous Biliary Pro	October 2015	04	RUC	ACR, SIR	2.86	Codes Reported Together 75% (	February 2(	000	2.61	15.34	0.99	0.28	12998	FALSE			FALSE		February 2(	16		TRUE	Increase
47537	Removal of biliary draina	Percutaneous Biliary Pro	October 2015	04	RUC	ACR, SIR	1.85	Codes Reported Together 75% (	February 2(	000	1.84	12.05	0.81	0.18	1896	FALSE			FALSE		February 2(	16		TRUE	Increase
47538	Placement of stent(s) int	Percutaneous Biliary Pro	October 2015	04	RUC	ACR, SIR	5.00	Codes Reported Together 75% (	February 2(	000	4.75	100.66	1.62	0.5	713	FALSE			FALSE		February 2(	16		TRUE	Increase
47539	Placement of stent(s) int	Percutaneous Biliary Pro	October 2015	04	RUC	ACR, SIR	9.00	Codes Reported Together 75% (	February 2(	000	8.75	108.62	2.70	0.92	94	FALSE			FALSE		February 2(	16		TRUE	Increase
47540	Placement of stent(s) int	Percutaneous Biliary Pro	October 2015	04	RUC	ACR, SIR	9.28	Codes Reported Together 75% (	February 2(	000	9.03	109.72	2.85	0.91	138	FALSE			FALSE		February 2(	16		TRUE	Increase
47541	Placement of access thro	Percutaneous Biliary Pro	October 2015	04	RUC	ACR, SIR	7.00	Codes Reported Together 75% (	February 2(	000	6.75	26.28	2.33	0.74	137	FALSE			FALSE		February 2(	16		TRUE	Increase
47542	Balloon dilation of biliary	Percutaneous Biliary Pro	October 2015	04	RUC	ACR, SIR	2.85	Codes Reported Together 75% (	February 2(	ZZZ	2.85	11.21	0.82	0.29	970	FALSE			FALSE		February 2(	16		TRUE	Increase
47543	Endoluminal biopsy(ies)	Percutaneous Biliary Pro	October 2015	04	RUC	ACR, SIR	3.00	Codes Reported Together 75% (	February 2(	ZZZ	3	8.05	0.88	0.29	491	FALSE			FALSE		February 2(	16		TRUE	Increase
47544	Removal of calculi/debri	Percutaneous Biliary Pro	October 2015	04	RUC	ACR, SIR	3.28	Codes Reported Together 75% (	February 2(	ZZZ	3.28	20.31	0.94	0.35	231	FALSE			TRUE	The committe	February 2(	16	Complete	TRUE	Increase
47560	Laparoscopy, surgical; w	RAW	October 2013	18			Deleted from CPT	CMS Request - Final Rule for 20	July 2013							FALSE			FALSE					TRUE	Maintain
47562	Laparoscopy, surgical; ch	RAW review	September 2014	21		ACS	Maintain work RVU and adjust th	CMS High Expenditure Procedur	September	090	10.47	NA	6.97	2.62	71982	FALSE			FALSE					TRUE	Maintain
47563	Laparoscopy, surgical; ch	RAW review	October 2013	18			No further action. 12.11	CMS High Expenditure Procedur	September	090	11.47	NA	7.45	2.89	32117	FALSE			FALSE					TRUE	Maintain
47600	Cholecystectomy;	Cholecystectomy	April 2012	36		ACS, SAGES	20.00	CMS Request - Final Rule for 20	September	090	17.48	NA	10.61	4.31	4918	FALSE			FALSE					TRUE	Increase
47605	Cholecystectomy; with c	Cholecystectomy	April 2012	36		ACS, SAGES	21.00	CMS Request - Final Rule for 20	September	090	18.48	NA	10.99	4.6	644	FALSE			FALSE					TRUE	Increase
48102	Biopsy of pancreas, perc	Percutaneous Needle Bi	September 2007	16		SIR	Reduce 99238 to 0.5	Site of Service Anomaly (99238-	September	010	4.7	9.77	1.78	0.49	492	FALSE			FALSE					TRUE	PE Only
48511	External drainage, pseud	Drainage of Abscess	January 2013	04			Deleted from CPT	Codes Reported Together 75% (	January 2012							FALSE			FALSE		October 20	06	Complete	TRUE	Deleted from CPT
49021	Drainage of peritoneal al	Drainage of Abscess	January 2013	04		ACR, SIR	Deleted from CPT	Codes Reported Together 75% (	January 2012							FALSE			FALSE		October 20	06	Complete	TRUE	Deleted from CPT
49041	Drainage of subdiaphrag	Drainage of Abscess	January 2013	04		ACR, SIR	Deleted from CPT	Codes Reported Together 75% (	January 2012							FALSE			FALSE		October 20	06	Complete	TRUE	Deleted from CPT
49061	Drainage of retroperiton	Drainage of Abscess	January 2013	04		ACR, SIR	Deleted from CPT	Codes Reported Together 75% (	January 2012							FALSE			FALSE		October 20	06	Complete	TRUE	Deleted from CPT
49080	Peritoneocentesis, abdor	Peritoneocentesis	October 2010	5		ACR, AGA, /	Deleted from CPT	Harvard Valued - Utilization ove	October 2009							FALSE			TRUE	The specialty	June 2010	09	Complete	TRUE	Deleted from CPT
49081	Peritoneocentesis, abdor	Peritoneocentesis	October 2010	5		ACR, AGA, /	Deleted from CPT	Harvard Valued - Utilization ove	February 2010							FALSE			FALSE		June 2010	09		TRUE	Deleted from CPT
49082	Abdominal paracentesis	Abdominal Paracentesis	October 2010	05		ACR, ACS, /	1.35	Harvard Valued - Utilization ove	February 2(	000	1.24	4.77	0.76	0.18	8296	FALSE			FALSE		June 2010	09		TRUE	Decrease
49083	Abdominal paracentesis	Abdominal Paracentesis	October 2010	05		ACR, ACS, /	2.00	Harvard Valued - Utilization ove	February 2(	000	2	6.37	0.95	0.2	239938	FALSE			FALSE		June 2010	09		TRUE	Decrease
49084	Peritoneal lavage, includ	Abdominal Paracentesis	October 2010	05		ACR, ACS, /	2.50	Harvard Valued - Utilization ove	February 2(	000	2	NA	0.74	0.48	1330	FALSE			FALSE		June 2010	09		TRUE	Increase
49405	Image-guided fluid colle	Drainage of Abscess	January 2013	04		ACR, SIR	4.25	Codes Reported Together 75% (	January 20	000	4	21.07	1.32	0.4	4750	FALSE			FALSE		October 20	06	Complete	TRUE	Decrease
49406	Image-guided fluid colle	Drainage of Abscess	January 2013	04		ACR, SIR	4.25	Codes Reported Together 75% (	January 20	000	4	21.08	1.31	0.4	28441	FALSE			FALSE		October 20	06	Complete	TRUE	Decrease
49407	Image-guided fluid colle	Drainage of Abscess	January 2013	04		ACR, SIR	4.50	Codes Reported Together 75% (	January 20	000	4.25	17.07	1.33	0.49	140	FALSE			FALSE		October 20	06	Complete	TRUE	Decrease

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69801	Labyrinthotomy, with pe	Labyrinthotomy	October 2015	21			AAO-HNS	Review action plan at RAW Oct 2	CMS Fastest Growing / Site of S	September	000	2.06	4.43	1.40	0.29	23850	TRUE	May 2011	Yes	TRUE	The Workgro	Feb 2010	34	Revised	TRUE	Decrease						
69802	Labyrinthotomy, with pe	Labryinthotomy	April 2010	16			AAO-HNS	Deleted from CPT	CMS Fastest Growing / Site of Service Anomaly (99238-Only)								FALSE			TRUE	Prior to surve	Feburary 2(	25	Code Deletec	TRUE	Deleted from CPT						
69930	Cochlear device implant	Cochlear Device Implan	February 2008	M			AAO-HNS	17.60	Site of Service Anomaly	September	090	17.73	NA	16.08	2.57	4812	FALSE			FALSE					TRUE	Maintain						
70030	Radiologic examination,	X-Ray of Eye	January 2020	28				0.18	CMS-Other - Utilization over 20	January 20:	XXX	0.18	0.79	NA	0.02	18577	FALSE			FALSE					TRUE	Increase						
70100	Radiologic examination,	RAW	October 2013	18				RUC to submit letter to CMS spec	High Volume Growth2	April 2013	XXX	0.18	0.96	NA	0.02	17919	FALSE			FALSE					TRUE	Maintain						
70210	Radiologic examination,	X-Ray Exam - Sinuses	January 2019	24			AAFP, ACP,	0.20	CMS-Other - Utilization over 30	October 20	XXX	0.17	0.78	NA	0.02	13632	FALSE			FALSE					TRUE	Increase						
70220	Radiologic examination,	X-Ray Exam - Sinuses	January 2019	24			AAFP, ACP,	0.22	CMS-Other - Utilization over 30	October 20	XXX	0.22	0.89	NA	0.02	33465	FALSE			FALSE					TRUE	Decrease						
70250	Radiologic examination,	X-Ray Exam – Skull	January 2019	25			ACR, ASNR	0.20	CMS-Other - Utilization over 30	October 20	XXX	0.18	0.88	NA	0.02	40837	FALSE			FALSE					TRUE	Decrease						
70260	Radiologic examination,	X-Ray Exam – Skull	January 2019	25			ACR, ASNR	0.29	CMS-Other - Utilization over 30	October 20	XXX	0.28	1.04	NA	0.02	7497	FALSE			FALSE					TRUE	Decrease						
70310	Radiologic examination,	RAW	October 2013	18				RUC to submit letter to CMS spec	High Volume Growth2	April 2013	XXX	0.16	1.04	NA	0.02	825	FALSE			FALSE					TRUE	Maintain						
70360	Radiologic examination,	X-Ray Exam – Neck	January 2019	26			AAFP, ACP,	0.20	CMS-Other - Utilization over 30	October 20	XXX	0.18	0.74	NA	0.02	37702	FALSE			FALSE					TRUE	Increase						
70371	Complex dynamic pharyr	Laryngography	January 2019	37			ACR, AAFP	CPT Assistant article published, a	Codes Reported Together 75% (	October 20	XXX	0.84	2.47	NA	0.04	766	TRUE	July 2014	Yes	FALSE					TRUE	Maintain						
70373	Laryngography, contrast	Laryngography	October 2012				ACR, AAFP	CPT Assistant article published.	Codes Reported Together 75% (	October 2012							TRUE	July 2014	Yes	FALSE					TRUE	Deleted from CPT						
70450	Computed tomography,	CT Head/Brain	April 2019	15			ACR, ASNR	0.85	CMS-Other - Utilization over 50	April 2011	XXX	0.85	2.35	NA	0.05	4937479	FALSE			FALSE					TRUE	Maintain						
70460	Computed tomography,	CT Head/Brain	April 2019	15			ACR, ASNR	1.13	CMS High Expenditure Procedu	April 2013	XXX	1.13	3.32	NA	0.07	18522	FALSE			FALSE					TRUE	Maintain						
70470	Computed tomography,	CT Head/Brain	April 2019	15			ACR, ASNR	1.27	Harvard Valued - Utilization ove	October 20	XXX	1.27	3.93	NA	0.08	59117	FALSE			FALSE					TRUE	Maintain						
70480	Computed tomography,	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNR	1.28	CMS-Other - Utilization over 30	October 20	XXX	1.28	3.48	NA	0.08	53239	FALSE			FALSE					TRUE	Maintain						
70481	Computed tomography,	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNR	1.13	CMS-Other - Utilization over 30	October 20	XXX	1.13	4.29	NA	0.07	11061	FALSE			FALSE					TRUE	Decrease						
70482	Computed tomography,	CT – Orbit/Ear/Fossa	October 2018	16			ACR, ASNR	1.27	CMS-Other - Utilization over 30	October 20	XXX	1.27	5.04	NA	0.08	4320	FALSE			FALSE					TRUE	Decrease						
70486	Computed tomography,	CT – Maxillofacial	April 2014	41			ACR, ASNR	0.85	CMS-Other - Utilization over 25	April 2013	XXX	0.85	3.00	NA	0.05	496826	FALSE			FALSE					TRUE	Decrease						
70487	Computed tomography,	CT – Maxillofacial	April 2014	41			ACR, ASNR	1.17	CMS-Other - Utilization over 25	April 2014	XXX	1.13	3.43	NA	0.07	31695	FALSE			FALSE					TRUE	Decrease						
70488	Computed tomography,	CT – Maxillofacial	April 2014	41			ACR, ASNR	1.30	CMS-Other - Utilization over 25	April 2014	XXX	1.27	4.25	NA	0.08	3523	FALSE			FALSE					TRUE	Decrease						
70490	Computed tomography,	CT Soft Tissue Neck	January 2017	21			ACR, ASNR	1.28	CMS High Expenditure Procedu	July 2015	XXX	1.28	3.22	NA	0.07	56043	FALSE			FALSE					TRUE	Maintain						
70491	Computed tomography,	CT Soft Tissue Neck	January 2017	21			ACR, ASNR	1.38	CMS High Expenditure Procedu	July 2015	XXX	1.38	4.14	NA	0.08	267867	FALSE			FALSE					TRUE	Maintain						
70492	Computed tomography,	CT Soft Tissue Neck	January 2017	21			ACR, ASNR	1.62	CMS High Expenditure Procedu	July 2015	XXX	1.62	5.01	NA	0.09	22471	FALSE			FALSE					TRUE	Increase						
70496	Computed tomographic	Cerebral Perfusion & CT	September 2024	09			ACR, ASNR	1.75	High Volume Growth1 / CMS Fa	February 2(	XXX	1.75	6.56	NA	0.11	715741	FALSE			TRUE	In April 2022,	May 2024	17	Complete	TRUE	Maintain						
70498	Computed tomographic	Cerebral Perfusion & CT	September 2024	09			ACR, ASNR	1.75	High Volume Growth1 / CMS Fa	February 2(	XXX	1.75	6.55	NA	0.11	742445	FALSE			TRUE	In April 2022,	May 2024	17	Complete	TRUE	Maintain						
70540	Magnetic resonance (eg,	MRI Face and Neck	January 2016	39			ACR, ASNR	1.35	CMS High Expenditure Procedu	July 2015	XXX	1.35	5.44	NA	0.08	9100	FALSE			FALSE					TRUE	Maintain						
70542	Magnetic resonance (eg,	MRI Face and Neck	January 2016	39			ACR, ASNR	1.62	CMS High Expenditure Procedu	July 2015	XXX	1.62	6.41	NA	0.1	763	FALSE			FALSE					TRUE	Maintain						
70543	Magnetic resonance (eg,	MRI Face and Neck	January 2016	39			ACR, ASNR	2.15	CMS High Expenditure Procedu	July 2015	XXX	2.15	8.01	NA	0.15	68249	FALSE			FALSE					TRUE	Maintain						
70544	Magnetic resonance ang	Magnetic Resonance An	April 2024	12	April 2025	RUC	ACR, ASNR,	Refer to CPT for code bundle solu	CMS High Expenditure Procedu	July 2015	XXX	1.2	5.28	NA	0.08	171262	FALSE			TRUE	In April 2022,	February 2025			FALSE	Maintain						
70545	Magnetic resonance ang	Magnetic Resonance An	October 2016	18		RUC	ACR, ASNR	1.20	CMS High Expenditure Procedu	July 2015	XXX	1.2	5.65	NA	0.08	2713	FALSE			FALSE					TRUE	Maintain						
70546	Magnetic resonance ang	Magnetic Resonance An	October 2016	18			ACR, ASNR	1.48	CMS High Expenditure Procedu	July 2015	XXX	1.48	8.45	NA	0.11	20970	FALSE			FALSE					TRUE	Decrease						
70547	Magnetic resonance ang	Magnetic Resonance An	April 2024	12	April 2025	RUC	ACR, ASNR,	Refer to CPT for code bundle solu	CMS High Expenditure Procedu	July 2015	XXX	1.2	5.30	NA	0.08	58446	FALSE			TRUE	In April 2022,	February 2025			FALSE	Maintain						
70548	Magnetic resonance ang	Magnetic Resonance An	October 2016	19		RUC	ACR, ASNR	1.50	CMS High Expenditure Procedu	July 2015	XXX	1.5	5.90	NA	0.1	11334	FALSE			FALSE					TRUE	Increase						
70549	Magnetic resonance ang	Magnetic Resonance An	October 2016	19		RUC	ACR, ASNR	1.80	CMS High Expenditure Procedu	July 2015	XXX	1.8	8.60	NA	0.12	39633	FALSE			FALSE					TRUE	Maintain						
70551	Magnetic resonance (eg,	MRI-Brain	January 2013	26			ACR, ASNR	1.48	CMS High Expenditure Procedu	September	XXX	1.48	4.41	NA	0.09	1071507	FALSE			FALSE					TRUE	Maintain						
70552	Magnetic resonance (eg,	MRI-Brain	January 2013	26			ACR, ASNR	1.78	CMS High Expenditure Procedu	September	XXX	1.78	6.35	NA	0.11	17700	FALSE			FALSE					TRUE	Maintain						
70553	Magnetic resonance (eg,	MRI-Brain	January 2013	26			ACR, ASNR	2.36	CMS-Other - Utilization over 50	April 2011	XXX	2.29	7.26	NA	0.16	968572	FALSE			FALSE					TRUE	Maintain						
71010	Radiologic examination,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	Low Value-High Volume / CMS I	October 2010							FALSE			FALSE		February 2(	20	Complete	TRUE	Deleted from CPT						
71015	Radiologic examination,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedu	July 2015							FALSE			FALSE		February 2(	20	Complete	TRUE	Deleted from CPT						
71020	Radiologic examination,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	MPC List / CMS High Expenditur	October 2010							FALSE			FALSE		February 2(	20	Complete	TRUE	Deleted from CPT						
71021	Radiologic examination,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedu	July 2015							FALSE			FALSE		February 2(	20	Complete	TRUE	Deleted from CPT						
71022	Radiologic examination,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedu	July 2015							FALSE			FALSE		February 2(	20	Complete	TRUE	Deleted from CPT						
71023	Radiologic examination,	Chest X-Ray	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedu	July 2015							FALSE			FALSE		February 2(	20	Complete	TRUE	Deleted from CPT						
71030	Radiologic examination,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedu	July 2015							FALSE			FALSE		February 2(	20	Complete	TRUE	Deleted from CPT						
71034	Radiologic examination,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedu	July 2015							FALSE			FALSE		February 2(	20	Complete	TRUE	Deleted from CPT						
71035	Radiologic examination,	Chest X-Rays	April 2016	07			ACR	Deleted from CPT	CMS High Expenditure Procedu	July 2015							FALSE			FALSE		February 2(	20	Complete	TRUE	Deleted from CPT						
71045	Radiologic examination,	Chest X-Ray	April 2016	07			ACR	0.18	CMS High Expenditure Procedu	February 2(	XXX	0.18	0.58	NA	0.02	12830852	FALSE			FALSE		February 2(	20	Complete	TRUE	Decrease						
71046	Radiologic examination,	Chest X-Ray	April 2016	07			ACR	0.22	CMS High Expenditure Procedu	February 2(	XXX	0.22	0.77	NA	0.02	6114523	FALSE			FALSE		February 2(	20	Complete	TRUE	Decrease						
71047	Radiologic examination,	Chest X-Ray	April 2016	07			ACR	0.27	CMS High Expenditure Procedu	February 2(	XXX	0.27	0.97	NA	0.02	13169	FALSE			FALSE		February 2(	20	Complete	TRUE	Decrease						
71048	Radiologic examination,	Chest X-Ray	April 2016	07			ACR	0.31	CMS High Expenditure Procedu	February 2(	XXX	0.31	1.04	NA	0.02	7371	FALSE			FALSE		February 2(	20	Complete	TRUE	Decrease						
71090	Insertion pacemaker, flu	Insertion/Removal of Pa	April 2011	10			ACC	Deleted from CPT	Codes Reported Together 75% (	February 2010							FALSE			TRUE	33213 - This (	February 2(	13	Complete	TRUE	Deleted from CPT						
71100	Radiologic examination,	X-Ray of Ribs	April 2016	30			ACR	0.22	CMS-Other - Utilization over 25	April 2013	XXX	0.22	0.86	NA	0.02	118781	FALSE			FALSE					TRUE	Maintain						
71101	Radiologic examination,	X-Ray of Ribs	April 2016	30			ACR	0.27	CMS-Other - Utilization over 25	October 20	XXX	0.27	0.97	NA	0.02	241355	FALSE			FALSE					TRUE	Maintain						
71110	Radiologic examination,	X-Ray of Ribs	April 2016	30			ACR	0.29	CMS-Other - Utilization over 25	October 20	XXX	0.29	1.00	NA	0.02	19332	FALSE			FALSE					TRUE	Maintain						
71111	Radiologic examination,	X-Ray of Ribs	April 2016	30			ACR	0.32	CMS-Other - Utilization over 25	October 20	XXX	0.32	1.22	NA	0.03	26668	FALSE			FALSE					TRUE	Maintain						
71250	Computed tomography,	Screening CT of Thorax	October 2019	07			ACR	1.16	CMS Fastest Growing / CMS Hig	October 20	XXX	1.08	2.91	NA	0.06	2310876	FALSE			FALSE					TRUE	Increase						
71260	Computed tomography,	Screening CT of Thorax	October 2019	07			ACR	1.38	CMS High Expenditure Procedu	July 2015	XXX	1.16	3.85	NA	0.07	1705072	FALSE			FALSE					TRUE	Maintain						
71270	Computed tomography,	Screening CT of Thorax	October 2019	07			ACR	1.24	CMS High Expenditure Procedu	July 2015	XXX	1.25	4.64	NA	0.08	55650	FALSE			FALSE					TRUE	Maintain						
71271	Computed tomography,	Screening CT of Thorax	October 2019	07				1.16	CMS-Other - Utilization over 30	May 2019	XXX	1.08	3.04	NA	0.07	407419	FALSE			FALSE					TRUE	Increase						
71275	Computed tomographic	CT Angiography-Chest	January 2014	27			ACR, SIR	1.82	CMS Fastest Growing / MPC Lis	October 20	XXX	1.82	6.64	NA	0.13	1475644	TRUE	Jun 2009	Yes	FALSE					TRUE	Decrease						
72020	Radiologic examination,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.16	CMS-Other - Utilization over 10	April 2016	XXX	0.16	0.55	NA	0.02	82560	FALSE			FALSE					TRUE	Increase						
72040	Radiologic examination,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.22	Low Value-High Volume / CMS-	October 20	XXX	0.22	0.95	NA	0.02	560009	FALSE			TRUE	The RUC reco	October 20	17	Complete	TRUE	Maintain						
72050	Radiologic examination,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.27	Low Value-High Volume / CMS-	October 20	XXX	0.27	1.33	NA	0.02	321240	FALSE			TRUE	The RUC reco	October 20	17	Complete	TRUE	Decrease						
72052	Radiologic examination,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.30	Low Value-High Volume / CMS-	October 20	XXX	0.3	1.53	NA	0.03	55860	FALSE			TRUE	The RUC reco	October 20	17	Complete	TRUE	Decrease						
72070	Radiologic examination,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.20	CMS-Other - Utilization over 25	April 2013	XXX	0.2	0.77	NA	0.02	264764	FALSE			FALSE					TRUE	Decrease						
72072	Radiologic examination,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.23	CMS-Other - Utilization over 10	April 2016	XXX	0.23	0.93	NA	0.02	135303	FALSE			FALSE					TRUE	Increase						
72074	Radiologic examination,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.25	CMS-Other - Utilization over 10	October 20	XXX	0.25	1.07	NA	0.02	10838	FALSE			FALSE					TRUE	Increase						
72080	Radiologic examination,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.21	CMS-Other - Utilization over 10	October 20	XXX	0.21	0.81	NA	0.02	43064	FALSE			FALSE					TRUE	Decrease						
72100	Radiologic examination,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.22	Harvard Valued - Utilization ove	February 2(	XXX	0.22	0.95	NA	0.02	1513682	FALSE			TRUE	This service v	October 20	18	Complete	TRUE	Maintain						
72110	Radiologic examination,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.26	Harvard Valued - Utilization ove	October 20	XXX	0.26	1.28	NA	0.02	721892	FALSE			TRUE	April 2010, re	October 20	18	Complete	TRUE	Decrease						
72114	Radiologic examination,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.30	Harvard Valued - Utilization ove	February 2(	XXX	0.3	1.51	NA	0.03	82383	FALSE			TRUE	This service v	October 20	18	Complete	TRUE	Decrease						
72120	Radiologic examination,	X-Ray Spine	January 2019	27			AAOS, ACR,	0.22	Harvard Valued - Utilization ove	February 2(	XXX	0.22	0.98	NA	0.02	41373	FALSE			TRUE	Code 72110 v	October 20	18	Complete	TRUE	Maintain						
72125	Computed tomography,	CT Spine	April 2018	18			ACR, ASNR	1.07	CMS Fastest Growing	October 20	XXX	1	2.91	NA	0.05	1456236	FALSE			FALSE					TRUE	Maintain						
72126	Computed tomography,	CT Spine	April 2018	18			ACR, ASNR	1.22	CMS Fastest Growing	February 2(	XXX	1.22	3.84	NA	0.07	16804	FALSE			FALSE					TRUE	Maintain						
72127	Computed tomography,	CT Spine	April 2018	18			ACR, ASNR	1.27	CMS Fastest Growing	February 2(	XXX	1.27	4.63	NA	0.08	1853	FALSE			FALSE					TRUE	Maintain						
72128	Computed tomography,	CT Spine	April 2018	18			ACR, ASNR	1.00	CMS Fastest Growing	October 20	XXX	1	2.90	NA	0.05	227277	FALSE			FALSE					TRUE	Maintain						
72129	Computed tomography,	CT Spine	April 2018	18			ACR, ASNR	1.22	CMS Fastest Growing	February 2(	XXX	1.22	3.88	NA	0.08	39752	FALSE			FALSE					TRUE	Maintain						
72130	Computed tomography,	CT Spine	April 2018	18			ACR, ASNR	1.27	CMS Fastest Growing	February 2(	XXX	1.27	4.70	NA	0.08	1518	FALSE			FALSE					TRUE	Maintain						
72131	Computed tomography,	CT Spine	April 2018	18			ACR, ASNR	1.00	CMS Fastest Growing / CMS-Otl	February 2(	XXX	1	2.89	NA	0.05	526477	FALSE			FALSE					TRUE	Maintain						
72132	Computed tomography,	CT Spine	April 2018	18			ACR, ASNR	1.22	CMS Fastest Growing / CMS-Otl	February 2(	XXX	1.22	3.86	NA	0.07	62667	FALSE			FALSE					TRUE	Maintain						
72133	Computed tomography,	CT Spine	April 2018	18			ACR, ASNR	1.27	CMS Fastest Growing / CMS-Otl	February 2(	XXX	1.27	4.64	NA	0.08	3730	FALSE			FALSE					TRUE	Maintain						
72141	Magnetic resonance (eg,	MRI Neck and Lumbar S	April 2013	25			ACR	1.48	CMS High Expenditure Procedu	September	XXX	1.48	4.23	NA	0.09	551282	FALSE			FALSE					TRUE	Decrease						
72142	Magnetic resonance (eg,	MRI Neck and Lumbar S	April 2013	25			ACR	1.78	CMS High Expenditure Procedu	April 2013	XXX	1.78	6.47	NA	0.13	2552	FALSE			FALSE					TRUE	Decrease						
72146	Magnetic resonance (eg,	MRI Neck and Lumbar S	April 2013	25			ACR	1.48	CMS High Expenditure Procedu	April 2013	XXX	1.48	4.24	NA	0.09	220544	FALSE			FALSE					TRUE	Decrease						
72147	Magnetic resonance (eg,	MRI Neck and Lumbar S	April 2013	25			ACR	1.78	CMS High Expenditure Procedu	April 2013	XXX	1.78	6.40	NA	0.11	2394	FALSE			FALSE					TRUE	Decrease						
72148	Magnetic resonance (eg,	MRI Neck and Lumbar S	April 2013	25			AAOS, AUR	1.48	CMS-Other - Utilization over 50	April 2011	XXX	1.48	4.25	NA	0.09	1243683	FALSE			FALSE					TRUE	Maintain						
72149	Magnetic resonance (eg,	MRI Neck and Lumbar S	April 2013	25				1.78	CMS High Expenditure Procedu	April 2013	XXX	1.78	6.32	NA	0.13	4357	FALSE			FALSE					TRUE	Maintain						
72156	Magnetic resonance (eg,	MRI Neck and Lumbar S	April 2013	25				2.29	CMS High Expenditure Procedu	April 2013	XXX	2.29	7.29	NA	0.16	114278	FALSE			FALSE					TRUE	Decrease						
72157	Magnetic resonance (eg,	MRI Neck and Lumbar S	April 2013	25				2.29	CMS High Expenditure Procedu	April 2013	XXX	2.29	7.31	NA	0.16	101689	FALSE			FALSE					TRUE	Decrease						
72158	Magnetic resonance (eg,	MRI Neck and Lumbar S	April 2013	25				2.29	CMS High Expenditure Procedu	April 2013	XXX	2.29	7.27	NA	0.16	207560	FALSE			FALSE					TRUE	Decrease						
72170	Radiologic examination,	X-Ray Exam – Pelvis	January 2019	28			AAOS, ACR	0.17	Low Value-High Volume / Code	October 20	XXX	0.17	0.65	NA	0.02	708889	FALSE			TRUE	The Joint Wo	October 20	27	Complete	TRUE	Maintain						
72190	Radiologic examination,	X-Ray Exam – Pelvis	January 2019	28			AAOS, ACR	0.25	CMS-Other - Utilization over 30	October 20	XXX	0.25	0.99	NA	0.02	60853	FALSE			FALSE					TRUE	Increase						
72191	Computed tomographic	CT Angiography	October 2013	12			ACR, SIR	1.81	High Volume Growth1 / CMS Fa	February 2(	XXX	1.81	7.33	NA	0.13	2881	FALSE			TRUE	The Workgro	October 20	19	Complete	TRUE	Maintain						
72192	Computed tomography,	CT Pelvis	October 2008	26			ACR	1.09	Codes Reported Together 95% (	October 20	XXX	1.09	2.90	NA	0.06	186824	FALSE			TRUE	The specialty	October 20	37	Complete	TRUE	Maintain						
72193	Computed tomography,	CT Pelvis	October 2008	26			ACR	1.16	Codes Reported Together 95% (	October 20	XXX	1.16	5.67	NA	0.07	32542	FALSE			TRUE	The specialty	October 20	37	Complete	TRUE	Maintain						
72194	Computed tomography,	CT Abdomen and Pelvis	April 2014	44			ACR	1.22	Codes Reported Together 95% (	February 2(	XXX	1.22	6.33	NA	0.07	5036	FALSE			TRUE	Referred to tl	October 20	37	Complete	TRUE	Maintain						
72195	Magnetic resonance (eg,	MRI Pelvis	October 2016	21		RUC	ACR	1.46	CMS High Expenditure Procedu	July 2015	XXX	1.46	5.39	NA	0.09	84364	FALSE			FALSE					TRUE	Maintain						
72196	Magnetic resonance (eg,	MRI Pelvis	October 2016	21		RUC	ACR	1.73	CMS High Expenditure Procedu	July 2015	XXX	1.73	6.33	NA	0.11	2417	FALSE			FALSE					TRUE	Maintain						
72197	Magnetic resonance (eg,	MRI Pelvis	October 2016	21		RUC	ACR	2.20	CMS High Expenditure Procedu	July 2015	XXX	2.2	7.89	NA	0.15	310961	FALSE			FALSE					TRUE	Decrease						
72200	Radiologic examination,	X-Ray Sacrum	January 2019	29			AAOS, ACR	0.20	CMS-Other - Utilization over 10	October 20	XXX	0.17	0.82	NA	0.02	13677	FALSE			FALSE					TRUE	Increase						
72202	Radiologic examination,	X-Ray Sacrum	January 2019	29			AAOS, ACR	0.26	CMS-Other - Utilization over 10	October 20	XXX	0.23	0.93	NA	0.02	39820	FALSE			FALSE					TRUE	Increase						
72220	Radiologic examination,	X-Ray Sacrum	January 2019	29			AAOS, ACR	0.20	CMS-Other - Utilization over 10	April 2016	XXX	0.17	0.79	NA	0.02	99797	FALSE			FALSE					TRUE	Increase						

72240	Myelography, cervical, r	Myelography	April 2014	17		ACR, ASNR	0.91		Codes Reported Together 75% (	October 20	XXX	0.91	2.36	NA	0.06	364	FALSE			TRUE	Joint Workgr	October 20	21	Complete	TRUE	Maintain						
72255	Myelography, thoracic, r	Myelography	April 2014	17		ACR, ASNR	0.91		Codes Reported Together 75% (	October 20	XXX	0.91	2.22	NA	0.05	92	FALSE			TRUE	This code cha	October 20	21	Complete	TRUE	Maintain						
72265	Myelography, lumbosacr	Myelography	April 2014	17		ACR, ASNR	0.83		Codes Reported Together 75% (	October 20	XXX	0.83	2.36	NA	0.05	1951	FALSE			TRUE	Joint Workgr	October 20	21	Complete	TRUE	Maintain						
72270	Myelography, 2 or more	Myelography	April 2014	17		ACR, ASNR	1.33		Codes Reported Together 75% (	October 20	XXX	1.33	3.09	NA	0.13	269	FALSE			TRUE	Joint Workgr	October 20	21	Complete	TRUE	Maintain						
72275	Epidurography, radiologi	Epidurography	January 2020	37		ASA, AAPM	Deleted from CPT		Different Performing Specialty f	October 20	XXX						TRUE	Oct 2009 ai	Yes	TRUE	In October 2(	October 20	40	complete	TRUE	Deleted from CPT						
72291	Radiological supervision	Percutaneous Vertebro	April 2014	06			Deleted from CPT		Codes Reported Together 75% (	October 2012							FALSE			TRUE	Joint Workgr	February 2(	16	Complete	TRUE	Deleted from CPT						
72292	Radiological supervision	Percutaneous Vertebro	April 2014	06			Deleted from CPT		Codes Reported Together 75% (	October 2012							FALSE			TRUE	Joint Workgr	February 2(	16	Complete	TRUE	Deleted from CPT						
73000	Radiologic examination;	X-Ray – Clavicle/Should	October 2018	17		ACR, AAOS	0.16		CMS-Other - Utilization over 30	October 20	XXX	0.16	0.80	NA	0.02	91107	FALSE			FALSE					TRUE	Maintain						
73010	Radiologic examination;	X-Ray – Clavicle/Should	October 2018	17		ACR, AAOS	0.17		CMS-Other - Utilization over 30	October 20	XXX	0.17	0.53	NA	0.02	42233	FALSE			FALSE					TRUE	Maintain						
73020	Radiologic examination,	X-Ray – Clavicle/Should	October 2018	17		ACR, AAOS	0.15		CMS-Other - Utilization over 30	October 20	XXX	0.15	0.48	NA	0.02	102344	FALSE			FALSE					TRUE	Maintain						
73030	Radiologic examination,	X-Ray – Clavicle/Should	October 2018	17		ACR, AAOS	0.18		Low Value-High Volume / CMS-	October 20	XXX	0.18	0.84	NA	0.02	2622735	FALSE			FALSE					TRUE	Maintain						
73050	Radiologic examination;	X-Ray – Clavicle/Should	October 2018	17		ACR, AAOS	0.18		CMS-Other - Utilization over 30	October 20	XXX	0.18	0.67	NA	0.02	5655	FALSE			FALSE					TRUE	Decrease						
73060	Radiologic examination;	X-Ray Exams	September 2014	17		AAOS, ACR	0.16		CMS-Other - Utilization over 25	April 2013	XXX	0.16	0.78	NA	0.02	296502	FALSE			FALSE					TRUE	Decrease						
73070	Radiologic examination,	X-Ray Elbow/Forearm	January 2019	30		AAOS, ACR,	0.16		CMS-Other - Utilization over 10	April 2016	XXX	0.16	0.70	NA	0.02	185459	FALSE			FALSE					TRUE	Increase						
73080	Radiologic examination,	X-Ray Elbow/Forearm	January 2019	30		AAOS, ACR,	0.17		Harvard Valued - Utilization ove	October 20	XXX	0.17	0.79	NA	0.02	387981	FALSE			FALSE					TRUE	Maintain						
73090	Radiologic examination,	X-Ray Elbow/Forearm	January 2019	30		AAOS, ACR,	0.16		CMS-Other - Utilization over 10	April 2016	XXX	0.16	0.70	NA	0.02	211651	FALSE			FALSE					TRUE	Maintain						
73100	Radiologic examination,	X-Ray Wrist	April 2016	32		ACR	0.16		CMS High Expenditure Procedu	July 2015	XXX	0.16	0.83	NA	0.02	202638	FALSE			FALSE					TRUE	Maintain						
73110	Radiologic examination,	X-Ray Wrist	April 2016	32		ACR	0.17		Low Value-High Volume / CMS I	October 20	XXX	0.17	1.05	NA	0.02	984155	FALSE			FALSE					TRUE	Maintain						
73120	Radiologic examination,	X-Ray of Hand/Fingers	April 2016	33		ACR	0.16		CMS High Expenditure Procedu	July 2015	XXX	0.16	0.76	NA	0.02	226183	FALSE			FALSE					TRUE	Maintain						
73130	Radiologic examination,	X-Ray of Hand/Fingers	April 2016	33		ACR	0.17		Low Value-High Volume / CMS I	October 20	XXX	0.17	0.93	NA	0.02	1259249	FALSE			FALSE					TRUE	Maintain						
73140	Radiologic examination,	X-Ray of Hand/Fingers	April 2016	33		ACR	0.13		CMS High Expenditure Procedu	July 2015	XXX	0.13	1.00	NA	0.02	342464	FALSE			FALSE					TRUE	Maintain						
73200	Computed tomography,	CT Upper Extremity	October 2009	23		ACR	1.09		CMS Fastest Growing	October 20	XXX	1	3.83	NA	0.06	147780	FALSE			FALSE					TRUE	Maintain						
73201	Computed tomography,	CT Upper Extremity	October 2009	40		ACR	Remove from screen		CMS Fastest Growing	February 2(	XXX	1.16	4.85	NA	0.07	21330	FALSE			FALSE					TRUE	Remove from Screen						
73202	Computed tomography,	CT Upper Extremity	October 2009	40		ACR	Remove from screen		CMS Fastest Growing	February 2(	XXX	1.22	6.19	NA	0.08	2033	FALSE			FALSE					TRUE	Remove from Screen						
73206	Computed tomographic .	CT Angiography	October 2013	12		ACR, SIR	Survey with all CTA codes for Oct		CMS Request - Final Rule for 20	May 2013	XXX	1.81	7.10	NA	0.14	8029	FALSE			FALSE					TRUE	Remove from Screen						
73218	Magnetic resonance (eg,	MRI	October 2013	18		ACR	CPT Assistant published.		CMS Fastest Growing	October 20	XXX	1.35	7.72	NA	0.09	33063	TRUE	Feb 2011	Yes	FALSE					TRUE	Maintain						
73221	Magnetic resonance (eg,	MRI	January 2012	20		ACR	1.35		CMS Fastest Growing / CMS Hig	October 20	XXX	1.35	4.76	NA	0.09	442176	FALSE			FALSE					TRUE	Maintain						
73500	Radiologic examination,	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	Deleted from CPT		CMS-Other - Utilization over 50	April 2011							FALSE			TRUE	In Jan 2012, t	October 20	27	Complete	TRUE	Deleted from CPT						
73501	Radiologic examination,	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.17		Codes Reported Together 75% (	October 20	XXX	0.18	0.80	NA	0.02	203505	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease						
73502	Radiologic examination,	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.22		Codes Reported Together 75% (	October 20	XXX	0.22	1.19	NA	0.02	2429077	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease						
73503	Radiologic examination,	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.27		Codes Reported Together 75% (	October 20	XXX	0.27	1.52	NA	0.03	51144	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease						
73510	Radiologic examination,	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	Deleted from CPT		Havard Valued - Utilization ove	October 2008							FALSE			FALSE		October 20	27	Complete	TRUE	Deleted from CPT						
73520	Radiologic examination,	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	Deleted from CPT		CMS-Other - Utilization over 25	April 2013							FALSE			TRUE	CPT code 735	October 20	27	Complete	TRUE	Deleted from CPT						
73521	Radiologic examination,	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.22		Codes Reported Together 75% (	October 20	XXX	0.22	1.00	NA	0.02	138374	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease						
73522	Radiologic examination,	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.29		Codes Reported Together 75% (	October 20	XXX	0.29	1.31	NA	0.02	171828	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease						
73523	Radiologic examination,	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.31		Codes Reported Together 75% (	October 20	XXX	0.31	1.52	NA	0.03	101552	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease						
73540	Radiologic examination,	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	Deleted from CPT		Codes Reported Together 75% (	October 2014							FALSE			FALSE		October 20	27	Complete	TRUE	Deleted from CPT						
73542	Radiological examinatior	Sacroiliac Joint Arthrog	April 2010	45		ASA, AAPM	Deleted from CPT		Different Performing Specialty f	October 2009							TRUE	Deleted fro	Yes	TRUE	The RUC reco	February 2(	76	Code Deletec	TRUE	Deleted from CPT						
73550	Radiologic examination,	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	Deleted from CPT		CMS-Other - Utilization over 50	April 2011							FALSE			TRUE	In Jan 2012, t	October 20	27	Complete	TRUE	Deleted from CPT						
73551	Radiologic examination,	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.16		Codes Reported Together 75% (	October 20	XXX	0.16	0.71	NA	0.02	29489	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease						
73552	Radiologic examination,	Radiologic Exam-Hip an	April 2015	14		AAOS, ACR	0.18		Codes Reported Together 75% (	October 20	XXX	0.18	0.87	NA	0.02	505595	FALSE			FALSE		October 20	27	Complete	TRUE	Decrease						
73560	Radiologic examination;	X-Ray Exams	September 2014	17		AAOS, ACR	0.16		Low Value-High Volume	October 20	XXX	0.16	0.84	NA	0.02	1379033	FALSE			FALSE					TRUE	Decrease						
73562	Radiologic examination;	X-Ray Exams	September 2014	17		AAOS, ACR	0.18		Low Value-High Volume	October 20	XXX	0.18	1.02	NA	0.02	2307698	FALSE			FALSE					TRUE	Maintain						
73564	Radiologic examination;	X-Ray Exams	September 2014	17		AAOS, ACR	0.22		Low Value-High Volume	October 20	XXX	0.22	1.18	NA	0.02	1782295	FALSE			FALSE					TRUE	Maintain						
73565	Radiologic examination;	X-Ray Exams	September 2014	17		AAOS, ACR	0.16		CMS-Other - Utilization over 25	April 2013	XXX	0.16	1.02	NA	0.02	94415	FALSE			FALSE					TRUE	Decrease						
73580	Radiologic examination,	Contrast X-Ray of Knee .	October 2021	16		ACR	0.59		High Volume Growth1 / CMS Fa	February 2(	XXX	0.59	2.57	NA	0.07	15423	TRUE	Jun 2012	Yes	FALSE	These procedures were referred to CPT for possibl					TRUE	Increase						
73590	Radiologic examination;	X-Ray Exams	September 2014	17		AAOS, ACR	0.16		CMS-Other - Utilization over 25	April 2013	XXX	0.16	0.77	NA	0.02	438885	FALSE			FALSE					TRUE	Decrease						
73600	Radiologic examination;	X-Ray Exams	September 2014	17		AAOS, ACR	0.16		CMS-Other - Utilization over 25	April 2013	XXX	0.16	0.78	NA	0.02	189296	FALSE			FALSE					TRUE	Maintain						
73610	Radiologic examination,	Radiologic Examination	October 2009	24		ACR, AAOS,	0.17		Havard Valued - Utilization ove	October 20	XXX	0.17	0.90	NA	0.02	1110016	FALSE			FALSE					TRUE	Maintain						
73620	Radiologic examination,	X-Ray Exam of Foot	April 2011	27		ACR, AAOS,	0.16		Low Value-High Volume	October 20	XXX	0.16	0.67	NA	0.02	391217	FALSE			FALSE					TRUE	Maintain						
73630	Radiologic examination,	Radiologic Examination	October 2009	24		ACR, AAOS,	0.17		Havard Valued - Utilization ove	October 20	XXX	0.17	0.83	NA	0.02	2572705	FALSE			FALSE					TRUE	Maintain						
73650	Radiologic examination;	X-Ray Heel	January 2019	31		AAOS, ACR,	0.16		CMS-Other - Utilization over 10	April 2016	XXX	0.16	0.67	NA	0.02	59629	FALSE			FALSE					TRUE	Maintain						
73660	Radiologic examination;	X-Ray Toe	January 2019	32		AAOS, ACR,	0.13		CMS-Other - Utilization over 10	April 2016	XXX	0.13	0.72	NA	0.02	97038	FALSE			FALSE					TRUE	Maintain						
73700	Computed tomography,	CT Lower Extremity	April 2018	21		ACR	1.00		CMS Fastest Growing	October 20	XXX	1	2.90	NA	0.05	377987	FALSE			FALSE					TRUE	Maintain						
73701	Computed tomography,	CT Lower Extremity	April 2018	21		ACR	1.16		High Volume Growth1 / CMS-O	February 2(	XXX	1.16	3.84	NA	0.07	57466	FALSE			FALSE					TRUE	Maintain						
73702	Computed tomography,	CT Lower Extremity	April 2018	21		ACR	1.22		High Volume Growth1	February 2(	XXX	1.22	4.65	NA	0.07	5197	FALSE			FALSE					TRUE	Maintain						
73706	Computed tomographic .	CT Angiography	October 2013	12		ACR, SIR	Survey for October 2013. Remov		High Volume Growth1	February 2(	XXX	1.9	7.79	NA	0.14	20796	FALSE			FALSE					TRUE	Remove from Screen						
73718	Magnetic resonance (eg,	MRI Lower Extremity	October 2016	20	RUC	ACR	1.35		CMS High Expenditure Procedu	July 2015	XXX	1.35	5.34	NA	0.08	134623	FALSE			FALSE					TRUE	Maintain						
73719	Magnetic resonance (eg,	MRI Lower Extremity	October 2016	20	RUC	ACR	1.62		CMS High Expenditure Procedu	July 2015	XXX	1.62	6.27	NA	0.1	971	FALSE			FALSE					TRUE	Maintain						
73720	Magnetic resonance (eg,	MRI Lower Extremity	October 2016	20	RUC	ACR	2.15		CMS High Expenditure Procedu	July 2015	XXX	2.15	7.95	NA	0.15	63110	FALSE			FALSE					TRUE	Maintain						
73721	Magnetic resonance (eg,	MRI of Lower Extremity	January 2012	20		ACR	1.35		MPC List	October 20	XXX	1.35	4.75	NA	0.09	614643	FALSE			FALSE					TRUE	Maintain						
74000	Radiologic examination,	Abdominal X-Ray	April 2016	08		ACR	Deleted from CPT		Low Value-High Volume / CMS I	October 2010							FALSE			FALSE		February 2(	21	Complete	TRUE	Deleted from CPT						
74010	Radiologic examination,	Abdominal X-Ray	April 2016	08		ACR	Deleted from CPT		CMS High Expenditure Procedu	July 2015							FALSE			FALSE		February 2(	21	Complete	TRUE	Deleted from CPT						
74018	Radiologic examination,	Abdominal X-Ray	April 2016	08		ACR	0.18		CMS High Expenditure Procedu	February 2(	XXX	0.18	0.70	NA	0.02	1833928	FALSE			FALSE		February 2(	21	Complete	TRUE	Decrease						
74019	Radiologic examination,	Abdominal X-Ray	April 2016	08		ACR	0.23		CMS High Expenditure Procedu	February 2(	XXX	0.23	0.86	NA	0.02	255359	FALSE			FALSE		February 2(	21	Complete	TRUE	Decrease						
74020	Radiologic examination,	Abdominal X-Ray	April 2016	08		ACR	Deleted from CPT		CMS High Expenditure Procedu	July 2015							FALSE			FALSE		February 2(	21	Complete	TRUE	Deleted from CPT						
74021	Radiologic examination,	Abdominal X-Ray	April 2016	08		ACR	0.27		CMS High Expenditure Procedu	February 2(	XXX	0.27	0.99	NA	0.02	33817	FALSE			FALSE		February 2(	21	Complete	TRUE	Decrease						
74022	Radiologic examination,	Abdominal X-Ray	April 2016	08		ACR	0.32		CMS High Expenditure Procedu	July 2015	XXX	0.32	1.15	NA	0.03	102128	FALSE			FALSE		February 2(	21	Complete	TRUE	Maintain						
74150	Computed tomography,	CT Abdomen	February 2008	S		ACR	Review PE. 0.35		Codes Reported Together 95% (	February 2(	XXX	1.19	2.90	NA	0.06	53767	FALSE			TRUE	Referred to tl	October 20	37	Complete	TRUE	Maintain						
74160	Computed tomography,	CT Abdomen and Pelvis	April 2014	44		ACR	0.42		Codes Reported Together 95% (	February 2(	XXX	1.27	5.67	NA	0.08	71208	FALSE			TRUE	Referred to tl	October 20	37	Complete	TRUE	Maintain						
74170	Computed tomography,	CT Abdomen	April 2012	34		ACR	1.40		Codes Reported Together 95% (	February 2(	XXX	1.4	6.41	NA	0.08	96525	FALSE			TRUE	Referred to tl	October 20	37	Complete	TRUE	Maintain						
74174	Computed tomographic .	CT Angiography	October 2013	12		ACR, SIR	2.20		Codes Reported Together 75% or More-Par		XXX	2.2	9.20	NA	0.17	388453	FALSE			FALSE					TRUE	Decrease						
74175	Computed tomographic .	CT Angiography	October 2013	12		ACR, SIR	1.82		CMS Fastest Growing / Codes R	October 20	XXX	1.82	7.36	NA	0.13	27692	FALSE			TRUE	The ACR subr	October 20	19	Complete	TRUE	Decrease						
74176	Computed tomography,	CT Abdomen/CT Pelvis	February 2010	16		ACR	1.74		CMS Fastest Growing	October 20	XXX	1.74	3.75	NA	0.1	1979153	FALSE			FALSE		October 20	37		TRUE	Decrease						
74177	Computed tomography,	CT Abdomen and Pelvis	April 2014	44		ACR	1.82		CMS Fastest Growing / CMS Rec	October 20	XXX	1.82	7.25	NA	0.12	3381644	FALSE			FALSE		October 20	37		TRUE	Decrease						
74178	Computed tomography,	CT Abdomen/CT Pelvis	February 2010	16		ACR	2.01		CMS Fastest Growing	October 20	XXX	2.01	8.15	NA	0.13	472046	FALSE			FALSE		October 20	37		TRUE	Decrease						
74181	Magnetic resonance (eg,	MRI of Abdomen	October 2016	21	RUC	ACR	1.46		CMS High Expenditure Procedu	July 2015	XXX	1.46	4.40	NA	0.09	101267	FALSE			FALSE					TRUE	Maintain						
74182	Magnetic resonance (eg,	MRI of Abdomen	October 2016	21	RUC	ACR	1.73		CMS High Expenditure Procedu	July 2015	XXX	1.73	7.35	NA	0.11	3724	FALSE			FALSE					TRUE	Maintain						
74183	Magnetic resonance (eg,	MRI of Abdomen	October 2016	21	RUC	ACR	2.20		CMS High Expenditure Procedu	July 2015	XXX	2.2	7.93	NA	0.15	458181	FALSE			FALSE					TRUE	Decrease						
74210	Radiologic examination,	X-Ray Exam – Upper GI	January 2019	12		ACR	0.59		CMS-Other - Utilization over 10	October 20	XXX	0.59	2.15	NA	0.04	845	FALSE			FALSE					TRUE	Maintain						
74220	Radiologic examination,	X-Ray Exam – Upper GI	January 2019	12		ACR	0.60		CMS-Other - Utilization over 10	April 2016	XXX	0.6	2.24	NA	0.04	88237	FALSE			FALSE					TRUE	Decrease						
74221	Radiologic examination,	X-Ray Exam – Upper GI	January 2019	12			0.70		CMS-Other - Utilization over 30	October 20	XXX	0.7	2.49	NA	0.05	69443	FALSE			FALSE					TRUE	Increase						
74230	Radiologic examination,	X-Ray Esophagus	April 2017	25		ACR	0.53		CMS-Other - Utilization over 25	April 2013	XXX	0.53	3.08	NA	0.04	310233	FALSE			FALSE					TRUE	Maintain						
74240	Radiologic examination,	X-Ray Exam – Upper GI	January 2019	12		ACR	0.80		CMS-Other - Utilization over 30	October 20	XXX	0.8	2.77	NA	0.05	60977	FALSE			TRUE	In January 20	May 2018	27	Yes	TRUE	Increase						
74241	Radiologic examination,	X-Ray Exam – Upper GI	January 2019	12		ACR	Deleted from CPT		CMS-Other - Utilization over 30	October 2017							FALSE			TRUE	In January 20	May 2018	27	Yes	TRUE	Deleted from CPT						
74245	Radiologic examination,	X-Ray Exam – Upper GI	January 2019	12		ACR	Deleted from CPT		CMS-Other - Utilization over 30	October 2017							FALSE			TRUE	In January 20	May 2018	27	Yes	TRUE	Deleted from CPT						
74246	Radiologic examination,	X-Ray Exam – Upper GI	January 2019	12		ACR	0.90		CMS-Other - Utilization over 30	October 20	XXX	0.9	3.14	NA	0.05	43307	FALSE			TRUE	In January 20	May 2018	27	Yes	TRUE	Increase						
74247	Radiological examinatior	X-Ray Exam – Upper GI	January 2019	12		ACR	Deleted from CPT		Harvard Valued - Utilization ove	April 2011							FALSE			TRUE	In January 20	May 2018	27	Yes	TRUE	Deleted from CPT						
74248	Radiologic small intestin	X-Ray Exam – Upper GI	January 2019	12			0.70		CMS-Other - Utilization over 30	October 20	ZZZ	0.7	1.69	NA	0.05	12616	FALSE			TRUE	In January 20	February 2(	EC-T Issue 1	complete	TRUE	Increase						
74249	Radiological examinatior	X-Ray Exam – Upper GI	January 2019	12		ACR	Deleted from CPT		CMS-Other - Utilization over 30	October 2017							FALSE			TRUE	In January 20	May 2018	27	Yes	TRUE	Deleted from CPT						
74250	Radiologic examination,	Lower Gastroinetstinal `	October 2018	11		ACR	0.81		CMS-Other - Utilization over 30	October 20	XXX	0.81	2.74	NA	0.05	43382	FALSE			TRUE	In January 20	May 2018	27	Yes	TRUE	Increase						
74251	Radiologic examination,	Lower Gastroinetstinal `	October 2018	11		ACR	1.17		CMS-Other - Utilization over 30	October 20	XXX	1.17	9.26	NA	0.06	322	FALSE			TRUE	In January 20	May 2018	27	Yes	TRUE	Increase						
74260	Duodenography, hypotoi	X-Ray Exam – Small Inte	October 2018	11		ACR	Deleted from CPT		CMS-Other - Utilization over 30	October 2017							FALSE			TRUE	In January 20	May 2018	27	Yes	TRUE	Deleted from CPT						
74270	Radiologic examination,	Lower Gastroinetstinal `	October 2018	11		ACR	1.04		CMS-Other - Utilization over 30	October 20	XXX	1.04	3.43	NA	0.05	16898	FALSE			TRUE	In January 20	May 2018	27	Yes	TRUE	Increase						
74280	Radiologic examination,	Lower Gastroinetstinal `	October 2018	11		ACR	1.26		Harvard Valued - Utilization ove	April 2011	XXX	1.26	5.11	NA	0.08	4372	FALSE			TRUE	In January 20	May 2018	27	Yes	TRUE	Increase						
74300	Cholangiography and/or	X-Rays at Surgery Add-C	April 2019	19		ACR, SAGES	0.32		CMS-Other - Utilization over 30	October 20	XXX	0	0.00	NA	0	16766	FALSE			FALSE					TRUE	Decrease						
74301	Cholangiography and/or	X-Rays at Surgery Add-C	October 2020	19		ACR, ACS, S	0.21		CMS-Other - Utilization over 30	October 20	ZZZ	0	0.00	NA	0	81	FALSE			FALSE	This service was identified with 74300. In January :				TRUE	Maintain						
74305	Deleted from CPT	Percutaneous Biliary Pr	October 2015	06	RUC	ACR, SIR	Deleted from CPT		Codes Reported Together 75% (	October 2012							FALSE			TRUE	The Joint Wo	February 2(	16	Complete	TRUE	Deleted from CPT						
74320	Cholangiography, percut	Percutaneous Biliary Pr	October 2015	06	RUC	ACR, SIR	Deleted from CPT		Codes Reported Together 75% (	October 2012							FALSE			TRUE	The Joint Wo	February 2(	16	Complete	TRUE	Deleted from CPT						
74327	Postoperative biliary duc	Percutaneous Biliary Pr	October 2015	06	RUC	ACR, SIR	Deleted from CPT		Codes Reported Together 75% (	February 2015							FALSE			FALSE		February 2(	16		TRUE	Deleted from CPT						
74328	Endoscopic catheterizati	X-Rays at Surgery Add-C	April 2019	19		ACR, SAGES	0.47		CMS-Other - Utilization over 30	October 20	XXX	0	0.00	NA	0	58126	FALSE			FALSE					TRUE	Decrease						
74329	Endoscopic catheterizati	X-Rays at Surgery Add-C	April 2019	19		ACR, SAGES	0.50		CMS-Other - Utilization over 30	October 20	XXX	0	0.00	NA	0	2454	FALSE			FALSE					TRUE	Decrease						
74330	Combined endoscopic ca	X-Rays at Surgery Add-C	April 2019	19		ACR, SAGES	0.70		CMS-Other - Utilization over 30	October 20	XXX	0	0.00	NA	0	7779	FALSE			FALSE					TRUE	Decrease						
74400	Urography (pyelography	Contrast X-Ray Exams	September 2011	31		ACR	0.49		Harvard Valued - Utilization ove	April 2011	XXX	0.49	3.44	NA	0.04	2715	FALSE			FALSE					TRUE	Maintain						

74420	Urography, retrograde, v	X-Ray Urinary Tract	April 2017	26		ACR, AUA	0.52	CMS-Other - Utilization over 10	April 2016	XXX	0.52	1.79	NA	0.03	142618	FALSE			FALSE					TRUE	Increase
74425	Urography, antegrade, r	Urography	October 2018	18		ACR, AUA,	0.51, editorially revised	Codes Reported Together 75%	October 20	XXX	0.51	3.45	NA	0.04	985	FALSE			TRUE	CPT code 744	September	27	yes	TRUE	Increase
74475	Introduction of intracath	Genitourinary Catheter	January 2015	09		ACR, SIR	Deleted from CPT	Codes Reported Together 75%	October 2012							FALSE			TRUE	The Joint Wo	October 20	18	Complete	TRUE	Deleted from CPT
74480	Introduction of ureteral	Genitourinary Catheter	January 2015	09		ACR, SIR	Deleted from CPT	Codes Reported Together 75%	October 2012							FALSE			TRUE	The Joint Wo	October 20	18	Complete	TRUE	Deleted from CPT
74485	Dilation of ureter(s) or u	Dilation of Urinary Tract	January 2018	12			0.83	Codes Reported Together 75%	September	XXX	0.83	2.66	NA	0.04	1129	FALSE			FALSE					TRUE	Increase
75561	Cardiac magnetic resonance imaging for morpho		January 2021	29			Maintain	High Volume Growth7	October 20	XXX	2.6	8.22	NA	0.15	46362	FALSE			FALSE					TRUE	Remove from Screen
75571	Computed tomography,	RAW	September 2022	13		ACC, ACR, S	Maintain	High Volume Growth8	April 2022	XXX	0.58	2.43	NA	0.05	85757	FALSE			FALSE					TRUE	Maintain
75572	Computed tomography, heart, with contrast mat		January 2021	29			Maintain	High Volume Growth7	October 20	XXX	1.75	5.09	NA	0.1	54313	FALSE			FALSE					TRUE	Remove from Screen
75574	Computed tomographic angiography, heart, coro		January 2021	29		ACR, SIR, A	Maintain	CMS Request - Final Rule for 20	May 2013	XXX	2.4	7.28	NA	0.16	165576	FALSE			FALSE					TRUE	Remove from Screen
75625	Aortography, abdominal	Abdominal Aortography	October 2018	19		ACC, SCAI,	1.75	CMS-Other - Utilization over 30	October 20	XXX	1.44	2.10	NA	0.22	67600	FALSE			FALSE					TRUE	Increase
75630	Aortography, abdominal	Abdominal Aortography	October 2018	19		ACC, SCAI,	2.00	CMS-Other - Utilization over 30	October 20	XXX	2	2.45	NA	0.23	14380	FALSE			FALSE					TRUE	Increase
75635	Computed tomographic	CT Angiography of Abdc	April 2016	34		ACR	2.40	High Volume Growth1 / CMS Hi	February 2(	XXX	2.4	9.94	NA	0.17	104589	FALSE			FALSE					TRUE	Maintain
75650	Angiography, carotid, ce	Carotid Angiography	April 2010	45		ACC, ACR, A	Deleted from CPT	Codes Reported Together 75%	February 2010							FALSE			TRUE	The Workgro	February 2(	12	Complete	TRUE	Deleted from CPT
75671	Angiography, carotid, ce	Carotid Angiography	April 2010	45		AANS/CNS,	Deleted from CPT	Codes Reported Together 75%	February 2010							FALSE			TRUE	The Workgro	February 2(	12	Complete	TRUE	Deleted from CPT
75680	Angiography, carotid, ce	Carotid Angiography	April 2010	45		AANS/CNS,	Deleted from CPT	Codes Reported Together 75%	February 2010							FALSE			TRUE	The Workgro	February 2(	12	Complete	TRUE	Deleted from CPT
75710	Angiography, extremity,	Angiography of Extremi	January 2025	27		ACR, ACC, F	Remove from screen	CMS High Expenditure Procedu	July 2015	XXX	1.75	2.45	NA	0.24	117596	TRUE	July 2021	Yes	FALSE					TRUE	Maintain
75716	Angiography, extremity,	Angiography of Extremi	October 2016	22	RUC	ACR, ACC, F	1.97	CMS High Expenditure Procedu	July 2015	XXX	1.97	2.67	NA	0.23	45975	FALSE			FALSE					TRUE	Increase
75722	Angiography, renal, unila	Renal Angiography	April 2010	45		ACC, ACR, A	Deleted from CPT	Codes Reported Together 75%	February 2010							FALSE			TRUE	The Workgro	February 2(	06	Code Deletec	TRUE	Deleted from CPT
75724	Angiography, renal, bilat	Renal Angiography	April 2010	45		ACC, ACR, A	Deleted from CPT	Codes Reported Together 75%	February 2010							FALSE			TRUE	The Workgro	February 2(	06	Code Deletec	TRUE	Deleted from CPT
75726	Angiography, visceral, se	Angiography	October 2018	20		SCAI, SIR, S	2.05	CMS-Other - Utilization over 30	October 20	XXX	2.05	2.89	NA	0.18	35144	FALSE			FALSE					TRUE	Increase
75774	Angiography, selective, e	Angiography	October 2018	20		SCAI, SIR, S	1.01	CMS-Other - Utilization over 30	October 20	ZZZ	1.01	1.78	NA	0.08	79431	FALSE			FALSE					TRUE	Increase
75790	Deleted from CPT	Arteriovenous Shunt Im	April 2009	9		SVS, SIR, AC	Deleted from CPT	Codes Reported Together 95%	February 2008							FALSE			TRUE	Referred to tl	February 2(	31	Deleted	TRUE	Deleted from CPT
75791	Angiography, arterioven	Dialysis Circuit -1	January 2016	14		ACR, RPA, S	Deleted from CPT	Codes Reported Together 95% or More								FALSE			FALSE		October 20	24	Complete	TRUE	Deleted from CPT
75820	Venography, extremity, u	Venography	January 2020	29			1.05	CMS-Other - Utilization over 20	January 20:	XXX	1.05	2.05	NA	0.08	19209	FALSE			FALSE					TRUE	Increase
75822	Venography, extremity, l	Venography	January 2020	29			1.48	CMS-Other - Utilization over 20	October 20	XXX	1.48	2.36	NA	0.14	9448	FALSE			FALSE					TRUE	Increase
75885	Percutaneous transhepa	Interventional Radiolog	February 2009	21		ACR, SIR	New PE inputs	CMS Request - Practice Expense	NA	XXX	1.44	2.56	NA	0.12	214	FALSE			FALSE					TRUE	PE Only
75887	Percutaneous transhepa	Interventional Radiolog	February 2009	21		ACR, SIR	New PE inputs	CMS Request - Practice Expense	NA	XXX	1.44	2.58	NA	0.12	418	FALSE			FALSE					TRUE	PE Only
75894	Transcatheter therapy, e	Endovascular Therapy w	April 2024	04	RUC	AANS, ACR,	2.24	Codes Reported Together 75%	February 2(	XXX	0	0.00	NA	0	12131	FALSE			TRUE	In April 2022,	February 2(	09	Complete	TRUE	Increase
75896	Transcatheter therapy, in	Intracranial Endovascul	April 2015	09		AANS/CNS,	Deleted from CPT	Codes Reported Together 75%	February 2010							FALSE			TRUE	AANS indicat	February 2(	21 & 14	Complete	TRUE	Deleted from CPT
75898	Angiography through exi	Endovascular Therapy B	April 2024	04	RUC	AANS, ACR,	1.85	Codes Reported Together 75%	February 2(	XXX	0	0.00	NA	0	16235	TRUE	Sep 2019	Yes	TRUE	In April 2022,	February 2(	09	Complete	TRUE	Increase
75940	Percutaneous placement	Major Vein Revision	April 2010	45		ACR, SIR, S	Deleted from CPT	Codes Reported Together 75%	February 2010							FALSE			TRUE	The Workgro	February 2(	14	Code Deletec	TRUE	Deleted from CPT
75945	Intravascular ultrasound	Intravascular Ultrasoun	January 2015	07		ACC,SCAI, S	Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was su	October 20	13	Complete	TRUE	Deleted from CPT
75946	Intravascular ultrasound	Intravascular Ultrasoun	January 2015	07		ACC,SCAI, S	Deleted from CPT	Final Rule for 2015	July 2014							FALSE			TRUE	A CCP was su	October 20	13	Complete	TRUE	Deleted from CPT
75952	Endovascular repair of ir	Endovascular Repair Pro	January 2017	10		SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%o	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
75953	Placement of proximal o	Endovascular Repair Pro	January 2017	10		SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%o	October 2015							FALSE			FALSE					TRUE	Deleted from CPT
75954	Endovascular repair of ili	Endovascular Repair Pro	January 2017	10		SVS, SIR, ST	Deleted from CPT	Codes Reported Together 75%o	January 2017							FALSE			FALSE					TRUE	Deleted from CPT
75960	Transcatheter introducti	RAW	October 2012	27		ACC, ACR, S	Deleted from CPT	High Volume Growth1 / Codes Reported Together 75% or More-Part1								FALSE			TRUE	In February 2	February 2(	10	Code Deletec	TRUE	Deleted from CPT
75961	Transcatheter retrieval, p	Transcatheter Procedur	April 2010	45		ACC, ACR, S	Deleted from CPT	Codes Reported Together 75%	February 2010							FALSE			TRUE	The Workgro	June 2011		Code Deletec	TRUE	Deleted from CPT
75962	Transluminal balloon ang	Open and Percutaneous	January 2016	15		ACR, SIR, S	Deleted from CPT	High Volume Growth1 / Codes I	April 2010							FALSE			TRUE	The Workgro	October 20	24	Complete	TRUE	Deleted from CPT
75964	Transluminal balloon ang	Open and Percutaneous	January 2016	15		ACR, SIR, S	Deleted from CPT	High Volume Growth1								FALSE			TRUE	In February 2	October 20	24	Complete	TRUE	Deleted from CPT
75966	Transluminal balloon ang	Open and Percutaneous	January 2016	15		ACR, SIR, S	Deleted from CPT	Codes Reported Together 75%	January 2015							FALSE			TRUE	In January 20	October 20	24	Complete	TRUE	Deleted from CPT
75968	Transluminal balloon ang	Open and Percutaneous	January 2016	15		ACR, SIR, S	Deleted from CPT	Codes Reported Together 75%	January 2015							FALSE			TRUE	In January 20	October 20	24	Complete	TRUE	Deleted from CPT
75978	Transluminal balloon ang	Open and Percutaneous	January 2016	15		ACR, SIR, S	Deleted from CPT	CMS-Other - Utilization over 25	April 2013							FALSE			TRUE	CPT code 759	October 20	24	Complete	TRUE	Deleted from CPT
75980	Percutaneous transhepa	Percutaneous Biliary Pro	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75%	October 2012							FALSE			TRUE	The Joint Wo	February 2(	16	Complete	TRUE	Deleted from CPT
75982	Percutaneous placement	Percutaneous Biliary Pro	October 2015	06	RUC	ACR, SIR	Deleted from CPT	Codes Reported Together 75%	October 2012							FALSE			TRUE	The Joint Wo	February 2(	16	Complete	TRUE	Deleted from CPT
75984	Change of percutaneous	Introduction of Catheter	April 2019	17		ACR, SIR	0.83	Codes Reported Together 75%	October 20	XXX	0.83	1.94	NA	0.06	20412	FALSE			FALSE		RAW will assess Oct 2018			TRUE	Increase
75992	Deleted from CPT	Transluminal Arthrector	April 2008	57		SIR, ACR, S	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC reco	February 2(	07	Deleted-new	TRUE	Deleted from CPT
75993	Deleted from CPT	Transluminal Arthrector	April 2008	57		SIR, ACR, S	Deleted from CPT	High Volume Growth1	February 2008							FALSE			TRUE	The RUC reco	February 2(	07	Deleted-new	TRUE	Deleted from CPT
75994	Revised to Category III	Transluminal Arthrector	April 2008	57		SIR, ACR, S	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC reco	February 2(	07	Category III	TRUE	Deleted from CPT
75995	Revised to Category III	Transluminal Arthrector	April 2008	57		SIR, ACR, S	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC reco	February 2(	07	Category III	TRUE	Deleted from CPT
75996	Revised to Category III	Transluminal Arthrector	April 2008	57		SIR, ACR, S	Deleted from CPT	High Volume Growth1	April 2008							FALSE			TRUE	The RUC reco	February 2(	07	Category III	TRUE	Deleted from CPT
76000	Fluoroscopy (separate pr	Fluoroscopy	April 2017	27		ACR, APMA	0.30	Low Value-Billed in Multiple Un	October 20	XXX	0.3	0.95	NA	0.04	91328	FALSE			FALSE					TRUE	Increase
76001	Fluoroscopy, physician o	Fluoroscopy	April 2017	27		ACR	Deleted from CPT	CMS-Other - Utilization over 10	October 2016							FALSE			TRUE	In April 2017	September	27	complete	TRUE	Deleted from CPT
76098	Radiological examinatior	X-Ray Exam Specimen	October 2018	21		ACR	0.31	CMS-Other - Utilization over 30	October 20	XXX	0.31	0.95	NA	0.03	71578	FALSE			FALSE					TRUE	Increase
76100	Radiologic examination,	Fluroscopy	April 2009	27		ACR, ISIS	New PE inputs	CMS Request - Practice Expense	April 2009	XXX	0.58	2.01	NA	0.05	8652	FALSE			FALSE					TRUE	PE Only
76101	Radiologic examination,	Fluroscopy	April 2009	27		ACR, ISIS	New PE inputs. Deleted from CPT	CMS Request - Practice Expense	April 2009	XXX						FALSE			FALSE					TRUE	PE Only
76102	Radiologic examination,	Fluroscopy	April 2009	27		ACR, ISIS	New PE inputs. Deleted from CPT	CMS Request - Practice Expense	April 2009	XXX						FALSE			FALSE					TRUE	PE Only
76376	3D rendering with interp	3D Rendering	April 2018	23		ACR, ASNR	0.20	Negative IWPUT	April 2017	XXX	0.2	0.55	NA	0.02	329368	FALSE			FALSE					TRUE	Maintain
76377	3D rendering with interp	3D Rendering with Inter	October 2021	17		ACR, ASNR	0.79	CMS Request - Final Rule for 20	July 2019	XXX	0.79	1.53	NA	0.06	194943	FALSE			FALSE					TRUE	Maintain
76510	Ophthalmic ultrasound,	Opthalmic Ultrasound	October 2016	23	RUC	AAO, ASRS,	0.70	CMS High Expenditure Procedu	April 2016	XXX	0.7	1.31	NA	0.02	13065	FALSE			FALSE					TRUE	Decrease
76511	Ophthalmic ultrasound,	Opthalmic Ultrasound	October 2016	23	RUC	AAO, ASRS,	0.64	CMS High Expenditure Procedu	April 2016	XXX	0.64	1.03	NA	0.02	4313	FALSE			FALSE					TRUE	Decrease
76512	Ophthalmic ultrasound,	Opthalmic Ultrasound	October 2016	23	RUC	AAO, ASRS,	0.56	CMS High Expenditure Procedu	July 2015	XXX	0.56	0.85	NA	0.02	221873	FALSE			FALSE					TRUE	Decrease
76513	Ophthalmic ultrasound,	Ophthalmic Ultrasound	January 2020	17		AAO, AOA (	0.60 and CPT Assistant article pu	High Volume Growth1 / CPT As	February 2(	XXX	0.6	1.61	NA	0.02	13820	TRUE	Apr 2013	Yes	TRUE	At the April 2	September	28	yes	TRUE	Decrease
76514	Ophthalmic ultrasound,	Echo Exam of Eye Thickr	October 2017	12		AAO, AOA (	0.17	Negative IWPUT	April 2017	XXX	0.14	0.18	NA	0.02	426372	FALSE			FALSE					TRUE	Maintain
76516	Ophthalmic biometry by	Opthalmic Biometry	April 2016	36		AAO, AOA (	0.40	CMS High Expenditure Procedu	April 2016	XXX	0.4	0.98	NA	0.02	1849	FALSE			FALSE					TRUE	Decrease
76519	Ophthalmic biometry by	Opthalmic Biometry	April 2016	36		AAO, AOA (	0.54	CMS High Expenditure Procedu	July 2015	XXX	0.54	1.48	NA	0.02	107065	FALSE			FALSE					TRUE	Maintain
76536	Ultrasound, soft tissues c	Soft Tissue Ultrasound	April 2009	29		ACR, ASNR,	0.56	CMS Fastest Growing	October 20	XXX	0.56	2.67	NA	0.05	902754	FALSE			FALSE					TRUE	Maintain
76604	Ultrasound, chest (incluc	Ultrasound Exam - Ches	April 2018	24		ACR	0.59	CMS-Other - Utilization over 30	October 20	XXX	0.59	1.11	NA	0.04	118852	FALSE			FALSE					TRUE	Increase
76641	Ultrasound, breast, unila	Breast Ultrasound	January 2014	13		ACR	0.73	CMS-Other - Utilization over 50	January 20:	XXX	0.73	2.28	NA	0.05	679681	FALSE			FALSE		October 20	26	Complete	TRUE	Increase
76642	Ultrasound, breast, unila	Breast Ultrasound	January 2014	13		ACR	0.68	CMS-Other - Utilization over 50	January 20:	XXX	0.68	1.81	NA	0.05	717334	FALSE			FALSE		October 20	26	Complete	TRUE	Increase
76645	Ultrasound, breast(s) (ur	Breast Ultrasound	January 2014	13		ACR	Deleted from CPT	CMS-Other - Utilization over 50	April 2011							FALSE			TRUE	Code 76645,	October 20	26	Complete	TRUE	Deleted from CPT
76700	Ultrasound, abdominal, r	Ultrasound	October 2013	13		ACR	0.81	MPC List	October 20	XXX	0.81	2.59	NA	0.06	680635	FALSE			FALSE					TRUE	Maintain
76705	Ultrasound, abdominal, r	Ultrasound	October 2013	13		ACR, ASBS	0.59	CMS-Other - Utilization over 50	April 2011	XXX	0.59	1.97	NA	0.04	984573	FALSE			FALSE					TRUE	Maintain
76706	Ultrasound, abdominal a	Abdominal Aorta Ultras	October 2015	12		ACR, SIR, S	0.55	Final Rule for 2015	May 2015	XXX	0.55	2.61	NA	0.04	145634	TRUE	Jan 2017	Yes	FALSE		May 2015	23	Complete	TRUE	Decrease
76770	Ultrasound, retroperiton	Ultrasound	October 2013	13		ACR	0.74	CMS-Other - Utilization over 50	April 2011	XXX	0.74	2.43	NA	0.06	1190647	FALSE			FALSE					TRUE	Maintain
76775	Ultrasound, retroperiton	Ultrasound	October 2013	13		ACR	0.58	CMS-Other - Utilization over 50	April 2011	XXX	0.58	1.20	NA	0.04	395902	FALSE			FALSE					TRUE	Maintain
76819	Fetal biophysical profile;	RAW	October 2013	18			Remove from screen	High Volume Growth2	April 2013	XXX	0.77	1.76	NA	0.04	7127	FALSE			FALSE					TRUE	Remove from Screen
76830	Ultrasound, transvaginal	Transvaginal and Transr	April 2012	44		ACOG, ACR	0.69	CMS High Expenditure Procedu	September	XXX	0.69	2.79	NA	0.05	369833	FALSE			FALSE					TRUE	Maintain
76856	Ultrasound, pelvic (nono	Ultrasound	October 2013	13		ACR	0.69	CMS-Other - Utilization over 50	April 2011	XXX	0.69	2.40	NA	0.05	340665	FALSE			FALSE					TRUE	Maintain
76857	Ultrasound, pelvic (nono	Ultrasound	October 2013	13		ACR	0.50	CMS-Other - Utilization over 25	April 2013	XXX	0.5	0.97	NA	0.03	198809	FALSE			FALSE					TRUE	Decrease
76870	Ultrasound, scrotum and	Ultrasound Exam - Scrot	April 2017	28		ACR, AUA	0.64	CMS-Other - Utilization over 10	April 2016	XXX	0.64	2.30	NA	0.05	128464	FALSE			FALSE					TRUE	Maintain
76872	Ultrasound, transrectal;	Prostate Biopsy Service	September 2024	08		ACOG, ACR	0.67	CMS High Expenditure Procedu	September	XXX	0.69	5.16	NA	0.04	193444	FALSE			TRUE	In April 2022,	May 2024	15	Complete	TRUE	Decrease
76880	Deleted from CPT	Lower Extremity Ultraso	October 2009	26		APMA, ACR	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	The RUC reco	February 2(	37	Deleted	TRUE	Deleted from CPT
76881	Ultrasound, complete joi	Neuromuscular Ultrasou	January 2023	19		AAN, AANE	New PE Inputs. 0.90	CMS Fastest Growing / New Tec	April 2010	XXX	0.9	0.65	NA	0.05	173075	TRUE	Clinical Exa	Yes	TRUE	In February 2	June 2017	13	yes	TRUE	Decrease
76882	Ultrasound, limited, join	Neuromuscular Ultrasou	January 2023	19		AAN, AANE	New PE Inputs. 0.69	CMS Fastest Growing / New Tec	April 2010	XXX	0.69	1.19	NA	0.05	314905	TRUE	Clinical Exa	Yes	TRUE	In February 2	June 2017	13	yes	TRUE	Decrease
76883	Ultrasound, nerve(s) and	Neuromuscular Ultrasou	January 2023	19		AAN, AANE	New PE Inputs. 1.21	New Technology/New Services	October 20	XXX	1.21	0.90	NA	0.06	2244	FALSE			FALSE					TRUE	Increase
76930	Ultrasonic guidance for p	Pericardiocentesis and I	January 2019	04		ACC	Deleted from CPT	CMS Request - Final Rule for 20	July 2013							FALSE			FALSE		September	14	Complete	TRUE	Deleted from CPT
76932	Ultrasonic guidance for e	Ultrasound Guidance	April 2014	34		ACC	0.67	CMS Request - Final Rule for 20	July 2013	YYY	0	0.00	NA	0	951	FALSE			FALSE					TRUE	Maintain
76936	Ultrasound guided comp	RAW	October 2013	18			Maintain	CMS Request - Final Rule for 20	July 2013	XXX	1.99	5.49	NA	0.24	657	FALSE			FALSE					TRUE	Maintain
76937	Ultrasound guidance for	Ultrasound Guidance fo	September 2022	07		ACR, SIR, S	0.30	Identified in RUC review of othe	January 20:	ZZZ	0.3	0.82	NA	0.03	615284	FALSE			FALSE					TRUE	Maintain
76940	Ultrasound guidance for,	Ultrasound Guidance	January 2015	29		ACS, ACR, S	2.00	CMS Request - Final Rule for 20	July 2013	YYY	0	0.00	NA	0	1014	FALSE			FALSE					TRUE	Maintain
76942	Ultrasonic guidance for r	Somatic Nerve Injection	October 2021	05		AAPM, AAP	0.67	CMS-Other - Utilization over 50	April 2011	XXX	0.67	1.06	NA	0.04	690567	FALSE			TRUE	During the Oc	May 2021	14	complete	TRUE	Maintain
76948	Ultrasonic guidance for a	Echo Guidance for Ova a	January 2015	25		ACOG	0.85	CMS Request - Final Rule for 20	July 2013	XXX	0.67	1.70	NA	0.02	7	FALSE			FALSE					TRUE	Increase
76950	Ultrasonic guidance for p	Ultrasound Guidance	April 2014	34			Deleted from CPT	Codes Reported Together 75%	February 2010							FALSE			TRUE	At the April 2	October 20	28	Complete	TRUE	Deleted from CPT
76965	Ultrasonic guidance for i	Ultrasound Guidance	September 2014	21		NO INTERE:	Maintain	CMS Request - Final Rule for 20	July 2013	XXX	1.34	1.47	NA	0.05	4867	FALSE			FALSE					TRUE	Maintain
76970	Ultrasound study follow-	IMRT with Ultrasound G	October 2019	17		ACS, ACR, A	Deleted from CPT	High Volume Growth1 / CMS-O	February 2008							FALSE			TRUE	In October 2(	February 2(	9	Complete	TRUE	Deleted from CPT
76978	Ultrasound, targeted dyr	RAW	April 2023	15			CPT Assistant article published	New Technology/New Services	January 20:	XXX	1.62	4.11	NA	0.09	901	TRUE	Aug 2023	Yes	FALSE					TRUE	Maintain
76979	Ultrasound, targeted dyr	RAW	April 2023	15			CPT Assistant article published	New Technology/New Services	January 20:	ZZZ	0.85	2.80	NA	0.05	47	TRUE	Aug 2023	Yes	FALSE					TRUE	Maintain
76984	Ultrasound, intraoperati	Intraoperative Ultrasou	September 2022	05		AATS, ACC,	0.60	CMS-Other - Utilization over 20	May 2022	XXX	0	0.00	NA	0		FALSE			FALSE					TRUE	Decrease
76987	Intraoperative epicardial	Intraoperative Ultrasou	September 2022	05		AATS, ACC,	1.90	CMS-Other - Utilization over 20	May 2022	XXX	0	0.00	NA	0		FALSE			FALSE					TRUE	Decrease
76988	Intraoperative epicardial	Intraoperative Ultrasou	September 2022	05		AATS, ACC,	1.20	CMS-Other - Utilization over 20	May 2022	XXX	0	0.00	NA	0		FALSE			FALSE					TRUE	Decrease
76989	Intraoperative epicardial	Intraoperative Ultrasou	September 2022	05		AATS, ACC,	1.55	CMS-Other - Utilization over 20	May 2022	XXX	0	0.00	NA	0		FALSE			FALSE					TRUE	Decrease
76998	Ultrasonic guidance, intr	Intraoperative Ultrasou	September 2022	05		AATS, ACC,	1.20	CMS-Other - Utilization over 20	January 20:	XXX	0	0.00	NA	0	28979	FALSE			TRUE	In October 2(	May 2022	20	complete	TRUE	Maintain
77001	Fluoroscopic guidance fc	PICC Line Procedures	January 2018	09	RUC	AANS, AAN	0.38	MPC List / CMS Request - Final I	January 20:	ZZZ	0.38	2.48	NA	0.05	233736	FALSE			TRUE	In the NPRM	October 2015		Complete	TRUE	Maintain

77002	Fluoroscopic guidance fc	Somatic Nerve Injection	October 2021	05		AAPM, AAP	0.54		MPC List / CMS Request - Final I	January 20:	ZZZ	0.54	2.83	NA	0.04	546397	FALSE			TRUE	In the NPRM	October 2015		Complete	TRUE	Maintain						
77003	Fluoroscopic guidance ar	Somatic Nerve Injection	October 2021	05		AAPM, AAP	0.60		MPC List / CMS Request - Final I	October 20	ZZZ	0.6	2.44	NA	0.04	23715	FALSE			TRUE	In the NPRM	October 2015		Complete	TRUE	Maintain						
77011	Computed tomography g	IMRT with CT Guidance	October 2010	15		ASTRO, ACI	New PE inputs		CMS Request - Practice Expense	Review	XXX	1.21	5.25	NA	0.08	4209	FALSE			FALSE					TRUE	PE Only						
77012	Computed tomography g	CT Guidance Needle Pla	September 2023	14		ACR, SIR	1.50		CMS-Other - Utilization over 10	April 2016	XXX	1.5	2.19	NA	0.09	136965	FALSE			TRUE	In October 2C	February 2(	11	complete	TRUE	Maintain						
77014	Computed tomography g	Radiation Oncology Tre	September 2023	22		ASTRO, ACI	Deleted at CPT		CMS Request - Practice Expense	October 20	XXX	0.85	2.68	NA	0.05	2618399	FALSE			TRUE	In October 2C	September	40	Deleted	TRUE	Deleted from CPT						
77031	Stereotactic localization	Breast Biopsy	April 2013	04			Deleted from CPT		Codes Reported Together 75% (	January 2012							FALSE			FALSE		October 20	08	Complete	TRUE	Deleted from CPT						
77032	Mammographic guidanc	Breast Biopsy	April 2013	04			Deleted from CPT		Codes Reported Together 75% (	January 2012							FALSE			FALSE		October 20	08	Complete	TRUE	Deleted from CPT						
77046	Magnetic resonance ima	Breast MRI with Compu	October 2017	06		ACR	1.45		CMS High Expenditure Procedu	June 2017	XXX	1.45	4.92	NA	0.08	235	FALSE			FALSE		June 2017	14		TRUE	Decrease						
77047	Magnetic resonance ima	Breast MRI with Compu	October 2017	06		ACR	1.60		CMS High Expenditure Procedu	June 2017	XXX	1.6	4.96	NA	0.09	3360	FALSE			FALSE		June 2017	14		TRUE	Decrease						
77048	Magnetic resonance ima	Breast MRI with Compu	October 2017	06		ACR	2.10		CMS High Expenditure Procedu	June 2017	XXX	2.1	7.97	NA	0.15	901	FALSE			FALSE		June 2017	14		TRUE	Increase						
77049	Magnetic resonance ima	Breast MRI with Compu	October 2017	06		ACR	2.30		CMS High Expenditure Procedu	June 2017	XXX	2.3	7.95	NA	0.16	118969	FALSE			FALSE		June 2017	14		TRUE	Increase						
77051	Computer-aided detectic	Mammography-Computa	January 2016	20		ACR	Deleted from CPT		CMS-Other - Utilization over 250,000 / Final Rule for 2015								FALSE			FALSE		October 20	38	Complete	TRUE	Deleted from CPT						
77052	Computer-aided detectic	Mammography-Computa	January 2016	20		ACR	Deleted from CPT		Low Value-High Volume	October 2010							FALSE			FALSE		October 20	38	Complete	TRUE	Deleted from CPT						
77055	Mammography; unilater	Mammography-Computa	January 2016	20		ACR	Deleted from CPT		CMS-Other - Utilization over 25	January 2014							FALSE			TRUE	In the NPRM	October 20	38	Complete	TRUE	Deleted from CPT						
77056	Mammography; bilatera	Mammography-Computa	January 2016	20		ACR	Deleted from CPT		CMS-Other - Utilization over 25	January 2014							FALSE			TRUE	In the NPRM	October 20	38	Complete	TRUE	Deleted from CPT						
77057	Screening mammograph	Mammography-Computa	January 2016	20		ACR	Deleted from CPT		CMS-Other - Utilization over 25	January 2014							FALSE			TRUE	In the NPRM	October 20	38	Complete	TRUE	Deleted from CPT						
77058	Magnetic resonance ima	Breast MRI with Compu	October 2017	06		ACR	Deleted from CPT		CMS High Expenditure Procedu	July 2015							FALSE			TRUE	In preparatio	June 2017	14	yes	TRUE	Deleted from CPT						
77059	Magnetic resonance ima	Breast MRI with Compu	October 2017	06		ACR	Deleted from CPT		CMS High Expenditure Procedu	July 2015							FALSE			TRUE	In preparatio	June 2017	14	yes	TRUE	Deleted from CPT						
77065	Diagnostic mammograpl	Mammography-Computa	January 2016	20		ACR	0.81		Final Rule for 2015	October 20	XXX	0.81	2.90	NA	0.06	684661	FALSE			FALSE		October 20	38	Complete	TRUE	Increase						
77066	Diagnostic mammograpl	Mammography-Computa	January 2016	20		ACR	1.00		Final Rule for 2015	October 20	XXX	1	3.69	NA	0.06	549552	FALSE			FALSE		October 20	38	Complete	TRUE	Increase						
77067	Screening mammograph	Mammography-Computa	January 2016	20		ACR	0.76		Final Rule for 2015	October 20	XXX	0.76	3.04	NA	0.05	5667727	FALSE			FALSE		October 20	38	Complete	TRUE	Maintain						
77073	Bone length studies (ort	X-Ray Exam - Bone	April 2018	25		AAOS, ACR	0.26		CMS-Other - Utilization over 30	October 20	XXX	0.26	1.07	NA	0.03	69355	FALSE			FALSE					TRUE	Decrease						
77074	Radiologic examination,	X-Ray Exam - Bone	April 2018	25		ACR	0.44		CMS-Other - Utilization over 30	October 20	XXX	0.44	1.49	NA	0.03	2333	FALSE			FALSE					TRUE	Decrease						
77075	Radiologic examination,	X-Ray Exam - Bone	April 2018	25		ACR	0.55		CMS-Other - Utilization over 30	October 20	XXX	0.55	2.37	NA	0.05	25091	FALSE			FALSE					TRUE	Increase						
77076	Radiologic examination,	X-Ray Exam - Bone	April 2018	25		ACR	0.70		CMS-Other - Utilization over 30	October 20	XXX	0.7	2.45	NA	0.06	17	FALSE			FALSE					TRUE	Maintain						
77077	Joint survey, single view,	X-Ray Exam - Bone	April 2018	25		ACR	0.33		CMS-Other - Utilization over 30	October 20	XXX	0.33	1.03	NA	0.03	35269	FALSE			FALSE					TRUE	Increase						
77079	Computed tomography,	CT Bone Density Study	February 2010	31		ACR, AAFP,	Deleted from CPT		Different Performing Specialty f	October 2009							FALSE			TRUE	The Workgro	October 20	22	Complete	TRUE	Deleted from CPT						
77080	Dual-energy X-ray absor	Dual Energy X-Ray	October 2013	07		AACE, ACNI	0.20		CMS Request - Final Rule for 20	September	XXX	0.2	0.96	NA	0.02	2669696	FALSE			TRUE	In Oct 2012, t	May 2013		Complete	TRUE	Maintain						
77081	Dual-energy X-ray absor	Dual-energy X-Ray Abso	January 2018	25			0.20		Negative IWPUT	April 2017	XXX	0.2	0.74	NA	0.02	103996	FALSE			FALSE					TRUE	Decrease						
77082	Dual-energy X-ray absor	Dual Energy X-Ray	October 2013	07		AACE, ACNI	Deleted from CPT		CMS Request - Final Rule for 20	September	2011						FALSE			TRUE	In Oct 2012, t	May 2013		Complete	TRUE	Deleted from CPT						
77083	Radiographic absorption	Radiographic Absorptio	February 2010	31		ACR, ACP	Deleted from CPT		Different Performing Specialty f	October 2009							FALSE			TRUE	The Workgro	October 20	22	Complete	TRUE	Deleted from CPT						
77085	Dual-energy X-ray absor	Dual Energy X-Ray	October 2013	07		AACE, ACNI	0.30		Codes Reported Together 75% or More-Par		XXX	0.3	1.29	NA	0.03	105283	FALSE			FALSE		May 2013		Complete	TRUE	Decrease						
77086	Vertebral fracture asses	Dual Energy X-Ray	October 2013	07		AACE, ACNI	0.17		Codes Reported Together 75% or More-Par		XXX	0.17	0.84	NA	0.02	1282	FALSE			FALSE		May 2013		Complete	TRUE	Maintain						
77261	Therapeutic radiology tr	Radiation Therapy Plan	April 2016	37		ASTRO	1.30		CMS High Expenditure Procedu	July 2015	XXX	1.3	0.76	0.76	0.06	11946	FALSE			FALSE					TRUE	Decrease						
77262	Therapeutic radiology tr	Radiation Therapy Plan	April 2016	37		ASTRO	2.00		CMS High Expenditure Procedu	July 2015	XXX	2	1.15	1.15	0.13	3087	FALSE			FALSE					TRUE	Decrease						
77263	Therapeutic radiology tr	Radiation Therapy Plan	April 2016	37		ASTRO	3.14		CMS High Expenditure Procedu	July 2015	XXX	3.14	1.72	1.72	0.24	286115	FALSE			FALSE					TRUE	Maintain						
77280	Therapeutic radiology sir	Set Radiation Therapy F	September 2024	14		ASTRO	0.70		Harvard Valued - Utilization ove	April 2011	XXX	0.7	7.29	NA	0.05	451327	FALSE			TRUE	ASTRO reviev	October 20	22	Complete	TRUE	Maintain						
77285	Therapeutic radiology sir	Respiratory Motion Mar	January 2013	14		ASTRO	1.05		Harvard Valued - Utilization ove	September	XXX	1.05	12.23	NA	0.06	6698	FALSE			TRUE	ASTRO reviev	October 20	22	Complete	TRUE	Maintain						
77290	Therapeutic radiology sir	Respiratory Motion Mar	January 2013	14		ASTRO	1.56		MPC List / Harvard Valued - Util	October 20	XXX	1.56	11.57	NA	0.09	162009	FALSE			TRUE	ASTRO reviev	October 20	22	Complete	TRUE	Maintain						
77293	Respiratory motion man	Respiratory Motion Mar	January 2013	14		ASTRO	2.00		Harvard Valued - Utilization over	30,000	ZZZ	2	9.98	NA	0.1	35923	FALSE			FALSE		October 20	22	Complete	TRUE	Decrease						
77295	3-dimensional radiother	Surface Radionuclide Hi	January 2013	14		ASTRO	4.29		Harvard Valued - Utilization ove	September	XXX	4.29	10.06	NA	0.24	104889	FALSE			TRUE	ASTRO reviev	October 20	22, 28/29	Complete	TRUE	Decrease						
77300	Basic radiation dosimetr	Surface Radionuclide Hi	September 2024	14		ASTRO	Maintain. 0.62		MPC List / Codes Reported Toge	October 20	XXX	0.62	1.36	NA	0.04	1170024	FALSE			TRUE	On 8-21-12, t	February 2(	44, 28/29	complete	TRUE	Maintain						
77301	Intensity modulated radi	IMRT - PE Only	September 2024	14		ASTRO	Maintain. New PE Inputs. 7.99. C		CMS Fastest Growing / CMS Re	October 20	XXX	7.99	46.89	NA	0.7	177572	TRUE	Nov 2009	Yes	FALSE						TRUE	Maintain						
77305	Teletherapy, isodose pla	Isodose Calculation witl	April 2014	20		ASTRO	Deleted from CPT		Codes Reported Together 75% (	October 2010							FALSE			TRUE	On 8-21-12, t	February 2(	44	Complete	TRUE	Deleted from CPT						
77306	Teletherapy isodose plar	Isodose Calculation witl	April 2014	20			1.40		Codes Reported Together 75% (	October 20	XXX	1.4	3.03	NA	0.07	796	FALSE			FALSE					TRUE	Decrease						
77307	Teletherapy isodose plar	Isodose Calculation witl	April 2014	20			2.90		Codes Reported Together 75% (	October 20	XXX	2.9	5.69	NA	0.17	22821	FALSE			FALSE					TRUE	Decrease						
77310	Teletherapy, isodose pla	Isodose Calculation witl	April 2014	20		ASTRO	Deleted from CPT		Codes Reported Together 75% (	October 2010							FALSE			TRUE	On 8-21-12, t	February 2(	44	Complete	TRUE	Deleted from CPT						
77315	Teletherapy, isodose pla	Isodose Calculation witl	April 2014	20		ASTRO	Deleted from CPT		Codes Reported Together 75% (	October 2010							FALSE			TRUE	On 8-21-12, t	February 2(	44	Complete	TRUE	Deleted from CPT						
77316	Brachytherapy isodose p	Isodose Calculation witl	April 2014	20			1.50		Codes Reported Together 75% (	October 20	XXX	1.4	5.95	NA	0.09	4093	FALSE			FALSE					TRUE	Decrease						
77317	Brachytherapy isodose p	Isodose Calculation witl	April 2014	20			1.83		Codes Reported Together 75% (	October 20	XXX	1.83	7.84	NA	0.12	1884	FALSE			FALSE					TRUE	Decrease						
77318	Brachytherapy isodose p	Isodose Calculation witl	October 2015	21			2.90		Codes Reported Together 75% (	October 20	XXX	2.9	10.81	NA	0.21	4301	FALSE			TRUE	On 8-21-12, t	February 2(	44	Complete	TRUE	Decrease						
77326	Brachytherapy isodose p	Isodose Calculation witl	April 2014	20			Deleted from CPT		Codes Reported Together 75% (	October 2012							FALSE			TRUE	On 8-21-12, t	February 2(	44	Complete	TRUE	Deleted from CPT						
77327	Brachytherapy isodose p	Isodose Calculation witl	April 2014	20		ASTRO	Deleted from CPT		Codes Reported Together 75% (	October 2010							FALSE			TRUE	On 8-21-12, t	February 2(	44	Complete	TRUE	Deleted from CPT						
77328	Brachytherapy isodose p	Isodose Calculation witl	April 2014	20			Deleted from CPT		Codes Reported Together 75% (	October 2012							FALSE			TRUE	On 8-21-12, t	February 2(	44	Complete	TRUE	Deleted from CPT						
77332	Treatment devices, desig	RAW	January 2016	40	RUC	ASTRO	0.54		CMS High Expenditure Procedu	April 2015	XXX	0.45	0.75	NA	0.03	72051	FALSE			FALSE					TRUE	Maintain						
77333	Treatment devices, desig	RAW	January 2016	40	RUC	ASTRO	0.84		CMS High Expenditure Procedu	April 2015	XXX	0.75	3.32	NA	0.04	12465	FALSE			FALSE					TRUE	Maintain						
77334	Treatment devices, design and construction; com		January 2016	40	RUC	ASTRO	1.24		MPC List / CMS H	October 20	XXX	1.15	2.60	NA	0.05	667608	FALSE			FALSE					TRUE	Maintain						
77336	Continuing medical phys	Continuing Medical Phy	April 2013	31		ASTRO	New PE Inputs		CMS Request - Final Rule for 20	October 20	XXX	0	2.67	NA	0.07	347118	FALSE			FALSE					TRUE	PE Only						
77338	Multi-leaf collimator (MI	IMRT - PE Only	September 2024	14		ACRO, ASTI	Maintain. New PE Inputs		Services with Stand-Alone PE Pr	October 20	XXX	4.29	9.73	NA	0.25	195127	FALSE			FALSE					TRUE	PE Only						
77371	Radiation treatment deli	Radiation Treatment De	April 2009	30		ASTRO	New PE inputs		CMS Request - Practice Expense	NA	XXX	0	0.00	0.00	0	96	FALSE			FALSE					TRUE	PE Only						
77372	Radiation treatment deli	Radiation Treatment De	October 2013	18			New PE Inputs		Services with Stand-Alone PE Pr	October 20	XXX	0	27.74	NA	0.21	575	FALSE			FALSE					TRUE	PE Only						
77373	Stereotactic body radiati	Radiation Treatment De	October 2013	18		ACR, ASTR	New PE inputs		Services with Stand-Alone PE Pr	July 2012	XXX	0	29.08	NA	0.27	43336	FALSE			FALSE					TRUE	PE Only						
77385	Intensity modulated radi	Radiation Oncology Tre	January 2025	16		ACRO, ASTI	Deleted at CPT		Services with Stand-Alone PE Pr	January 20:	XXX	0	0.00	0.00	0		FALSE			TRUE	In October 2C	September	40	Deleted	TRUE	Deleted from CPT						
77386	Intensity modulated radi	Radiation Oncology Tre	January 2025	16		ACRO, ASTI	Deleted at CPT		Services with Stand-Alone PE Pr	January 20:	XXX	0	0.00	0.00	0		FALSE			TRUE	In October 2C	September	40	Deleted	TRUE	Deleted from CPT						
77387	Guidance for localizatior	Radiation Oncology Tre	January 2025	16		ACRO, ASTI	0.70		Services with Stand-Alone PE Pr	January 20:	XXX	0	0.00	0.00	0		FALSE			TRUE	In October 2C	September	40	Yes	TRUE	Increase						
77401	Radiation treatment deli	Superficial Radiation Th	January 2025	17		AADA, ACR	Deleted at CPT		High Volume Growth5 / Codes I	October 20	XXX	0	1.22	NA	0.01	337457	FALSE			TRUE	In October 2C	May 2019	08	Deleted from	TRUE	Deleted from CPT						
77402	Radiation treatment deli	Radiation Oncology Tre	January 2025	16		ACRO, ASTI	PE Only		Services with Stand-Alone PE Pr	October 20	XXX	0	0.00	0.00	0		FALSE			TRUE	At the April 2	September	40	Yes	TRUE	PE Only						
77403	Radiation treatment deli	Radiation Treatment De	January 2014	14		ACRO, ASTI	Deleted from CPT		Services with Stand-Alone PE Pr	October 2012							FALSE			TRUE	At the April 2	October 20	28	Complete	TRUE	Deleted from CPT						
77404	Radiation treatment deli	Radiation Treatment De	January 2014	14		ACRO, ASTI	Deleted from CPT		Services with Stand-Alone PE Pr	October 2012							FALSE			TRUE	At the April 2	October 20	28	Complete	TRUE	Deleted from CPT						
77406	Radiation treatment deli	Radiation Treatment De	January 2014	14		ACRO, ASTI	Deleted from CPT		Services with Stand-Alone PE Pr	October 2012							FALSE			TRUE	At the April 2	October 20	28	Complete	TRUE	Deleted from CPT						
77407	Radiation treatment deli	Radiation Oncology Tre	January 2025	16		ACRO, ASTI	PE Only		Services with Stand-Alone PE Pr	October 20	XXX	0	0.00	0.00	0		FALSE			TRUE	At the April 2	September	40	Yes	TRUE	PE Only						
77408	Radiation treatment deli	Radiation Treatment De	January 2014	14		ACRO, ASTI	Deleted from CPT		Services with Stand-Alone PE Pr	October 2012							FALSE			TRUE	At the April 2	October 20	28	Complete	TRUE	Deleted from CPT						
77409	Radiation treatment deli	Radiation Treatment De	January 2014	14		ACRO, ASTI	Deleted from CPT		Services with Stand-Alone PE Pr	October 2012							FALSE			TRUE	At the April 2	October 20	28	Complete	TRUE	Deleted from CPT						
77411	Radiation treatment deli	Radiation Treatment De	January 2014	14		ACRO, ASTI	Deleted from CPT		Services with Stand-Alone PE Pr	October 2012							FALSE			TRUE	At the April 2	October 20	28	Complete	TRUE	Deleted from CPT						
77412	Radiation treatment deli	Radiation Oncology Tre	January 2025	16		ACRO, ASTI	PE Only		Services with Stand-Alone PE Pr	October 20	XXX	0	0.00	0.00	0		FALSE			TRUE	At the April 2	September	40	Yes	TRUE	PE Only						
77413	Radiation treatment deli	Radiation Treatment De	January 2014	14		ACRO, ASTI	Deleted from CPT		Services with Stand-Alone PE Pr	October 2012							FALSE			TRUE	At the April 2	October 20	28	Complete	TRUE	Deleted from CPT						
77414	Radiation treatment deli	Radiation Treatment De	January 2014	14		ACRO, ASTI	Deleted from CPT		Services with Stand-Alone PE Pr	October 2012							FALSE			TRUE	At the April 2	October 20	28	Complete	TRUE	Deleted from CPT						
77416	Radiation treatment deli	Radiation Treatment De	January 2014	14		ACRO, ASTI	Deleted from CPT		Services with Stand-Alone PE Pr	October 2012							FALSE			TRUE	At the April 2	October 20	28	Complete	TRUE	Deleted from CPT						
77417	Therapeutic radiology pc	Radiation Oncology Tre	January 2025	16		ACRO, ASTI	PE Only		CMS-Other - Utilization over 20	October 20	XXX	0	0.47	NA	0.02	23258	FALSE			FALSE				Complete	TRUE	PE Only						
77418	Intensity modulated trea	Radiation Treatment De	January 2014	14		ACRO, ASTI	Deleted from CPT		CMS Fastest Growing / Services	October 2008							TRUE	Nov 2009 a	Yes	TRUE		October 20	28	Complete	TRUE	Deleted from CPT						
77421	Stereoscopic X-ray guida	Radiation Treatment De	January 2014	14		ACRO, ASTI	Deleted from CPT		Codes Reported Together 75% (	February 2010							FALSE			TRUE	In Jan 2012, t	October 20	28	Complete	TRUE	Deleted from CPT						
77422	High energy neutron rad	High Energy Neutron Ra	April 2015	35	RUC	AAOS, ASP	Contractor Price		CMS Request - Final Rule for 20	November 2014							FALSE			FALSE					TRUE	Deleted from CPT						
77423	High energy neutron rad	High Energy Neutron Ra	April 2015	35	RUC	AAOS, ASP	Contractor Price		CMS Request - Final Rule for 20	November :	XXX	0	0.00	0.00	0		FALSE			FALSE					TRUE	Maintain						
77427	Radiation treatment mar	Radiation Treatment Mi	January 2016	54		ASTRO	3.45. Remove from high E/M scre		Site of Service Anomaly / High L	September	XXX	3.37	2.17	2.17	0.27	900476	FALSE			TRUE	In October 2C	June 2009	21	Complete	TRUE	Decrease						
77435	Stereotactic body radiati	RAW	January 2017	30			Remove from screen		High Volume Growth4	October 20	XXX	11.87	6.67	6.67	0.92	48445	FALSE			FALSE					TRUE	Remove from Screen						
77470	Special treatment proce	Special Radiation Treatr	January 2016	41		ASTRO	2.03		CMS High Expenditure Procedu	July 2015	XXX	2.03	2.27	NA	0.1	81139	FALSE			FALSE					TRUE	Decrease						
77520	Proton treatment deliver	Proton Beam Treatment	April 2019	19		ASTRO	New PE Inputs		Contractor Priced High Volume:	October 20	XXX	0	0.00	0.00	0	96	FALSE			FALSE					TRUE	PE Only						
77522	Proton treatment deliver	Proton Beam Treatment	April 2019	19		ASTRO	New PE Inputs		Contractor Priced High Volume:	January 20:	XXX	0	0.00	0.00	0	7240	FALSE			FALSE					TRUE	PE Only						
77523	Proton treatment deliver	Proton Beam Treatment	April 2019	19		ASTRO	New PE Inputs		High Volume Growth4 / Contra	October 20	XXX	0	0.00	0.00	0	59938	FALSE			FALSE					TRUE	PE Only						
77525	Proton treatment deliver	Proton Beam Treatment	April 2019	19		ASTRO	New PE Inputs		Contractor Priced High Volume:	October 20	XXX	0	0.00	0.00	0	13585	FALSE			FALSE					TRUE	PE Only						
77600	Hyperthermia, externall	Hyperthermia - PE Only	September 2024	14		AADA, ACR	Maintain. New PE Inputs		Services with Stand-Alone PE Pr	October 20	XXX	1.31	14.90	NA	0.11	13129	FALSE			FALSE					TRUE	PE Only						
77767	Remote afterloading higl	Surface Radionuclide Hi	January 2015	16		ASTRO, ACI	1.05		Codes Reported Together 75% (	October 20	XXX	1.05	6.39	NA	0.08	4841	FALSE			FALSE		October 20	28/29	Complete	TRUE	Decrease						
77768	Remote afterloading higl	Surface Radionuclide Hi	January 2015	16		ASTRO, ACI	1.40		Codes Reported Together 75% (	October 20	XXX	1.4	9.53	NA	0.12	5761	FALSE			FALSE		October 20	28/29	Complete	TRUE	Decrease						
77770	Remote afterloading higl	Surface Radionuclide Hi	January 2015	16		ASTRO, ACI	1.95		Codes Reported Together 75% (	October 20	XXX	1.95	8.42	NA	0.12	15023	FALSE			FALSE		October 20	28/29	Complete	TRUE	Decrease						
77771	Remote afterloading higl	Surface Radionuclide Hi	January 2015	16		ASTRO, ACI	3.80		Codes Reported Together 75% (	October 20	XXX	3.8	14.29	NA	0.28	8778	FALSE			FALSE		October 20	28/29	Complete	TRUE	Decrease						
77772	Remote afterloading higl	Surface Radionuclide Hi	January 2015	16		ASTRO, ACI	5.40		Codes Reported Together 75% (	October 20	XXX	5.4	21.66	NA	0.39	2971	FALSE			FALSE		October 20	28/29	Complete	TRUE	Decrease						
77776	Interstitial radiation sou	Interstitial Radiation So	April 2015	17		ACR, ASTR	Deleted from CPT		Codes Reported Together 75% (	February 2015							FALSE			FALSE		February 2(	35	Complete	TRUE	Deleted from CPT						
77777	Interstitial radiation sou	Interstitial Radiation So	April 2015	17		ACR, ASTR	Deleted from CPT		Codes Reported Together 75% (	February 2015							FALSE			FALSE		February 2(	35	Complete	TRUE	Deleted from CPT						
77778	Interstitial radiation sou	Interstitial Radiation So	October 2015	21		ACR, ASTR	8.78		Codes Reported Together 75% (	October 20	000	8.78	18.74	NA	0.54	3083	FALSE			TRUE	The Joint Wo	February 2(	35	Complete	TRUE	Decrease						
77781	Deleted from CPT	Brachytherapy	October 2008	26		ASTRO	Deleted from CPT		CMS Fastest Growing	October 2008							FALSE			TRUE	Deleted from	February 2(	36	Code Deletec	TRUE	Deleted from CPT						
77782	Deleted from CPT	Brachytherapy	February 2008	S		ASTRO	Deleted from CPT		High Volume Growth1 / CMS Fa	February 2008							FALSE			TRUE	Deleted from	February 2(	36	Code Deletec	TRUE	Deleted from CPT						
77784	Deleted from CPT	Brachytherapy	February 2008	S		ASTRO	Deleted from CPT		CMS Fastest Growing	February 2008							FALSE			TRUE	Deleted from	February 2(	36	Code Deletec	TRUE	Deleted from CPT						
77785	Remote afterloading higl	Surface Radionuclide Hi	January 2015	16		ASTRO	Deleted from CPT		High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Proce								FALSE			TRUE	In October 2C	October 20	28/29	Complete	TRUE	Deleted from CPT						
77786	Remote afterloading higl	Surface Radionuclide Hi	January 2015	16		ASTRO	Deleted from CPT		High Volume Growth1 / CMS Fastest Growing/CMS Request - Practice Expense / Services with Stand-Alone PE Proce								FALSE			TRUE	In October 2C	October 20	28/29	Complete	TRUE	Deleted from CPT						

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88342	Immunohistochemistry c	Morphometric Analysis	April 2014	21			CAP	0.70	CMS-Other - Utilization over 50	April 2011	XXX	0.7	2.65	NA	0.02	2174347	FALSE			TRUE	In Jan 2012, t	May 2012	Complete	TRUE	Decrease					
88343	Immunohistochemistry c	Morphometric Analysis	April 2014	21			CAP	Deleted from CPT	CMS Request - Final Rule for 20	November 2013							FALSE			FALSE				TRUE	Deleted from CPT					
88344	Immunohistochemistry c	Morphometric Analysis	April 2014	21			CAP	0.77	CMS Request - Final Rule for 20	November :	XXX	0.77	4.38	NA	0.02	175628	FALSE			FALSE				TRUE	Decrease					
88346	Immunofluorescence, pe	Immunofluorescent Stu	January 2015	17			CAP, ASC	0.74	CMS-Other - Utilization over 25	April 2013	XXX	0.74	3.56	NA	0.03	54878	FALSE			TRUE	In April 2013,	October 20	45	Complete	TRUE	Decrease					
88347	Immunofluorescent stud	Immunofluorescent Stu	January 2015	17			CAP, ASC	Deleted from CPT	CMS-Other - Utilization over 25	October 2013							FALSE			TRUE	In April 2013,	October 20	45	Complete	TRUE	Deleted from CPT					
88348	Electron microscopy, dia	Electron Microscopy-PE	October 2013	14			CAP	New PE Inputs	Services with Stand-Alone PE Pr	October 20	XXX	1.51	13.12	NA	0.13	13572	FALSE			FALSE				TRUE	PE Only					
88349	Electron microscopy; sca	Electron Microscopy-PE	October 2013	14			CAP	Deleted from CPT	Services with Stand-Alone PE Pr	October 2012							FALSE			TRUE	Refer to CPT	Oct 2013	Complete	TRUE	Deleted from CPT					
88350	Immunofluorescence, pe	Immunofluorescent Stu	January 2015	17			CAP, ASC	0.70	CMS-Other - Utilization over 25	October 20	ZZZ	0.59	2.70	NA	0.02	234386	FALSE			FALSE		October 20	45	Complete	TRUE	Decrease					
88356	Morphometric analysis;	RAW	April 2014	37			ASCP, CAP	2.80	High Volume Growth2	April 2013	XXX	2.8	4.22	NA	0.06	24282	FALSE			FALSE				TRUE	Decrease					
88360	Morphometric analysis,	Tumor Immunohistoche	April 2016	40			ASC, CAP	0.85	CMS High Expenditure Procedu	July 2015	XXX	0.85	2.70	NA	0.02	660189	FALSE			FALSE				TRUE	Decrease					
88361	Morphometric analysis,	Tumor Immunohistoche	April 2016	40			ASC, CAP	0.95	CMS High Expenditure Procedu	July 2015	XXX	0.95	2.50	NA	0.02	138656	FALSE			FALSE				TRUE	Decrease					
88364	In situ hybridization (eg,	Morphometric Analysis	April 2014	21			CAP, ASCP,	0.88	CMS Request - Final Rule for 20	November :	ZZZ	0.7	3.15	NA	0.02	39774	FALSE			FALSE				TRUE	Decrease					
88365	In situ hybridization (eg,	Morphometric Analysis	April 2014	21			CAP	0.88	CMS Request - Final Rule for 20	September	XXX	0.88	4.31	NA	0.03	62947	TRUE	Dec 2011 & Yes		TRUE	In April 2013,	May 2013	Complete	TRUE	Decrease					
88366	In situ hybridization (eg,	Morphometric Analysis	April 2014	21			CAP, ASCP,	1.24	CMS Request - Final Rule for 20	May 2013	XXX	1.24	6.75	NA	0.05	3001	FALSE			FALSE		May 2013	Complete	TRUE	Decrease					
88367	Morphometric analysis, i	Morphometric Analysis	September 2014	18			CAP, ASCP,	0.86	CMS Request - Final Rule for 20	September	XXX	0.73	2.51	NA	0.03	3872	TRUE	Dec 2011 & Yes		TRUE	In April 2013,	May 2013	Complete	TRUE	Decrease					
88368	Morphometric analysis, i	Morphometric Analysis	September 2014	18			CAP, ASCP,	0.88	CMS Request - Final Rule for 20	September	XXX	0.88	3.56	NA	0.03	16239	TRUE	Dec 2011 & Yes		TRUE	In April 2013,	May 2013	Complete	TRUE	Decrease					
88373	Morphometric analysis, i	Morphometric Analysis	April 2014	21			CAP, ASCP,	0.86	CMS Request - Final Rule for 20	November :	ZZZ	0.58	1.38	NA	0.01	5407	FALSE			FALSE				TRUE	Decrease					
88374	Morphometric analysis, i	Morphometric Analysis	April 2014	21			CAP, ASCP,	1.04	CMS Request - Final Rule for 2014		XXX	0.93	7.21	NA	0.03	149418	FALSE			FALSE				TRUE	Decrease					
88377	Morphometric analysis, i	Morphometric Analysis	October 2020	24			CAP, ASCP,	1.40	CMS Request - Final Rule for 20	May 2013	XXX	1.4	10.19	NA	0.04	118475	FALSE			FALSE		May 2013	Complete	TRUE	Decrease					
88381	Microdissection (ie, sam	RAW	September 2022	13	April 2025	RAW	ASC, AP	Review action plan	High Volume Growth8	April 2022	XXX	0.53	5.25	NA	0.05	73067	FALSE			FALSE				FALSE						
90460	Immunization administra	Immunization Administr	April 2021	19			AAFP, AAP,	0.24	CMS Request-Final Rule for 202	July 2020	XXX	0.24	0.43	NA	0.02	140	FALSE			FALSE				TRUE	Increase					
90461	Immunization administra	Immunization Administr	April 2021	19			AAFP, AAP,	0.18	CMS Request-Final Rule for 202	July 2020	ZZZ	0.18	0.07	NA	0.01	27	FALSE			FALSE				TRUE	Increase					
90465	Deleted from CPT	Immunization Administr	February 2008	R			AAP	New PE inputs	CMS Request - Practice Expense	NA							FALSE			FALSE				TRUE	Deleted from CPT					
90467	Deleted from CPT	Immunization Administr	February 2008	R			AAP	New PE inputs	CMS Request - Practice Expense	NA							FALSE			FALSE				TRUE	Deleted from CPT					
90471	Immunization administra	Immunization Administr	April 2021	19			AAFP, AAP,	0.17	CMS Request - Practice Expense	February 2(	XXX	0.17	0.44	NA	0.01	315781	FALSE			FALSE				TRUE	Maintain					
90472	Immunization administra	Immunization Administr	April 2021	19			AAFP, AAP,	0.15	CMS Request - Practice Expense	February 2(	ZZZ	0.15	0.28	NA	0.01	27148	FALSE			FALSE				TRUE	Maintain					
90473	Immunization administra	Immunization Administr	April 2021	19			AAFP, AAP,	0.17	CMS Request - Practice Expense	NA	XXX	0.17	0.32	NA	0.01	4	FALSE			FALSE				TRUE	Maintain					
90474	Immunization administra	Immunization Administr	April 2021	19			AAFP, AAP,	0.15	CMS Request - Practice Expense	NA	ZZZ	0.15	0.20	NA	0.01		FALSE			FALSE				TRUE	Maintain					
90785	Interactive complexity (L	Psychotherapy for Crisis	April 2024	12			AACAP, AP/	0.33	CMS High Expenditure Procedu	April 2013	ZZZ	0.33	0.10	0.04	0.01	342907	FALSE			TRUE	CPT February	October 20	55	Complete	TRUE	Increase					
90791	Psychiatric diagnostic ev	Psychotherapy	April 2012	26			APA, APA (	3.00	CMS High Expenditure Procedu	April 2013	XXX	3.84	1.22	0.48	0.1	686827	FALSE			TRUE	CPT February	February 2(	93	Complete	TRUE	Increase					
90792	Psychiatric diagnostic ev	Psychotherapy	April 2012	26			APA, APA (	3.25	CMS High Expenditure Procedu	April 2013	XXX	4.16	1.49	0.74	0.16	522496	FALSE			TRUE	CPT February	February 2(	93	Complete	TRUE	Increase					
90801	Psychiatric diagnostic int	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedu	September 2011							FALSE			TRUE	January 2012	February 2(	93	Complete	TRUE	Deleted from CPT					
90805	Individual psychotherapy	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedu	September 2011							FALSE			TRUE	January 2012	February 2(	93	Complete	TRUE	Deleted from CPT					
90806	Individual psychotherapy	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedu	September 2011							FALSE			TRUE	January 2012	February 2(	93	Complete	TRUE	Deleted from CPT					
90808	Individual psychotherapy	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedu	September 2011							FALSE			TRUE	January 2012	February 2(	93	Complete	TRUE	Deleted from CPT					
90818	Individual psychotherapy	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedu	September 2011							FALSE			TRUE	January 2012	February 2(	93	Complete	TRUE	Deleted from CPT					
90832	Psychotherapy, 30 minut	Psychotherapy	April 2012	26			APA, APA (	1.50	CMS High Expenditure Procedu	April 2013	XXX	1.86	0.54	0.23	0.04	1934739	FALSE			TRUE	CPT February	February 2(	93	Complete	TRUE	Increase					
90833	Psychotherapy, 30 minut	Psychotherapy	April 2012	26			APA, APA (	1.50	CMS High Expenditure Procedu	April 2013	ZZZ	1.64	0.55	0.29	0.06	1410377	FALSE			TRUE	CPT February	February 2(	93	Complete	TRUE	Increase					
90834	Psychotherapy, 45 minut	Psychotherapy	April 2012	26			APA, APA (	2.00	CMS High Expenditure Procedu	April 2013	XXX	2.45	0.72	0.31	0.05	3451030	FALSE			TRUE	CPT February	February 2(	93	Complete	TRUE	Increase					
90836	Psychotherapy, 45 minut	Psychotherapy	April 2012	26			APA, APA (	1.90	CMS High Expenditure Procedu	April 2013	ZZZ	2.08	0.70	0.37	0.08	411350	FALSE			TRUE	CPT February	February 2(	93	Complete	TRUE	Increase					
90837	Psychotherapy, 60 minut	Psychotherapy	April 2012	26			APA, APA (	3.00	CMS High Expenditure Procedu	April 2013	XXX	3.63	1.06	0.45	0.08	6251351	FALSE			TRUE	CPT February	February 2(	93	Complete	TRUE	Increase					
90838	Psychotherapy, 60 minut	Psychotherapy	April 2012	26			APA, APA (	2.50	CMS High Expenditure Procedu	April 2013	ZZZ	2.74	0.93	0.51	0.13	91207	FALSE			TRUE	CPT February	February 2(	93	Complete	TRUE	Increase					
90839	Psychotherapy for crisis;	Psychotherapy for Crisis	April 2013	35			APA, APA (	3.13	CMS High Expenditure Procedu	April 2013	XXX	3.43	1.06	0.50	0.1	17382	FALSE			TRUE	CPT February	February 2(	93	Complete	TRUE	Increase					
90840	Psychotherapy for crisis;	Psychotherapy for Crisis	April 2013	35			APA, APA (	1.50	CMS High Expenditure Procedu	April 2013	ZZZ	1.64	0.55	0.30	0.06	5285	FALSE			TRUE	CPT February	February 2(	93	Complete	TRUE	Increase					
90845	Psychoanalysis	Psychotherapy	October 2011					2.10	CMS High Expenditure Procedu	April 2013	XXX	2.3	0.71	0.34	0.06	5619	FALSE			FALSE				TRUE	Increase					
90846	Family psychotherapy (w	Psychotherapy	April 2012	26			APA, APA (	2.40	CMS High Expenditure Procedu	April 2013	XXX	2.63	0.36	0.35	0.06	22973	FALSE			TRUE	CPT February	February 2(	93	Complete	TRUE	Increase					
90847	Family psychotherapy (c	Psychotherapy	April 2012	26			APA, APA (	2.50	CMS High Expenditure Procedu	April 2013	XXX	2.74	0.38	0.37	0.06	114179	FALSE			TRUE	CPT February	February 2(	93	Complete	TRUE	Increase					
90853	Group psychotherapy (ot	Psychotherapy	April 2012	26			APA, APA (	0.59	CMS High Expenditure Procedu	April 2013	XXX	0.65	0.20	0.08	0.02	388921	FALSE			TRUE	CPT February	February 2(	93	Complete	TRUE	Maintain					
90862	Pharmacologic managem	RAW review	January 2012	30				Deleted from CPT	CMS High Expenditure Procedu	September 2011							FALSE			TRUE	January 2012	February 2(	93	Complete	TRUE	Deleted from CPT					
90863	Pharmacologic managem	Pharmacologic Manage	April 2013	40			APA (HCPA	0.48	CMS High Expenditure Procedu	April 2013	XXX	0.48	0.24	0.19	0.03		FALSE			TRUE	CPT February	February 2(	93	Complete	TRUE	Increase					
90868	Therapeutic repetitive tr	RAW	September 2022	13			APA (psych	Maintain	Contractor Priced High Volume	January 20:	000	0	0.00	0.00	0	259335	FALSE			FALSE				TRUE	Maintain					
90870	Electroconvulsive therap	Electroconvulsive Thera	April 2010	41			APA	2.50	Harvard Valued - Utilization ove	October 20	000	2.5	2.55	0.52	0.1	85549	FALSE			FALSE				TRUE	Increase					
90901	Biofeedback training by :	Biofeedback Training	April 2024	09	April 2025	RUC	ACOG, APT.	Refer to CPT	High Volume Growth9	April 2023	000	0.41	0.79	0.14	0.02	79490	FALSE			TRUE	In April 2023,	February 2(	Feb2025: Tab _;	Sept2	FALSE					
90911	Biofeedback training, pe	Biofeedback Training	January 2019	15			ACOG, AUA	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	At the April 2	September	34	complete	TRUE	Deleted from CPT					
90912	Biofeedback training, pe	Biofeedback Training	April 2024	09	April 2025	RUC	ACOG, APT.	Refer to CPT 0.90	Negative IWPUT	September	000	0.9	1.46	0.32	0.04	27389	FALSE			TRUE	In April 2023,	February 2(	Sep2024: Tab 49	Feb20:	FALSE	Increase					
90913	Biofeedback training, pe	Biofeedback Training	April 2024	09	April 2025	RUC	ACOG, APT.	Refer to CPT. 0.50	Negative IWPUT	September	ZZZ	0.5	0.44	0.18	0.03	19617	FALSE			TRUE	In April 2023,	February 2(	Sep2024 Tab 49	Feb20:	FALSE	Increase					
90935	Hemodialysis procedure	Hemodialysis-Dialysis S	October 2009	30			RPA	1.48	Havard Valued - Utilization over	October 20	000	1.48	NA	0.54	0.08	591622	FALSE			FALSE				TRUE	Increase					
90937	Hemodialysis procedure	Hemodialysis-Dialysis S	October 2009	30			RPA	2.11	Havard Valued - Utilization over	February 2(	000	2.11	NA	0.80	0.13	26555	FALSE			FALSE				TRUE	Maintain					
90945	Dialysis procedure other	Hemodialysis-Dialysis S	October 2009	30			RPA	1.56	Havard Valued - Utilization over	February 2(	000	1.56	NA	0.91	0.1	110046	FALSE			FALSE				TRUE	Increase					
90947	Dialysis procedure other	Hemodialysis-Dialysis S	October 2009	30			RPA	2.52	Havard Valued - Utilization over	February 2(	000	2.52	NA	0.94	0.17	8823	FALSE			FALSE				TRUE	Increase					
90951	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised clinic	CMS Request - Practice Expense	February 2(	XXX	23.92	9.04	9.04	1.64	29	FALSE			FALSE				TRUE	PE Only					
90952	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised clinic	CMS Request - Practice Expense	February 2(	XXX	0	0.00	0.00	0	2	FALSE			FALSE				TRUE	PE Only					
90953	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised clinic	CMS Request - Practice Expense	February 2(	XXX	0	0.00	0.00	0	5	FALSE			FALSE				TRUE	PE Only					
90954	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised clinic	CMS Request - Practice Expense	February 2(	XXX	20.86	7.60	7.60	1.35	398	FALSE			FALSE				TRUE	PE Only					
90955	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised clinic	CMS Request - Practice Expense	February 2(	XXX	10.32	4.63	4.63	0.63	86	FALSE			FALSE				TRUE	PE Only					
90956	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised clinic	CMS Request - Practice Expense	February 2(	XXX	6.64	3.39	3.39	0.39	107	FALSE			FALSE				TRUE	PE Only					
90957	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised clinic	CMS Request - Practice Expense	February 2(	XXX	15.46	6.43	6.43	0.98	1356	FALSE			FALSE				TRUE	PE Only					
90958	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised clinic	CMS Request - Practice Expense	February 2(	XXX	9.87	4.40	4.40	0.63	350	FALSE			FALSE				TRUE	PE Only					
90959	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised clinic	CMS Request - Practice Expense	February 2(	XXX	6.19	3.15	3.15	0.39	225	FALSE			FALSE				TRUE	PE Only					
90960	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised phys	CMS Request - Practice Expense	February 2(	XXX	6.77	3.41	3.41	0.42	1238509	FALSE			FALSE				TRUE	PE Only					
90961	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised phys	CMS Request - Practice Expense	February 2(	XXX	5.52	2.94	2.94	0.34	434848	FALSE			FALSE				TRUE	PE Only					
90962	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised clinic	CMS Request - Practice Expense	February 2(	XXX	3.57	2.30	2.30	0.21	137651	FALSE			FALSE				TRUE	PE Only					
90963	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised clinic	CMS Request - Practice Expense	February 2(	XXX	12.09	5.15	5.15	0.77	79	FALSE			FALSE				TRUE	PE Only					
90964	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised clinic	CMS Request - Practice Expense	February 2(	XXX	10.25	4.54	4.54	0.65	646	FALSE			FALSE				TRUE	PE Only					
90965	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised clinic	CMS Request - Practice Expense	February 2(	XXX	9.8	4.44	4.44	0.63	872	FALSE			FALSE				TRUE	PE Only					
90966	End-stage renal disease (	End-Stage Renal Disease	April 2009	29			RPA	RUC Recommended revised clinic	CMS Request - Practice Expense	February 2(	XXX	5.52	2.94	2.94	0.34	307423	FALSE			FALSE				TRUE	PE Only					
91038	Esophageal function test	Gastroenterological Tes	February 2010	23			AGA, ASGE	New PE Inputs	CMS Request - Practice Expense	February 2(	000	1.1	10.43	NA	0.06	3765	FALSE			FALSE				TRUE	PE Only					
91110	Gastrointestinal tract im	Gastrointestinal Tract Ir	January 2016	44			ACG, AGA,	2.49	CMS High Expenditure Procedu	July 2015	XXX	2.24	18.58	NA	0.07	40626	FALSE			FALSE				TRUE	Decrease					
91111	Gastrointestinal tract im	Gastrointestinal Tract Ir	January 2016	44			ACG, AGA,	1.00	CMS High Expenditure Procedu	July 2015	XXX	0.9	23.90	NA	0.05	172	FALSE			FALSE				TRUE	Maintain					
91120	Rectal sensation, tone, a	Colon Motility Services	September 2024	10			ACG, AGA,	Deleted from CPT	Codes Reported Together 75% (	April 2023	XXX	0.97	13.30	NA	0.05	10029	FALSE			TRUE	In April 2023,	May 2024	34	Deleted	TRUE	Deleted from CPT					
91122	Anorectal manometry	Colon Motility Services	September 2024	10			ACG, AGA,	Deleted from CPT	Codes Reported Together 75% (	April 2023	000	1.77	6.29	NA	0.11	17915	FALSE			TRUE	In April 2023,	May 2024	34	Deleted	TRUE	Deleted from CPT					
91132	Electrogastrography, dia	Electrogastrography	February 2010	24			AGA, ACG,	New PE Inputs	CMS Request - Practice Expense	Review	XXX	0.52	11.96	NA	0.03	23	FALSE			FALSE				TRUE	PE Only					
91133	Electrogastrography, dia	Electrogastrography	February 2010	24			AGA, ACG,	New PE Inputs	CMS Request - Practice Expense	Review	XXX	0.66	12.44	NA	0.03	30	FALSE			FALSE				TRUE	PE Only					
92065	Orthoptic training; perfo	Orthoptic Training	April 2021	10			AAO, AOA (	0.71	Harvard Valued - Utilization ove	October 20	XXX	0.71	0.47	0.25	0.01	23440	FALSE			TRUE	This service v	February 2(	35	Complete	TRUE	Increase					
92066	Orthoptic training; unde	Orthoptic Training	April 2021	10			AAO, AOA (	New PE Inputs	Harvard Valued - Utilization ove	February 2(	XXX	0	0.79	NA	0.01	6424	FALSE			FALSE				TRUE	PE Only					
92081	Visual field examination,	Visual Field Examinatior	April 2010	42			AAO, AOA (	0.30	Harvard Valued - Utilization ove	October 20	XXX	0.3	0.68	NA	0.02	80292	FALSE			FALSE				TRUE	Decrease					
92082	Visual field examination,	Visual Field Examinatior	April 2010	42			AAO, AOA (	0.40	Harvard Valued - Utilization ove	October 20	XXX	0.4	0.98	NA	0.02	102696	FALSE			FALSE				TRUE	Decrease					
92083	Visual field examination,	Visual Field Examinatior	April 2012	46			AAO, AOA (	0.50	MPC List / CMS High Expenditur	October 20	XXX	0.5	1.37	NA	0.02	2679659	FALSE			FALSE				TRUE	Maintain					
92100	Serial tonometry (separa	Serial Tonometry	September 2011	36			AAO, AOA (	0.61	Harvard Valued - Utilization ove	April 2011	XXX	0.61	1.91	0.32	0.02	23361	FALSE			FALSE				TRUE	Decrease					
92133	Scanning computerized c	Computerized Scanning	April 2010	23			AAO, AOA (	0.50	CMS Fastest Growing	October 20	XXX	0.31	0.59	NA	0.02	2698182	FALSE			FALSE		October 20	44		TRUE	Decrease					
92134	Scanning computerized c	Computerized Scanning	September 2022	13			AAO, AOA (	0.50	CMS Fastest Growing / Codes R	October 20	XXX	0.32	0.63	NA	0.02	7917138	FALSE			FALSE		October 20	44		TRUE	Decrease					
92135	Deleted from CPT	Ophthalmic Diagnostic I	October 2009	31			AAO, AOA	Deleted from CPT	CMS Fastest Growing	October 2008							FALSE			TRUE	Revise to spe	October 20	44	Code Deletec	TRUE	Deleted from CPT					
92136	Ophthalmic biometry by	Ophthalmic Biometry	April 2016	36			AAO	0.54	CMS Fastest Growing / CMS Hig	October 20	XXX	0.54	0.85	NA	0.02	1541492	FALSE			FALSE				TRUE	Maintain					
92140	Provocative tests for gla	Glaucoma Provacative T	April 2016	41			AAO, AOA (	Deleted from CPT	Harvard Valued - Utilization ove	October 2015							FALSE			TRUE	The specialty	May 2016	26	Complete	TRUE	Deleted from CPT					
92201	Ophthalmoscopy, extenc	Ophthalmoscopy	April 2018	05			AAO, AOA (	0.40	Negative IWPUT	February 2(	XXX	0.4	0.32	0.25	0.02	473745	FALSE			FALSE		February 2(	22		TRUE	Decrease					
92202	Ophthalmoscopy, extenc	Ophthalmoscopy	April 2018	05			AAO, AOA (	0.26	Negative IWPUT	February 2(	XXX	0.26	0.19	0.16	0.01	668181	FALSE			FALSE		February 2(	22		TRUE	Decrease					
92225	Ophthalmoscopy, extenc	Ophthalmoscopy	April 2018	05			AAO, AOA (	Deleted from CPT	Negative IWPUT	April 2017							FALSE			TRUE	A RUC memb	February 2(	22	complete	TRUE	Deleted from CPT					
92226	Ophthalmoscopy, extenc	Ophthalmoscopy	April 2018	05			AAO, AOA (	Deleted from CPT	Negative IWPUT	February 2018							FALSE			FALSE		February 2(	22		TRUE	Deleted from CPT					
92227	Imaging of retina for det	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0	0.52	NA	0.01	1092	FALSE			FALSE				TRUE	Remove from Screen					
92228	Imaging of retina for det	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0.32	0.55	NA	0.02	8707	FALSE			FALSE				TRUE	Remove from Screen					
92229	Imaging of retina for det	RAW	September 2023	22				Remove from screen	Work Neutrality 2021	April 2023	XXX	0	1.34	NA	0.01	3631	FALSE			FALSE				TRUE	Remove from Screen					
92235	Fluorescein angiography	Ophthalmoscopic Angio	January 2016	21		RUC	AAO, ASRS	0.75	Harvard Valued - Utilization ove	April 2011	XXX	0.75	3.95	NA	0.02	258142	FALSE			TRUE	In January 20	October 20	55	Complete	TRUE	Decrease					
92240	Indocyanine-green angio	Ophthalmoscopic Angio	January 2016	21		RUC	AAO, ASRS	0.80	Codes Reported Together 75% (	January 20:	XXX	0.8	6.20	NA	0.08	7399	FALSE			TRUE	In January 20	October 20	55	Complete	TRUE	Decrease					
92242	Fluorescein angiography	Ophthalmoscopic Angio	January 2016	21		RUC	AAO, ASRS	0.95	Codes Reported Together 75% (	October 20	XXX	0.95	8.73	NA	0.04	29620	FALSE			TRUE	In January 20	October 20	55	Complete	TRUE	Decrease					

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G0238	Therapeutic procedures	Respiratory Therapy	February 2009	38				ACCP/ATS	Remove from screen - RUC articu	CMS Fastest Growing	February 2(	XXX	0	0.30	NA	0.01	58730	FALSE			FALSE						TRUE	Remove from Screen
G0248	Demonstration, prior to i	Home INR Monitoring	January 2017	19				ACC	Created Category I code, recomn	High Volume Growth	3 January 20:	XXX	0	2.95	NA	0.04	13867	FALSE			TRUE	In October 2(	September	08	yes	TRUE	Request CMS Delete
G0249	Provision of test materia	Home INR Monitoring	January 2017	19				ACC	Created Category I code, recomn	CMS Fastest Growing / High Vo	February 2(	XXX	0	1.87	NA	0.01	891988	FALSE			TRUE	In October 2(	September	08	yes	TRUE	Request CMS Delete
G0250	Physician review, interpr	Home INR Monitoring	January 2017	19				ACC	Created Category I code, recomn	CMS Fastest Growing / High Vo	February 2(	XXX	0.18	0.07	NA	0.01	102272	FALSE			TRUE	In October 2(	September	08	yes	TRUE	Request CMS Delete
G0268	Removal of impacted cer	Removal of Impacted Ce	April 2017	35				AAO-HNS	0.61	CMS Fastest Growing / CMS 00(	October 20	000	0.61	0.87	0.29	0.08	160387	FALSE			FALSE						TRUE	Maintain
G0270	Medical nutrition therap	Medical Nutrition Thera	January 2019	37				ADA	Maintain/Remove from screen	CMS Fastest Growing	February 2(	XXX	0.45	0.50	0.36	0.01	59157	FALSE			FALSE						TRUE	Maintain
G0277	Hyperbaric oxygen under	Hyperbaric Oxygen Und	January 2025	27				AAFP, UHN	PE Inputs	High Volume Growth	8 April 2022	XXX	0	5.22	NA	0.04	150377	FALSE			TRUE	In January 20	September	57	Withdrawn b	TRUE	PE Only
G0279	Diagnostic digital breast	RAW	January 2018	31					Recommend CMS delete	CMS-Other - Utilization over 30	October 20	ZZZ	0.6	0.69	NA	0.03	959916	FALSE			FALSE						TRUE	Remove from Screen
G0283	Electrical stimulation (ur	Physical Medicine and R	January 2024	18				APTA	New PE Inputs. 0.18	Low Value-High Volume / CMS-	October 20	XXX	0.18	0.19	NA	0.01	5721037	FALSE			FALSE						TRUE	Maintain
G0296	Counseling visit to discus	Counseling Visit for Lun	January 2022	20					Maintain	CMS-Other - Utilization over 20	January 20:	XXX	0.52	0.28	0.20	0.03	62298	FALSE			FALSE						TRUE	Maintain
G0297	Low dose ct scan (ldct) fc	Screening CT of Thorax	October 2019	07					CMS Deleted for 2021. Recomme	CMS-Other - Utilization over 30	October 2018							FALSE			TRUE	In October 2(	May 2019	12	Complete	TRUE	Deleted from CPT
G0364	Bone marrow aspiration	RAW	January 2018	31					Deleted from CPT	CMS-Other - Utilization over 30	October 2017							FALSE			FALSE						TRUE	Deleted from CPT
G0365	Vessel mapping of vessel	Duplex Scan Arterial Infl	January 2019	17				ACR, SIR, S\	Deleted from CPT	CMS-Other - Utilization over 30	October 2017							FALSE			TRUE	In October 2(	September	36	complete	TRUE	Deleted from CPT
G0389	Ultrasound b-scan and/o	Abdominal Aorta Ultras	October 2015	12				ACC, ACP, /	CPT Assistant article published	Final Rule for 2015 / High Volur	July 2014							TRUE	Jan 2017	Yes	TRUE	When Medic	May 2015	23	Complete	TRUE	Deleted from CPT
G0396	Alcohol and/or substance (other than tobacco) m		January 2018	31			RUC	AAFP, ASA	Refer to CPT	CMS-Other - Utilization over 30	October 20	XXX	0.65	0.34	0.25	0.05	50385	FALSE			TRUE	In October 2(	Time Uncertain			FALSE	
G0399	Home sleep test (hst) wit	RAW	September 2022	13				AASM, ATS	Requested CMS delete	High Volume Growth	5 / Contra	October 20	XXX	0	0.00	NA	0	68326	FALSE			FALSE						TRUE	Deleted from CPT
G0402	Initial preventive physica	Initial Preventive Exam	October 2016	35				No Specialt	RUC recommended to survey but	CMS-Other - Utilization over 10	April 2016	XXX	2.6	2.21	1.13	0.16	505038	FALSE			FALSE						TRUE	Maintain
G0403	Electrocardiogram, routi	EKG for Initial Preventiv	October 2016	35				No Specialt	RUC recommended to survey but	CMS-Other - Utilization over 10	April 2016	XXX	0.17	0.24	NA	0.02	108795	FALSE			FALSE						TRUE	Maintain
G0407	Follow-up inpatient consultation, intermediate, p		April 2021	24	April 2025	RAW		AAN, ANA,	Review in April 2025 or April 202	CMS-Other - Utilization over 20	October 20	XXX	1.39	NA	0.64	0.13	26094	FALSE			FALSE						FALSE	
G0408	Follow-up inpatient consultation, complex, physi		April 2021	24	April 2025	RAW		AAN, ANA,	Review in April 2025 or April 202	CMS-Other - Utilization over 20	October 20	XXX	2	NA	0.95	0.17	21451	FALSE			FALSE						FALSE	
G0416	Surgical pathology, gross	Prostate Biopsy - Pathol	October 2015	16			RUC	ASC, CAP	4.00	Final Rule for 2015	July 2014	XXX	3.6	7.27	NA	0.09	132950	FALSE			FALSE						TRUE	Increase
G0422	Intensive cardiac rehabilitation; with or without (		January 2021	29					Maintain	CMS-Other - Utilization over 20	October 20	XXX	1.99	1.79	1.79	0.12	70834	FALSE			FALSE						TRUE	Remove from Screen
G0423	Intensive cardiac rehabilitation; with or without (		January 2021	29					Maintain	CMS-Other - Utilization over 20	October 20	XXX	1.99	1.79	1.79	0.12	53693	FALSE			FALSE						TRUE	Remove from Screen
G0425	Telehealth consultation,	Telehealth Consultation	January 2023	17	April 2025	RAW			No recommendation. Review in /	CMS-Other - Utilization over 20	April 2022	XXX	1.92	NA	0.66	0.17	32138	FALSE			FALSE						FALSE	
G0426	Telehealth consultation,	Telehealth Consultation	January 2023	17	April 2025	RAW			No recommendation. Review in /	CMS-Other - Utilization over 20	September	XXX	2.61	NA	1.06	0.22	37693	FALSE			FALSE						FALSE	
G0427	Telehealth consultation,	Telehealth Consultation	January 2023	17	April 2025	RAW			No recommendation. Review in /	CMS-Other - Utilization over 20	September	XXX	3.86	NA	1.39	0.28	26613	FALSE			FALSE						FALSE	
G0436	Smoking and tobacco ces	RAW	October 2016	35			RUC		Deleted from CPT	CMS-Other - Utilization over 10	April 2016							FALSE			FALSE						TRUE	Deleted from CPT
G0438	Annual wellness visit; inc	RAW	April 2016	47				No Interest	RUC recommended to survey but	CMS-Other - Utilization over 25	April 2013	XXX	2.6	2.20	NA	0.16	698250	FALSE			FALSE						TRUE	Remove from Screen
G0439	Annual wellness visit, inc	RAW	April 2016	47				No Interest	RUC recommended to survey but	CMS-Other - Utilization over 25	April 2013	XXX	1.92	1.86	NA	0.13	9929057	FALSE			FALSE						TRUE	Remove from Screen
G0442	Annual alcohol misuse sc	Annual Alcohol Screenir	September 2023	15				AAFP, ACP,	0.18	CMS-Other - Utilization over 10	April 2016	XXX	0.18	0.34	0.08	0.01	897345	FALSE			FALSE						TRUE	Maintain
G0443	Brief face-to-face behavi	Annual Alcohol Screenir	September 2023	15				AAFP, ACP,	0.63	High Volume Growth	8 September	XXX	0.6	0.34	0.26	0.04	2250	FALSE			FALSE						TRUE	Increase
G0444	Annual depression scree	Annual Depression Scre	September 2023	16				AAFP, ACP,	0.18	CMS-Other - Utilization over 10	April 2016	XXX	0.18	0.34	0.08	0.01	2426489	FALSE			FALSE						TRUE	Maintain
G0445	High intensity behaviora	Behavioral Counseling/	September 2023	17	September 2026	RAW		AAFP, ACP	0.45	High Volume Growth	8 / Low Su	September	XXX	0.6	0.33	0.25	0.04	687	FALSE			FALSE						FALSE	Maintain
G0446	Annual, face-to-face inte	Behavioral Counseling/	September 2023	17	September 2026	RAW		AAFP, ACP	0.45	CMS-Other - Utilization over 30	October 20	XXX	0.6	0.34	0.26	0.04	327292	FALSE			FALSE						FALSE	Maintain
G0447	Face-to-face behavioral (	Behavioral Counseling/	September 2023	17	September 2026	RAW		AAFP, ACP	0.45	CMS-Other - Utilization over 10	April 2016	XXX	0.6	0.34	0.26	0.04	277239	FALSE			FALSE						FALSE	Maintain
G0452	Molecular pathology pro	Molecular Pathology Int	October 2019	13					0.93	CMS-Other - Utilization over 30	October 20	XXX	0.93	0.51	NA	0.02	155823	FALSE			FALSE						TRUE	Increase
G0453	Continuous intraoperati	RAW	October 2016	35					Remove from screen	CMS-Other - Utilization over 10	April 2016	XXX	0.6	NA	0.30	0.04	353333	FALSE			FALSE						TRUE	Remove from Screen
G0456	Negative pressure woun	Negative Pressure Wou	January 2014	17					RUC recommended to survey but	CMS Request - Final Rule for 20	November 2012							FALSE			TRUE	In January 20	May 2013	28	Complete	TRUE	Deleted from CPT
G0457	Negative pressure woun	Negative Pressure Wou	January 2014	17					RUC recommended to survey but	CMS Request - Final Rule for 20	November 2012							FALSE			TRUE	In January 20	May 2013	28	complete	TRUE	Deleted from CPT
G0498	Chemotherapy administr	RAW	September 2024	14				ASCO, ASH	Remove from Screen	Contractor Priced High Volume:	April 2024	YYY	0	0.00	0.00	0	88383	FALSE			FALSE						TRUE	Remove from Screen
G0500	Moderate sedation services provided by the sam		January 2021	29					Maintain	CMS-Other - Utilization over 20	October 20	XXX	0.1	1.57	0.04	0.03	250980	FALSE			FALSE						TRUE	Remove from Screen
G0506	Comprehensive assessment of and care planning		October 2021	20					Requested CMS Delete	CMS-Other - Utilization over 20	October 20	ZZZ	0.87	0.96	0.37	0.05	148073	FALSE			FALSE						TRUE	Request CMS Delete
G0516	Insertion of non-biodegr	Skin Adhesives (PE Only	April 2023	07				No Interest	New PE Inputs	PE Skin Adhesives	January 20:	000	1.82	3.23	0.94	0.12	5	FALSE			FALSE						TRUE	PE Only
G0517	Removal of non-biodegr	Skin Adhesives (PE Only	April 2023	07				No Interest	New PE Inputs	PE Skin Adhesives	January 20:	000	2.1	3.60	1.05	0.13	2	FALSE			FALSE						TRUE	PE Only
G0518	Removal with reinsertion	Skin Adhesives (PE Only	April 2023	07				No Interest	New PE Inputs	PE Skin Adhesives	January 20:	000	3.55	5.50	1.61	0.21	1	FALSE			FALSE						TRUE	PE Only
G2010	Remote evaluation of rec	RAW	September 2022	13				AADA, AAFI	Requested CMS delete. Addresse	CMS-Other - Utilization over 20	April 2022	XXX	0.18	0.18	0.08	0.01	4805	FALSE			TRUE	In April 2022,	February 2023		complete	TRUE	Request CMS Delete
G2012	Brief communication tec	Telemedicine Evaluatior	September 2023	11					Requested CMS delete	CMS-Other - Utilization over 20	April 2022	XXX					76147	FALSE			TRUE	In April 2022,	February 2(	42	complete	TRUE	Request CMS Delete
G2066	Interrogation device eva	Remote Interrogation D	January 2023	20				ACC, HRS	PE Inputs	Contractor Priced High Volume:	April 2022	XXX					1385431	FALSE			FALSE						TRUE	PE Only
G2252	Brief communication tec	Telemedicine Evaluatior	September 2023	11					Requested CMS Delete	Added as part of the family	April 2023	XXX	0.5	0.26	0.22	0.03	4320	FALSE			FALSE						TRUE	Request CMS Delete
G6001	Ultrasonic guidance for p	Suerficial Radiation The	January 2025	17				AADA, ASTI	Request CMS Delete	CMS-Other - Utilization over 20	October 20	XXX	0.58	4.70	NA	0.03	255869	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6002	Stereoscopic x-ray guida	Radiation Oncology Tre	January 2025	16				ACRO, ASTI	Request CMS Delete	CMS-Other - Utilization over 20	October 20	XXX	0.39	1.85	NA	0.03	757516	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6003	Radiation treatment deli	Radiation Oncology Tre	January 2025	16				ACRO, ASTI	Request CMS Delete	CMS-Other - Utilization over 20	October 20	XXX	0	4.53	NA	0.01	58	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6004	Radiation treatment deli	Radiation Oncology Tre	January 2025	16				ACRO, ASTI	Request CMS Delete	CMS-Other - Utilization over 20	October 20	XXX	0	3.67	NA	0.01	1494	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6005	Radiation treatment deli	Radiation Oncology Tre	January 2025	16				ACRO, ASTI	Request CMS Delete	CMS-Other - Utilization over 20	October 20	XXX	0	3.67	NA	0.01	486	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6006	Radiation treatment deli	Radiation Oncology Tre	January 2025	16				ACRO, ASTI	Request CMS Delete	CMS-Other - Utilization over 20	October 20	XXX	0	3.65	NA	0.01	26	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6007	Radiation treatment deli	Radiation Oncology Tre	January 2025	16				ACRO, ASTI	Request CMS Delete	CMS-Other - Utilization over 20	September	XXX	0	6.52	NA	0.01	53	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6008	Radiation treatment deli	Radiation Oncology Tre	January 2025	16				ACRO, ASTI	Request CMS Delete	CMS-Other - Utilization over 20	September	XXX	0	5.05	NA	0.02	157	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6009	Radiation treatment deli	Radiation Oncology Tre	January 2025	16				ACRO, ASTI	Request CMS Delete	CMS-Other - Utilization over 20	September	XXX	0	5.09	NA	0.02	58	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6010	Radiation treatment deli	Radiation Oncology Tre	January 2025	16				ACRO, ASTI	Request CMS Delete	CMS-Other - Utilization over 20	September	XXX	0	5.01	NA	0.02	1	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6011	Radiation treatment deli	Radiation Oncology Tre	January 2025	16				ACRO, ASTI	Request CMS Delete	CMS-Other - Utilization over 20	September	XXX	0	6.66	NA	0.02	3955	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6012	Radiation treatment deli	Radiation Oncology Tre	January 2025	16				ACRO, ASTI	Request CMS Delete	CMS-Other - Utilization over 20	October 20	XXX	0	6.67	NA	0.02	265505	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6013	Radiation treatment deli	Radiation Oncology Tre	January 2025	16				ACRO, ASTI	Request CMS Delete	CMS-Other - Utilization over 20	October 20	XXX	0	6.70	NA	0.02	114006	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6014	Radiation treatment deli	Radiation Oncology Tre	January 2025	16				ACRO, ASTI	Request CMS Delete	Remove fron	CMS-Other - Utilization over 20	January 20:	XXX	0	6.66	NA	0.02	7498	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6015	Intensity modulated trea	Radiation Oncology Tre	January 2025	16				ACRO, ASTI	Request CMS Delete		CMS-Other - Utilization over 20	October 20	XXX	0	10.38	NA	0.05	1099494	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6016	Compensator-based bea	Radiation Oncology Tre	January 2025	16				ACRO, ASTI	Request CMS Delete		CMS-Other - Utilization over 20	September	XXX	0	10.38	NA	0.01	3044	FALSE			TRUE	In October 2(	September	40	Yes	TRUE	Request CMS Delete
G6017	Intra-fraction localizatior	Radiation Oncology Tre	January 2025	16				ASTRO	Request CMS Delete		Contractor Priced High Volume:	April 2022	YYY	0	0.00	0.00	0	106265	FALSE			FALSE						TRUE	Request CMS Delete
GPCX1	Visit complexity inherent	Visit Complexity E/M Ac	January 2020	34					No recommendation on physician		CMS Request - Final Rule for 20.	November 2019						FALSE			FALSE						TRUE	N/A
P3001	Screening papanicolaou :	Cytopathology Cervical/	April 2018	26				CAP	0.42		CMS-Other - Utilization over 30	October 20	XXX	0.26	0.48	0.48	0.01	746	FALSE			FALSE						TRUE	Maintain
Q0091	Screening papanicolaou :	RAW	January 2019	37				No Specialt	RUC recommended to survey but		CMS-Other - Utilization over 30	October 20	XXX	0.37	0.95	0.15	0.02	394464	FALSE			FALSE						TRUE	Maintain

RUC Referrals to CPT Editoral Panel - Outstanding Issues

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
20985	**Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (List separately in addition to code for primary procedure)**	High Volume Growth10	September 2024	AAOS	February 2025

Background: In September 2024 the RUC recommended that this issue be referred to CPT. The specialty society would like to modify the descriptor and address any overlap with codes 0054T and 0055T. It is expected that revising code 20985 will result in a decrease of the reporting of the T codes.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
22210	**Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical**	CMS Request - Final Rule for 2025	January 2025	AANS, AAOS, CNS, NASS	September 2025

Background: In the NPRM for 2025, CPT codes 22210, 22212, 22214 and 22216 were nominated as potentially misvalued services for the following reasons (1) incorrect global period; (2) incorrect inpatient days; (3) incorrect intra-service work description; (4) overvalued intra-service times; (5) changed surgical practice; and (6) incorrect use of posterior osteotomy codes. CMS notes that these services were last reviewed in 1995 and all but CPT code 22216 did not have a description of work or vignettes describing the typical patient. CMS also noted that there may be the need for potential bundling of these services, such as CPT code 22210 and 22600 Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment. The nominator suggested two options to address this concern: (1) developing add-on codes to differentiate between the number of vertebral segments involved in the osteotomy procedure and whether it occurs in the cervical, thoracic, or lumbar regions; and (2) removing the current posterior osteotomy codes and incorporating osteotomies into new deformity fusion codes, both with and without osteotomy. CMS is proposed to consider this code family as potentially misvalued. The RUC considered these services at the January 2025 RUC meeting. The specialty societies submitted a detailed letter on why they disagreed with issues identified by the nominator. The specialties indicated that there is no evidence that these services have an incorrect global period. They also noted that the nominator did not provide a comprehensive list of literature to support the claim that incorrect inpatient days are represented in these services, provided no evidence that the intra-service time is incorrect or that these services have changed in adults. The specialty societies did not conduct a survey of these codes and requested that the RUC refer this issue to the CPT Editorial Panel for revision. The specialties will consult with pediatric spine surgeons specializing in scoliosis surgery to submit a CPT Code Change Application (CCA). The RUC recommends that CPT codes 22210-22216 be referred to the September 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
22212	**Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic**	CMS Request - Final Rule for 2025	January 2025	AANS, AAOS, CNS, NASS	September 2025

Background: In the NPRM for 2025, CPT codes 22210, 22212, 22214 and 22216 were nominated as potentially misvalued services for the following reasons (1) incorrect global period; (2) incorrect inpatient days; (3) incorrect intra-service work description; (4) overvalued intra-service times; (5) changed surgical practice; and (6) incorrect use of posterior osteotomy codes. CMS notes that these services were last reviewed in 1995 and all but CPT code 22216 did not have a description of work or vignettes describing the typical patient. CMS also noted that there may be the need for potential bundling of these services, such as CPT code 22210 and 22600 Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment. The nominator suggested two options to address this concern: (1) developing add-on codes to differentiate between the number of vertebral segments involved in the osteotomy procedure and whether it occurs in the cervical, thoracic, or lumbar regions; and (2) removing the current posterior osteotomy codes and incorporating osteotomies into new deformity fusion codes, both with and without osteotomy. CMS is proposed to consider this code family as potentially misvalued. The RUC considered these services at the January 2025 RUC meeting. The specialty societies submitted a detailed letter on why they disagreed with issues identified by the nominator. The specialties indicated that there is no evidence that these services have an incorrect global period. They also noted that the nominator did not provide a comprehensive list of literature to support the claim that incorrect inpatient days are represented in these services, provided no evidence that the intra-service time is incorrect or that these services have changed in adults. The specialty societies did not conduct a survey of these codes and requested that the RUC refer this issue to the CPT Editorial Panel for revision. The specialties will consult with pediatric spine surgeons specializing in scoliosis surgery to submit a CPT Code Change Application (CCA). The RUC recommends that CPT codes 22210-22216 be referred to the September 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
22214	**Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar**	CMS Fastest Growing / CMS Request - Final Rule for 2025	January 2025	AANS, AAOS, CNS, NASS	September 2025

Background: In the NPRM for 2025, CPT codes 22210, 22212, 22214 and 22216 were nominated as potentially misvalued services for the following reasons (1) incorrect global period; (2) incorrect inpatient days; (3) incorrect intra-service work description; (4) overvalued intra-service times; (5) changed surgical practice; and (6) incorrect use of posterior osteotomy codes. CMS notes that these services were last reviewed in 1995 and all but CPT code 22216 did not have a description of work or vignettes describing the typical patient. CMS also noted that there may be the need for potential bundling of these services, such as CPT code 22210 and 22600 Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment. The nominator suggested two options to address this concern: (1) developing add-on codes to differentiate between the number of vertebral segments involved in the osteotomy procedure and whether it occurs in the cervical, thoracic, or lumbar regions; and (2) removing the current posterior osteotomy codes and incorporating osteotomies into new deformity fusion codes, both with and without osteotomy. CMS is proposed to consider this code family as potentially misvalued. The RUC considered these services at the January 2025 RUC meeting. The specialty societies submitted a detailed letter on why they disagreed with issues identified by the nominator. The specialties indicated that there is no evidence that these services have an incorrect global period. They also noted that the nominator did not provide a comprehensive list of literature to support the claim that incorrect inpatient days are represented in these services, provided no evidence that the intra-service time is incorrect or that these services have changed in adults. The specialty societies did not conduct a survey of these codes and requested that the RUC refer this issue to the CPT Editorial Panel for revision. The specialties will consult with pediatric spine surgeons specializing in scoliosis surgery to submit a CPT Code Change Application (CCA). The RUC recommends that CPT codes 22210-22216 be referred to the September 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
22216	**Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; each additional vertebral segment (List separately in addition to primary procedure)**	CMS Request - Final Rule for 2025	January 2025	AANS, AAOS, CNS, NASS	September 2025

Background: In the NPRM for 2025, CPT codes 22210, 22212, 22214 and 22216 were nominated as potentially misvalued services for the following reasons (1) incorrect global period; (2) incorrect inpatient days; (3) incorrect intra-service work description; (4) overvalued intra-service times; (5) changed surgical practice; and (6) incorrect use of posterior osteotomy codes. CMS notes that these services were last reviewed in 1995 and all but CPT code 22216 did not have a description of work or vignettes describing the typical patient. CMS also noted that there may be the need for potential bundling of these services, such as CPT code 22210 and 22600 Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment. The nominator suggested two options to address this concern: (1) developing add-on codes to differentiate between the number of vertebral segments involved in the osteotomy procedure and whether it occurs in the cervical, thoracic, or lumbar regions; and (2) removing the current posterior osteotomy codes and incorporating osteotomies into new deformity fusion codes, both with and without osteotomy. CMS is proposed to consider this code family as potentially misvalued. The RUC considered these services at the January 2025 RUC meeting. The specialty societies submitted a detailed letter on why they disagreed with issues identified by the nominator. The specialties indicated that there is no evidence that these services have an incorrect global period. They also noted that the nominator did not provide a comprehensive list of literature to support the claim that incorrect inpatient days are represented in these services, provided no evidence that the intra-service time is incorrect or that these services have changed in adults. The specialty societies did not conduct a survey of these codes and requested that the RUC refer this issue to the CPT Editorial Panel for revision. The specialties will consult with pediatric spine surgeons specializing in scoliosis surgery to submit a CPT Code Change Application (CCA). The RUC recommends that CPT codes 22210-22216 be referred to the September 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36557	**Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; younger than 5 years of age**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, APSA, OEIS, SIR, SVS	February 2025

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36560	**Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; younger than 5 years of age**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, APSA, OEIS, SIR, SVS	February 2025

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36561	**Insertion of tunneled centrally inserted central venous access device, with subcutaneous port; age 5 years or older**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, APSA, OEIS, SIR, SVS	February 2025

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36563	**Insertion of tunneled centrally inserted central venous access device with subcutaneous pump**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, OEIS, SIR, SVS	February 2025

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36565	**Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; without subcutaneous port or pump (eg, Tesio type catheter)**	Site of Service Anomaly - 2023	January 2024	ACR, ACS, OEIS, SIR, SVS	February 2025

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
36566	**Insertion of tunneled centrally inserted central venous access device, requiring 2 catheters via 2 separate venous access sites; with subcutaneous port(s)**	Site of Service Anomaly - 2023	January 2024	OEIS, SIR, SVS	February 2025

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 36558 via the site of service anomaly screen, for services with Medicare utilization over 10,000 in 2019-2021 that are typically performed in the inpatient hospital setting, yet only include a half discharge day management visit (99238). The RAW reviewed the action plan in September 2023, and agreed with the specialty societies that the entire family of services (36557-36566) be surveyed for the January 2024 RUC meeting. The specialty societies also requested changing the global period from a 010-day to a 000-day to account for variability in site of service based on the patient presentation and specialty performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the codes through the CPT process prior to surveying. The specialty societies noted that the ages listed within some of the current code descriptors do not accurately reflect the variation of physician work (e.g., babies versus infants versus children versus adults). Additionally, some of the code descriptors are antiquated and include outdated practices and techniques technology that no longer exist or are incorrectly described, which may cause incorrect reporting. For example, patients are receiving central lines at multiple points in time with no way to accurately and appropriately capture work based on the current code family structure. Finding an access location in a patient in which access issues have become harder, takes more time, includes more risk, and potentially requires additional interventions. The RUC recommends that CPT codes 36557, 36558, 36560, 36561, 36563, 36565, and 36566 be referred to the May 2024 CPT Editorial Panel meeting for revision. In September 2024 the applicants withdrew the CCA citing that the specialties that most frequently use these codes were not involved in development of the code structure. The applicants requested a workgroup to be formed to develop a unified code structure.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
55705	**Biopsy, prostate, any approach, nonimaging-guided**	Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of “first targeted lesion” was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language “Biopsy” and “Biopsies” was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
55706	**Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance**	010-Day Global Post-Operative Visits / Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
55707		Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
55708		Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
55709		Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

55710

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

55711

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

55712

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

55713

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

55714

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

55715

Screen	RUC Meeting	Specialty Society:	CPT Meeting
Codes Reported Together 75% or More-Part5	September 2024	ACR, AUA, OEIS, SIR	February 2025; May 2024 (Tab 15)

Background: In September 2024, the RUC recommended to refer this entire code family to the CPT Editorial Panel for restructuring in the CPT 2027 cycle. Specifically, to ensure that the long descriptor language and related guidelines appropriately describe the services and number of biopsies performed per service. Additionally, the language of "first targeted lesion" was not clear to RUC members and the survey respondents as indicated by the identical intra-service times for services were few biopsies were obtained and services were numerous biopsies were obtained. Another RUC member noted that the language "Biopsy" and "Biopsies" was confusing as well. Additionally, the add-on code was thought to present a potential issue for improper coding due to lack of clarity on the number of biopsies performed, per service. The societies informed the RUC that they have a Coding Change Application prepared for the February 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.

70544 **Magnetic resonance angiography, head; without contrast material(s)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	April 2024	ACR, ASNR, SIR	February 2025

Background: In April 2022, the Relativity Assessment Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 70547 and 70544. In September 2022, the Workgroup recommended review in 2 years (2021-2022 data) after practice patterns in the inpatient and outpatient setting go back to how it was prior to the pandemic. (Note: 2019 reported together data was 66%). In April 2024, the RAW noted that the rate these services are reported together continues to increase (2020=77%, 2021=79% and 2022=81%). The specialty societies recommended, and the Workgroup agreed that 70547 and 70544 be referred to the CPT Editorial Panel (Feb 2025) to create a code bundling solution.

70547 **Magnetic resonance angiography, neck; without contrast material(s)**

Screen	RUC Meeting	Specialty Society:	CPT Meeting
CMS High Expenditure Procedural Codes2 / Codes Reported Together 75% or More-Part5	April 2024	ACR, ASNR, SIR	February 2025

Background: In April 2022, the Relativity Assessment Workgroup identified services performed by the same physician on the same date of service 75% of the time or more. Only groups that totaled allowed charges of $5 million or more were included. As with previous iterations, any code pairs in which one of the codes was either below 1,000 in 2020 Medicare claims data and/or contained at least one ZZZ global service were removed. The Workgroup requested action plans for September 2022 to determine if specific codes bundling solutions should occur for 70547 and 70544. In September 2022, the Workgroup recommended review in 2 years (2021-2022 data) after practice patterns in the inpatient and outpatient setting go back to how it was prior to the pandemic. (Note: 2019 reported together data was 66%). In April 2024, the RAW noted that the rate these services are reported together continues to increase (2020=77%, 2021=79% and 2022=81%). The specialty societies recommended, and the Workgroup agreed that 70547 and 70544 be referred to the CPT Editorial Panel (Feb 2025) to create a code bundling solution.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
90901	**Biofeedback training by any modality**	High Volume Growth9	April 2024	ACOG, APTA, AUA	February 2025; Sep 2024

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 90901 via the high volume growth screen with 2021 Medicare utilization of 10,000 or more than increased by at least 100% from 2016 through 2021. In September 2023, the Workgroup reviewed the action plan for CPT code 90901 and agreed with the specialty societies that 90901, along with the other services in this code family (90912 and 90913) be surveyed for the April 2024 RUC meeting. The specialty society also requested changing the global period from 010-day to a 000-day global period to account for variability in the site of service based on the patient presentation and specialty societies performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the code family through the CPT process before surveying. The specialty societies noted that the current code descriptor for CPT code 90901 is not well understood based on their review of past RUC rationales for valuation, claims data, and the vignettes used for review in 1995 and 1996 by the RUC and HCPAC. In the 1995 RUC rationale, the vignette described 45–60-minute sessions (and brief 30-minute sessions) and included information about psychiatrists and psychologists, though it is unclear who was surveyed. However, the 1996 RUC rationale of the HCPAC review is based on a different vignette, considered a CMD five-year-review comment, and was surveyed by physical therapists, which led to a reduction of the work RVU from 0.89 to 0.41 based on comparison to a time-based therapy code, CPT code 97110. The specialty societies note that although 90901 is not time-based, the comparison for the current value was to a 15-minute time-based code despite the current intra-service time being 45 minutes. In their letter to request a referral to CPT for this code family, the specialty societies proposed revising the code descriptor for CPT code 90901 to be consistent with other physical therapy time-based and modality codes, as well as similar to other biofeedback training codes. Additionally, code descriptor clarification may resolve the continued confusion about the intent and correct coding for 90901. The RUC recommends that CPT codes 90901, 90902 and 90903 be referred to the September 2024 CPT Editorial Panel meeting for revision. In September 2024, the CPT Editorial Panel postponed this issue and indicated clarifications necessary for the submitters to address prior to the next submission.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
90912	**Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient**	Negative IWPUT	April 2024	ACOG, APTA, AUA	February 2025; Sep 2024; Feb 2019-EC

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 90901 via the high volume growth screen with 2021 Medicare utilization of 10,000 or more than increased by at least 100% from 2016 through 2021. In September 2023, the Workgroup reviewed the action plan for CPT code 90901 and agreed with the specialty societies that 90901, along with the other services in this code family (90912 and 90913) be surveyed for the April 2024 RUC meeting. The specialty society also requested changing the global period from 010-day to a 000-day global period to account for variability in the site of service based on the patient presentation and specialty societies performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the code family through the CPT process before surveying. The specialty societies noted that the current code descriptor for CPT code 90901 is not well understood based on their review of past RUC rationales for valuation, claims data, and the vignettes used for review in 1995 and 1996 by the RUC and HCPAC. In the 1995 RUC rationale, the vignette described 45–60-minute sessions (and brief 30-minute sessions) and included information about psychiatrists and psychologists, though it is unclear who was surveyed. However, the 1996 RUC rationale of the HCPAC review is based on a different vignette, considered a CMD five-year-review comment, and was surveyed by physical therapists, which led to a reduction of the work RVU from 0.89 to 0.41 based on comparison to a time-based therapy code, CPT code 97110. The specialty societies note that although 90901 is not time-based, the comparison for the current value was to a 15-minute time-based code despite the current intra-service time being 45 minutes. In their letter to request a referral to CPT for this code family, the specialty societies proposed revising the code descriptor for CPT code 90901 to be consistent with other physical therapy time-based and modality codes, as well as similar to other biofeedback training codes. Additionally, code descriptor clarification may resolve the continued confusion about the intent and correct coding for 90901. The RUC recommends that CPT codes 90901, 90902 and 90903 be referred to the September 2024 CPT Editorial Panel meeting for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
90913	**Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (List separately in addition to code for primary procedure)**	Negative IWPUT	April 2024	ACOG, APTA, AUA	February 2025; Sep 2024; Feb 2019-EC

Background: In April 2023, the Relativity Assessment Workgroup (RAW) identified CPT code 90901 via the high volume growth screen with 2021 Medicare utilization of 10,000 or more than increased by at least 100% from 2016 through 2021. In September 2023, the Workgroup reviewed the action plan for CPT code 90901 and agreed with the specialty societies that 90901, along with the other services in this code family (90912 and 90913) be surveyed for the April 2024 RUC meeting. The specialty society also requested changing the global period from 010-day to a 000-day global period to account for variability in the site of service based on the patient presentation and specialty societies performing the procedure. However, when the specialty societies were preparing to survey the services, they determined they could not proceed and instead requested to revise the code family through the CPT process before surveying. The specialty societies noted that the current code descriptor for CPT code 90901 is not well understood based on their review of past RUC rationales for valuation, claims data, and the vignettes used for review in 1995 and 1996 by the RUC and HCPAC. In the 1995 RUC rationale, the vignette described 45–60-minute sessions (and brief 30-minute sessions) and included information about psychiatrists and psychologists, though it is unclear who was surveyed. However, the 1996 RUC rationale of the HCPAC review is based on a different vignette, considered a CMD five-year-review comment, and was surveyed by physical therapists, which led to a reduction of the work RVU from 0.89 to 0.41 based on comparison to a time-based therapy code, CPT code 97110. The specialty societies note that although 90901 is not time-based, the comparison for the current value was to a 15-minute time-based code despite the current intra-service time being 45 minutes. In their letter to request a referral to CPT for this code family, the specialty societies proposed revising the code descriptor for CPT code 90901 to be consistent with other physical therapy time-based and modality codes, as well as similar to other biofeedback training codes. Additionally, code descriptor clarification may resolve the continued confusion about the intent and correct coding for 90901. The RUC recommends that CPT codes 90901, 90902 and 90903 be referred to the September 2024 CPT Editorial Panel meeting for revision.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
92507	**Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual**	CMS Request/Speech Language Pathology Request / High Volume Growth 3 / High Volume Growth10	September 2024	ASHA	September 2025

Background: In April 2024, this service was identified via the high volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022. The Workgroup requests that the specialty societies submit an action plan for codes for September 2024. In September 2024, the RUC recommended referral to CPT to reflect current practice patterns and modernize the descriptions of treatment services currently captured under CPT code 92507.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
92546	**Sinusoidal vertical axis rotational testing**	CMS-Other - Utilization over 250,000 / Codes Reported Together 75% or More-Part7	September 2024	AAA, AAO-HNS, AAN, ASHA	May 2025

Background: In April 2024, the Relativity Assessment Workgroup identified code pair 92546/92540 as performed by the same physician on the same date of service 75% of the time or more based on 2022 Medicare Utilization data. In September 2024, the Workgroup reviewed the action plan and recommended referral to CPT to revise the descriptor for code 92546 to clarify the service and it should no longer typically be reported with code 92540 more than 75% of the time.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95800	**Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time**	CMS Fastest Growing / High Volume Growth10	September 2024	AAN, ACCP/ATS, AASM	February 2025

Background: In April 2024, this service was identified via the high volume growth screen, with Medicare utilization of 10,000 or more that has increased by at least 100% from 2017 through 2022. The Workgroup requests that the specialty societies submit an action plan for codes for September 2024. In September 2024, the RUC recommended referral to CPT. The specialty societies submitted a CCA for Sept 2024 CPT meeting to delete the current code family and replace it with a set of codes that more accurately reflect current medical practice and technologies. However, this tab was withdrawn at CPT due to the many issues identified by the Panel reviewers. The specialty societies indicated that they have drafted a new CCA and plan to submit it for the February 2025 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95921	**Testing of autonomic nervous system function; cardiovagal innervation (parasympathetic function), including 2 or more of the following: heart rate response to deep breathing with recorded R-R interval, Valsalva ratio, and 30:15 ratio**	Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1 / Different Performing Specialty from Survey3 / Codes Reported Together 75% or More-Part7	September 2024	AAFP, AAN, AANEM, ACP	February 2025

Background: For code pair 95921/95922, the Relativity Assessment Workgroup acknowledged that the rationale for increased utilization remains unclear. Thus, the dominant specialties for these two codes (Family Medicine and Internal Medicine) were requested to provide the following information regarding 95921 and 95922: What are the clinically appropriate scenarios for reporting each service? What is the description of service? What are the clinically appropriate scenarios when these servic AAFP and ACP indicated that they do not have an explanation for the increased utilization as their physicians indicated that they do not typically perform these services. In 2008, a CPT Assistant article was published to correct inappropriate reporting by clarifying that a tilt table is required in the provision of the service. However, Medicare claims data indicate that the attempted coding education was not effective. In April 2011, the RUC recommended this code be referred to CPT to revise the descriptor to include the use of a tilt table and refer those who do not use a tilt table in autonomic testing to use an unlisted code, which was addressed at the February 2012 (Tab 17) CPT meeting. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The RUC noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured. In September 2024, the Relativity Assessment Workgroup identified 95921 and 95923 as via the Codes Reported Together 75% or more screen. In September 2024, the RUC recommended referral to CPT. The specialty societies noted that they submitted a CCA for the Sept 2024 CPT meeting with revisions to the current autonomic function testing code set and the creation of a new Category I code to more accurately reflect current clinical practice and technologies. However, this issue was withdrawn from CPT based on feedback from specialty society comments and Editorial Panel reviewers. The specialty societies will revise the CCA to address concerns with reported together utilization The specialty societies will resubmit a CCA for the February 2025 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95922	**Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including beat-to-beat blood pressure and R-R interval changes during Valsalva maneuver and at least 5 minutes of passive tilt**	High Volume Growth1 / CMS Fastest Growing / Different Performing Specialty from Survey / Codes Reported Together 75% or More-Part1	September 2023	AAFP, AAN, AANEM, ACP	February 2025

Background: For code pair 95921/95922, the Relativity Assessment Workgroup acknowledged that the rationale for increased utilization remains unclear. Thus, the dominant specialties for these two codes (Family Medicine and Internal Medicine) were requested to provide the following information regarding 95921 and 95922: What are the clinically appropriate scenarios for reporting each service? What is the description of service? What are the clinically appropriate scenarios when these servic AAFP and ACP indicated that they do not have an explanation for the increased utilization as their physicians indicated that they do not typically perform these services. In 2008, a CPT Assistant article was published to correct inappropriate reporting by clarifying that a tilt table is required in the provision of the service. However, Medicare claims data indicate that the attempted coding education was not effective. In April 2011, the RUC recommended this code be referred to CPT to revise the descriptor to include the use of a tilt table and refer those who do not use a tilt table in autonomic testing to use an unlisted code, which was addressed at the February 2012 (Tab 17) CPT meeting. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The RUC noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95923	**Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (QSART), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential**	Codes Reported Together 75% or More-Part1 / High Volume Growth6 / Codes Reported Together 75% or More-Part7	September 2024	AAFP, AAN, AANEM, ACP	February 2025

Background: In October 2019, the Workgroup identified this service with Medicare utilization of 10,000 or more and has increased by at least 100% from 2013 through 2018e. The Workgroup requests action plans for review at the January 2020 Relativity Assessment Workgroup meeting. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured. In September 2024, the Relativity Assessment Workgroup identified 95921 and 95923 as via the Codes Reported Together 75% or more screen. In September 2024, the RUC recommended referral to CPT. The specialty societies noted that they submitted a CCA for the Sept 2024 CPT meeting with revisions to the current autonomic function testing code set and the creation of a new Category I code to more accurately reflect current clinical practice and technologies. However, this issue was withdrawn from CPT based on feedback from specialty society comments and Editorial Panel reviewers. The specialty societies will revise the CCA to address concerns with reported together utilization The specialty societies will resubmit a CCA for the February 2025 CPT meeting.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
95924	**Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt**	Codes Reported Together 75% or More-Part1	September 2023	AAFP, AAN, AANEM, ACP	February 2025

Background: CPT Feb 2012 the CPT Editorial Panel established two new codes with instructional guidelines to report autonomic function testing. In April 2012, The RUC determined that the survey results for 95924 was too low (26 responses). There was also confusion about what is described in 95924 which may have resulted in invalid physician time for this service. The RUC recommended an interim value for 95924. In January 2020, the RUC recommended to refer codes 95921-95924 to CPT Assistant in 2020 to clarify correct coding on how to report these services. The RAW would review the specialty mix again in 3 years of those reporting the services (Sept 2023). In September 2023, the specialty societies indicated that the article included correct coding for autonomic testing services when a tilt table was used, clarity on terminology used in the code descriptor language of the code set, and clinical examples for each code. The intent of the article was to reduce the occurrence of any miscoding that may be contributing to the total utilization and understand if the shift in dominant specialties was now typical. The Workgroup examined these services and indicated that the decrease in utilization in 2020 may not be attributable to the CPT article but to due to the COVID-19 pandemic. The Workgroup noted that these services are typically reported with one another and the code family should be referred to CPT to be restructured.

		Screen	RUC Meeting	Specialty Society:	CPT Meeting
G0396	**Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes**	CMS-Other - Utilization over 30,000	January 2018	AAFP, ASA	Time Uncertain

Background: In October 2017, the RAW requested that AMA staff compile a list of CMS/Other codes with Medicare utilization of 30,000 or more. This list resulted in 34 services and the RAW requested action plans to be reviewed at the January 2018 meeting. In January 2018, the RUC recommended to maintain the physician work and refer to CPT to editorially remove "screening" from 99408 and 99409 to "assessment" to mirror G0396. At the February 2018 CPT meeting, the Panel postponed until time uncertain this request to revise codes 99408-99409 to identify assessment of alcohol and/or substance abuse. As a rationale for postponement, the Panel said that the service described in this application did not meet the General Criteria for Category I because the proposed service is not unique or well defined, and does not describe a service that is clearly identified and distinguished from existing services already described in CPT by other codes. The Panel's additional rationale for postponement of this item was to allow the relevant specialty societies an opportunity to submit a new code change application to address the differences between assessment and screening services.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
11305	**Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less**	CMS High Expenditure Procedural Codes1 / Different Performing Specialty from Survey6	September 2024	Refer to CPT Assistant. 0.80	AAD	

Background: Validated physician work for April 2012 prior to review of Mohs surgery codes (17311-17315) in April 2013. In April 2024, the Relativity Assessment Workgroup identified this service it based on 2022 Medicare utilization more than 10,000 and where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. The Workgroup requests action plans for September 2024. In September 2024, the RUC recommended referral to CPT Assistant to specifically address correct coding for shaving versus paring and accurate reporting of 11300-11313 versus 11055-11057.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
11308	**Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm**	CMS High Expenditure Procedural Codes1 / Different Performing Specialty from Survey6	September 2024	Refer to CPT Assistant. 1.46	AAD	

Background: Validate physician work for April 2012 prior to review of Mohs surgery codes (17311-17315) in April 2013. In April 2024, the Relativity Assessment Workgroup identified this service it based on 2022 Medicare utilization more than 10,000 and where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. The Workgroup requests action plans for September 2024. In September 2024, the RUC recommended referral to CPT Assistant to specifically address correct coding for shaving versus paring and accurate reporting of 11300-11313 versus 11055-11057.

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
60240	**Thyroidectomy, total or complete**	CPT Referral to the RUC	January 2025	Refer to CPT Assistant	AAO-HNS, ACS	

Background: At the October 2021, CPT Editorial Panel meeting, the CPT Executive Committee (EC) referrals were presented to the CPT Editorial Panel. The recommendations of the Executive Committee were accepted through a consent calendar, with the following single extraction: Tab I: Other Business - Issue 2: Tab 28 - Thyroidectomy 60260 Parenthetical Deletion. The Panel Chair provided an overview of the issue, which was derived from a previous CPT Assistant Editorial Board recommendation regarding proper coding for CPT code 60260. Specifically, the Editorial Board was seeking clarity on whether the code referred to removal of a lobe of the thyroid, or to removal of all remaining thyroid tissue. The AAO-HNS attempted to address this issue via a CCA (Tab 28) submitted for the October 2021 meeting. However, based on additional feedback from the ACS Advisors and Panel reviewers, it was withdrawn prior to the meeting. Given the withdraw, the EC, during their deliberations, discussed potential next steps. The Panel discussed precedent for sending something back to the RUC. The EC members noted that while this may be rare, it provided an opportunity for the RUC to potentially address an issue that goes beyond just code structure. Furthermore, having the issue tracked as part of a RUC screen/issue may ensure the issue gets addressed through additional mechanisms for tracking and feedback. The Panel approved the EC recommendation to refer this issue to the RUC to further consider whether CPT codes 60240 and 60260 represent a rank order anomaly. In July 2024, AMA RUC staff were asked the status of this issue and noted that they missed this referral. The Relativity Assessment Workgroup should discuss this issue at the September 2024 meeting to determine how to address it. The Workgroup reviewed this referral and recommends that the specialty societies submit an action plan for the January 2025 meeting for CPT codes 60240 and 60260 on how to address these services. In January 2025, the Workgroup discussed the possible work order anomaly with 60240 and 60260. The specialties explained that there is not a rank order anomaly between 60240 and 60260. The pre/intra/post service times are relatively the same, but the post-operative visits are quite different. CPT code 60260 requires post-operative hospital visits, whereas CPT 60240 does not, which is primary reason for the difference in work RVU. The post-operative hospital visits in CPT code 60260 (1-99231 and 1-99232) are necessary to monitor the patient's calcium levels every few hours. Patient's who have had a previous operation on the neck must be monitored to ensure that the parathyroid glands were not disrupted, in turn disrupting the patient's regulation of calcium levels. Therefore, the patient must stay in the hospital longer to ensure they are stable. The Workgroup agreed with the specialty societies that there is not a rank order anomaly between 60240 and 60260 and will notify the CPT Editorial Panel/CPT Assistant Board and agreed that this issue be referred to CPT Assistant to develop an article that revises the 2010 CPTA Q&A guidance and includes numerous clinical examples to support education about correct coding for thyroidectomy procedures.

RUC Recommendations to Develop CPT Assistant Articles - Outstanding Issues

		Screen:	RUC Meeting:	RUC Rec:	Specialty Society:	CPT Asst Status:
60260	**Thyroidectomy, removal of all remaining thyroid tissue following previous removal of a portion of thyroid**	CPT Referral to the RUC	January 2025	Refer to CPT Assistant	AAO-HNS, ACS	

Background: At the October 2021, CPT Editorial Panel meeting, the CPT Executive Committee (EC) referrals were presented to the CPT Editorial Panel. The recommendations of the Executive Committee were accepted through a consent calendar, with the following single extraction: Tab I: Other Business - Issue 2: Tab 28 - Thyroidectomy 60260 Parenthetical Deletion. The Panel Chair provided an overview of the issue, which was derived from a previous CPT Assistant Editorial Board recommendation regarding proper coding for CPT code 60260. Specifically, the Editorial Board was seeking clarity on whether the code referred to removal of a lobe of the thyroid, or to removal of all remaining thyroid tissue. The AAO-HNS attempted to address this issue via a CCA (Tab 28) submitted for the October 2021 meeting. However, based on additional feedback from the ACS Advisors and Panel reviewers, it was withdrawn prior to the meeting. Given the withdraw, the EC, during their deliberations, discussed potential next steps. The Panel discussed precedent for sending something back to the RUC. The EC members noted that while this may be rare, it provided an opportunity for the RUC to potentially address an issue that goes beyond just code structure. Furthermore, having the issue tracked as part of a RUC screen/issue may ensure the issue gets addressed through additional mechanisms for tracking and feedback. The Panel approved the EC recommendation to refer this issue to the RUC to further consider whether CPT codes 60240 and 60260 represent a rank order anomaly. In July 2024, AMA RUC staff were asked the status of this issue and noted that they missed this referral. The Relativity Assessment Workgroup should discuss this issue at the September 2024 meeting to determine how to address it. The Workgroup reviewed this referral and recommends that the specialty societies submit an action plan for the January 2025 meeting for CPT codes 60240 and 60260 on how to address these services. In January 2025, the Workgroup discussed the possible work order anomaly with 60240 and 60260. The specialties explained that there is not a rank order anomaly between 60240 and 60260. The pre/intra/post service times are relatively the same, but the post-operative visits are quite different. CPT code 60260 requires post-operative hospital visits, whereas CPT 60240 does not, which is primary reason for the difference in work RVU. The post-operative hospital visits in CPT code 60260 (1-99231 and 1-99232) are necessary to monitor the patient's calcium levels every few hours. Patient's who have had a previous operation on the neck must be monitored to ensure that the parathyroid glands were not disrupted, in turn disrupting the patient's regulation of calcium levels. Therefore, the patient must stay in the hospital longer to ensure they are stable. The Workgroup agreed with the specialty societies that there is not a rank order anomaly between 60240 and 60260 and will notify the CPT Editorial Panel/CPT Assistant Board and agreed that this issue be referred to CPT Assistant to develop an article that revises the 2010 CPTA Q&A guidance and includes numerous clinical examples to support education about correct coding for thyroidectomy procedures.

Physician Time from RUC Meeting:
January 2025 (CPT 2026)

CPT Code	Pre-Service Time Package	Pre-Service Evaluation	Pre-Service Positioning	Pre-Service Scrub Dress & Wait	Intra-Service	Post-Service Time Package	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
28750	3-FAC Straightforward Patient/Difficu	33	10	10	60	9B General Anes or Complex Reg	15		1	2	1					0.5				249
28755	3-FAC Straightforward Patient/Difficu	33	10	10	45	9B General Anes or Complex Reg	15		1	2	1					0.5				234
33880	4-FAC Difficult Patient/Difficult Proce	100	15	15	120	9B General Anes or Complex Reg	30			1	1			1	1	1		1		546
33881	4-FAC Difficult Patient/Difficult Proce	85	15	15	110	9B General Anes or Complex Reg	30			1	1			2		1		1		506
33883	4-FAC Difficult Patient/Difficult Proce	85	15	15	90	9B General Anes or Complex Reg	30			1	1			2		1		1		486
33886	4-FAC Difficult Patient/Difficult Proce	85	15	15	90	9B General Anes or Complex Reg	30			1	1			2		1		1		486
63030	4-FAC Difficult Patient/Difficult Proce	40	15	15	90	9B General Anes or Complex Reg	40			2	1					0.5				305
63035	ZZZ Global Code				60	ZZZ Global Code														60
77387	XXX Global Code	3			10	XXX Global Code	3													16
90480	XXX Global Code				7	XXX Global Code														7
98980	XXX Global Code				24	XXX Global Code														24
98981	ZZZ Global Code				20	ZZZ Global Code														20
99091	XXX Global Code				30	XXX Global Code														30
99457	XXX Global Code				14	XXX Global Code														14
99458	XXX Global Code				16	XXX Global Code														16
99474	XXX Global Code	3			5	XXX Global Code	2													10
0596T	6-NF Proc w local/topical anes care re	25	5	5	20	7A Local/Simple Procedure	10													65
0597T	6-NF Proc w local/topical anes care re	10	5	5	10	7A Local/Simple Procedure	6													36
33882	4-FAC Difficult Patient/Difficult Proce	100	20	15	180	9B General Anes or Complex Reg	40			1	1			1	1	1		1		621
35602	4-FAC Difficult Patient/Difficult Proce	40	15	15	150	9B General Anes or Complex Reg	30			1	1			2	1	1				486
37255	ZZZ Global Code				30	ZZZ Global Code														30
37256	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	80	8A IV Sedation/Simple Procedure	30													148
37257	ZZZ Global Code				36	ZZZ Global Code														36
37258	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	75	8A IV Sedation/Simple Procedure	30													143
37259	ZZZ Global Code				40	ZZZ Global Code														40
37260	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	117	8A IV Sedation/Simple Procedure	30													185
37261	ZZZ Global Code				44	ZZZ Global Code														44
37262	ZZZ Global Code				30	ZZZ Global Code														30
37263	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	60	8A IV Sedation/Simple Procedure	30													128
37264	ZZZ Global Code				30	ZZZ Global Code														30
37265	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	90	8A IV Sedation/Simple Procedure	30													158
37266	ZZZ Global Code				40	ZZZ Global Code														40
37267	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	75	8A IV Sedation/Simple Procedure	30													143
37268	ZZZ Global Code				35	ZZZ Global Code														35
37269	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	110	8A IV Sedation/Simple Procedure	30													178
37270	ZZZ Global Code				52	ZZZ Global Code														52
37271	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	90	8A IV Sedation/Simple Procedure	30													158
37272	ZZZ Global Code				43	ZZZ Global Code														43
37273	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	118	8A IV Sedation/Simple Procedure	30													186
37274	ZZZ Global Code				60	ZZZ Global Code														60
37275	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	115	8A IV Sedation/Simple Procedure	30													183
37276	ZZZ Global Code				45	ZZZ Global Code														45
37277	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	123	8A IV Sedation/Simple Procedure	30													191
37278	ZZZ Global Code				60	ZZZ Global Code														60
37279	ZZZ Global Code				40	ZZZ Global Code														40
37280	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	90	8A IV Sedation/Simple Procedure	30													158
37281	ZZZ Global Code				30	ZZZ Global Code														30
37282	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	100	8A IV Sedation/Simple Procedure	30													168
37283	ZZZ Global Code				45	ZZZ Global Code														45
37284	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	100	8A IV Sedation/Simple Procedure	30													168
37285	ZZZ Global Code				35	ZZZ Global Code														35
37286	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	120	8A IV Sedation/Simple Procedure	30													188
37287	ZZZ Global Code				50	ZZZ Global Code														50
37288	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	120	8A IV Sedation/Simple Procedure	30													188
37289	ZZZ Global Code				45	ZZZ Global Code														45
37290	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	150	8A IV Sedation/Simple Procedure	30													218
37291	ZZZ Global Code				60	ZZZ Global Code														60
37292	2-FAC Diff Pat/Straightfor Proc(no seq	30	3	5	142	8A IV Sedation/Simple Procedure	30													210
37293	ZZZ Global Code				60	ZZZ Global Code														60

Physician Time from RUC Meeting:
January 2025 (CPT 2026)

CPT Code	Pre-Service Time Package	Pre-Service Evaluation	Pre-Service Positioning	Pre-Service Scrub Dress & Wait	Intra-Service	Post-Service Time Package	Immediate Post Service	99211	99212	99213	99214	99215	99231	99232	99233	99238	99239	99291	99292	Total Time
37294	2-FAC Diff Pat/Straightfor Proc(no sed	30	3	5	170	8A IV Sedation/Simple Procedure	30													238
37295	ZZZ Global Code				75	ZZZ Global Code														75
37296	2-FAC Diff Pat/Straightfor Proc(no sed	30	3	5	100	8A IV Sedation/Simple Procedure	30													168
37297	ZZZ Global Code				40	ZZZ Global Code														40
37298	2-FAC Diff Pat/Straightfor Proc(no sed	30	3	5	120	8A IV Sedation/Simple Procedure	30													188
37299	ZZZ Global Code				45	ZZZ Global Code														45
37254	2-FAC Diff Pat/Straightfor Proc(no sed	30	3	5	60	8A IV Sedation/Simple Procedure	30													128
47384	4-FAC Difficult Patient/Difficult Proce	40	15	15	90	9B General Anes or Complex Reg	30													190
43889	4-FAC Difficult Patient/Difficult Proce	40	3	15	90	9B General Anes or Complex Reg	43			3						0.5				276
52443	3-FAC Straightforward Patient/Difficu	30	8	9	30	8A IV Sedation/Simple Procedure	15													92
55877	3-FAC Straightforward Patient/Difficu	45	10	7	90	9A General Anes or Complex Reg	20			1	1					0.5				254
62330	4-FAC Difficult Patient/Difficult Proce	40	10	10	45	8B IV Sedation/Complex Procedu	15			3						0.5				208
62331	ZZZ Global Code				43	ZZZ Global Code														43
64728	1-FAC Straightforw Pat/Procedure(no	18	3	6	20	7A Local/Simple Procedure	10													57
64659	2-FAC Diff Pat/Straightfor Proc(no sed	18	1	15	76	8A IV Sedation/Simple Procedure	40			1						0.5				192
64567	XXX Global Code	11			20	XXX Global Code	8													39
64654	4-FAC Difficult Patient/Difficult Proce	40	15	15	90	9B General Anes or Complex Reg	50			1						0.5				252
64655	4-FAC Difficult Patient/Difficult Proce	40	15	15	90	9B General Anes or Complex Reg	40			1						0.5				242
64656	2-FAC Diff Pat/Straightfor Proc(no sed	18	1	15	71	8A IV Sedation/Simple Procedure	40			1						0.5				187
64657	4-FAC Difficult Patient/Difficult Proce	40	15	15	115	9B General Anes or Complex Reg	50			1						0.5				277
64658	4-FAC Difficult Patient/Difficult Proce	40	15	15	90	9B General Anes or Complex Reg	40			1						0.5				242
63032	ZZZ Global Code				21	ZZZ Global Code														21
75577	XXX Global Code	5			15	XXX Global Code	7													27
77436	XXX Global Code	7			19	XXX Global Code	10													36
77439	ZZZ Global Code				10	Select Post-Service Package														10
93145	XXX Global Code	7			10	XXX Global Code	5													22
93146	XXX Global Code	8			15	XXX Global Code	7													30
98979	XXX Global Code				16	XXX Global Code														16
98985	XXX Global Code				10	XXX Global Code														10

Detailed Description of Pre-Service Time Packages (Minutes)

		FACILITY				NON-FAC	
		1	2	3	4	5**	6
	Total Pre-Service Time	**20**	**25**	**51**	**63**	**8**	**23**
	CATEGORY SUBTOTALS						
A	Pre-Service Evaluation (IWPUT =0.0224)	13	18	33	40	7	17
B	Pre-Service Positioning (IWPUT = 0.0224)	1	1	3	3	0	1
C	Pre-Service Scrub, Dress and Wait (IWPUT =0.0081)	6	6	15	20	1	5
	DETAILS						
A	History and Exam (Performance and review of appropriate Pre-Tests)	5	10	10	15	4	9
A	Prepare for Procedure (Check labs, plan, assess risks, review procedure)	2	2	2	4	1	1
A	Communicate with patient and/or family (Discuss procedure/ obtain consent)	3	3	5	5	2	3
A	Communicate with other professionals	0	0	5	5	0	2
A	Check/set-up room, supplies and equipment	1	1	5	5	0	1
A	Check/ prepare patient readiness (Gown, drape, prep, mark)	1	1	5	5	0	1
A	Prepare/ review/ confirm procedure	1	1	1	1	0	0
B	Perform/ supervise patient positioning	1	1	3	3	0	1
C	Administer local/topical anesthesia	1	1	0	0	1	5
C	Observe (wait anesthesia care)	0	0	10	15	0	0
C	Dress and scrub for procedure	5	5	5	5	0	0

**If the procedure does not require local anesthesia, 1 minute should be removed from pre-service time

1 Straightforward Patient/Straightforward Procedure (No anesthesia care)
2 Difficult Patient/Straightforward Procedure (No anesthesia care)
3 Straightforward Patient/Difficult Procedure
4 Difficult Patient/Difficult Procedure
5 Procedure with minimal anesthesia care (If no anesthesia care deduct 1 minute)
6 Procedure with local/topical anesthesia care requiring wait time for anesthesia to take effect

Additional Positioning Times for Spinal Surgical Procedures

SS1	Anterior Neck Surgery (Supine) (eg ACDF)	15 Minutes
SS2	Posterior Neck Surgery (Prone) (eg laminectomy)	25 Minutes
SS3	Posterior Thoracic/Lumbar (Prone) (eg laminectomy)	15 Minutes
SS4	Lateral Thoracic/Lumbar (Lateral) (eg corpectomy)	25 Minutes
SS5	Anterior Lumbar (Supine) (eg ALIF)	15 Minutes

Additional Positioning Times for Spinal Injection Procedures

SI1	Anterior Neck Injection (Supine) (eg discogram)	7 Minutes
SI2	Posterior Neck Injection (Prone) (eg facet)	5 Minutes
SI3	Posterior Thoracic/Lumbar (Prone) (eg epidural)	5 Minutes
SI4	Lateral Thoracic/Lumbar (Lateral) (eg discogram)	7 Minutes

Additional Positioning Times for Urological Procedures

U1	Dorsal Lithotomy	5 Minutes

Notes:

- Roll-over cells for additional detail where available
- Straightforward procedure: Integumentary, Non-incisional endoscopy, natural orifice

Detailed Description of Facility Based Post-Service Time Packages (Minutes)						
	7A Local Anesthesia/ Straightforward Procedure	**7B Local Anesthesia/ Complex Procedure**	**8A IV Sedation/ Straightforward Procedure**	**8B IV Sedation/ Complex Procedure**	**9A General Anesthesia or Complex Regional Block/ Straightforward Procedure**	**9B General Anesthesia or Complex Regional Block/Complex Procedure**
Total Post-Service Time	**18**	**21**	**25**	**28**	**30**	**33**
Details:						
Application of Dressing[1]	2	2	2	2	2	2
Transfer of supine patient off table	1	1	1	1	1	1
Operative Note	5	5	5	5	5	5
Monitor patient recovery/stabilization	1	1	5	5	10	10
Communication with patient and/or family	5	5	5	5	5	5
Written post-operative note	2	5	2	5	2	5
Post-Operative Orders and Order Entry	2	2	5	5	5	5

Advisors may request additional time for circumstances that require additional work beyond the type of work described

1 This represents a simple dressing

CPT	RUC Recommended PLI Crosswalk
28750	28750
28755	28755
33880	33880
33881	33881
33883	33883
33886	33886
63030	63030
63035	63035
77387	77014
77402	77373
77407	77373
77412	77373
77417	77373
90480	90460
98975	98980
98977	98975
98978	96156
98980	98980
98981	98981
99091	99091
99453	99453
99454	99454
99457	99457
99458	99458
99473	99473
99474	99474
0596T	0596T
0597T	0597T
33882	33881
35602	33886
37255	37222
37256	37220
37257	37222
37258	37221
37259	37223
37260	37221
37261	37223
37262	37220
37263	37224
37264	37226
37265	37224

37266	37226
37267	37226
37268	37226
37269	37226
37270	37226
37271	37225
37272	37226
37273	37225
37274	37226
37275	37227
37276	37226
37277	37227
37278	37226
37279	37226
37280	37228
37281	37232
37282	37228
37283	37232
37284	37230
37285	37234
37286	37230
37287	37234
37288	37229
37289	37233
37290	37229
37291	37233
37292	37231
37293	37235
37294	37231
37295	37235
37296	37229
37297	37229
37298	37229
37299	37229
37254	37220
47384	32994
43889	43497
52443	52284
55877	55880
62330	0275T
62331	0275T
64728	20526
64659	60600
64567	91110
64654	60600
64655	60600
64656	60600

64657	60600
64658	60600
63032	63030
75577	78451
77436	77261
77437	96567
77438	77373
77439	G6001
93145	93279
93146	93281
98985	98977
98986	96156
98979	98980
99445	99454
99470	99457
90481	90480
97007	96416
97008	96416
97009	96416

CPT Code	RBCS_ID (exluding 6th digit major/minor procedure indicator)	RBCS_Cat	RBCS_Cat_Desc	RBCS_Cat_Subcat	RBCS_SubCat_Desc	RBCS_FamNumb	RBCS_Family_Desc
28750	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
28755	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
33880	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
33881	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
33883	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
33886	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
63030	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
63035	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
77387	RRR9	R	Treatment	RR	Radiation oncology	9	Conventional Radiation Treatment
77402	RRR9	R	Treatment	RR	Radiation oncology	9	Conventional Radiation Treatment
77407	RRR9	R	Treatment	RR	Radiation oncology	9	Conventional Radiation Treatment
77412	RRR9	R	Treatment	RR	Radiation oncology	9	Conventional Radiation Treatment
77417	RRR9	R	Treatment	RR	Radiation oncology	9	Conventional Radiation Treatment
90480	RRI11	R	Treatment	RI	Injections and infusions (nononcologic)	11	Vaccine - Toxoids
98975	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
98977	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
98978	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
98980	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
98981	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
99091	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
99453	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
99454	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
99457	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
99458	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
99473	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
99474	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
0596T	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
0597T	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
33882	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
35602	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37255	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37256	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37257	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37258	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37259	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37260	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37261	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37262	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37263	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37264	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37265	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37266	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37267	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37268	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37269	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37270	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37271	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37272	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37273	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37274	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37275	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37276	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37277	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37278	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37279	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37280	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37281	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37282	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37283	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37284	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37285	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37286	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37287	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37288	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37289	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37290	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37291	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37292	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37293	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37294	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37295	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37296	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37297	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37298	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37299	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
37254	PPV0	P	Procedure	PV	Vascular	0	No RBCS Family
47384	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
43889	PPG0	P	Procedure	PG	Digestive/Gastrointestinal	0	No RBCS Family
52443	PPO10	P	Procedure	PO	Other Organ Systems	10	Cystourethroscopy
55877	PPO0	P	Procedure	PO	Other Organ Systems	0	No RBCS Family
62330	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
62331	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
64728	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family
64659	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
64567	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
64654	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
64655	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
64656	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
64657	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
64658	PPC0	P	Procedure	PC	Cardiovascular	0	No RBCS Family
63032	PPM0	P	Procedure	PM	Musculoskeletal	0	No RBCS Family

75577	IIC7	I	Imaging	IC	CT Scan	7	CT/CTA - Chest
77436	RRR9	R	Treatment	RR	Radiation oncology	9	Conventional Radiation Treatment
77437	RRR9	R	Treatment	RR	Radiation oncology	9	Conventional Radiation Treatment
77438	RRR9	R	Treatment	RR	Radiation oncology	9	Conventional Radiation Treatment
77439	RRR9	R	Treatment	RR	Radiation oncology	9	Conventional Radiation Treatment
93145	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
93146	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
98985	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
98986	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
98979	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
99445	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
99470	TTX0	T	Test	TX	Test - Miscellaneous	0	No RBCS Family
90481	RRI11	R	Treatment	RI	Injections and infusions (nononcologic)	11	Vaccine - Toxoids
97007	RRX0	R	Treatment	RX	Treatment - Miscellaneous	0	No RBCS Family
97008	RRX0	R	Treatment	RX	Treatment - Miscellaneous	0	No RBCS Family
97009	RRX0	R	Treatment	RX	Treatment - Miscellaneous	0	No RBCS Family

CPT Source	Deleted	Source 2023 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2023)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
33880		889	33880	889	1.000	34.58	30.00	05 Thoracic Branch Endograft Services	26,670	30,742
36200		12,028	Bundled into 33880	889	0.074	2.77	0.00	05 Thoracic Branch Endograft Services	0	2,463
75956	D	681	Bundled into 33880	681	1.000	7.00	0.00	05 Thoracic Branch Endograft Services	0	4,767
33881		1,407	33881	1,407	1.000	29.58	26.75	05 Thoracic Branch Endograft Services	37,637	41,619
36200		12,028	Bundled into 33881	1,407	0.117	2.77	0.00	05 Thoracic Branch Endograft Services	0	3,897
75957	D	1,075	Bundled into 33881	1,075	1.000	6.00	0.00	05 Thoracic Branch Endograft Services	0	6,450
33999		1,686	33882	34	0.020	0.00	39.00	05 Thoracic Branch Endograft Services	1,315	0
33999		1,686	33999	1,652	0.980	0.00	0.00	05 Thoracic Branch Endograft Services	0	0
33883		286	33883	286	1.000	21.09	24.25	05 Thoracic Branch Endograft Services	6,936	6,032
36200		12,028	Bundled into 33883	286	0.024	2.77	0.00	05 Thoracic Branch Endograft Services	0	792
75958	D	229	Bundled into 33883	229	1.000	4.00	0.00	05 Thoracic Branch Endograft Services	0	916
33884	D	42	Bundled into 33883	42	1.000	8.20	0.00	05 Thoracic Branch Endograft Services	0	344
33886		165	33886	165	1.000	18.09	23.50	05 Thoracic Branch Endograft Services	3,878	2,985
36200		12,028	Bundled into 33886	165	0.014	2.77	0.00	05 Thoracic Branch Endograft Services	0	457
75959	D	130	Bundled into 33886	130	1.000	3.50	0.00	05 Thoracic Branch Endograft Services	0	455
33891	D	34	35602	34	1.000	20.00	27.40	05 Thoracic Branch Endograft Services	932	680
36200		12,028	36200	9,281	0.772	2.77	2.77	05 Thoracic Branch Endograft Services	25,708	25,708
33889	D	69	35694	69	1.000	15.92	0.00	05 Thoracic Branch Endograft Services	0	1,098
37225	D	38,122	37271	26,685	0.700	11.75	9.00	06 Lower Extremity Revascularization	240,166	313,550
37229	D	37,066	37288	18,533	0.500	13.80	13.50	06 Lower Extremity Revascularization	250,196	255,755
37229	D	37,066	37290	18,533	0.500	13.80	17.00	06 Lower Extremity Revascularization	315,061	255,755
37221	D	23,950	37258	20,358	0.850	9.75	8.75	06 Lower Extremity Revascularization	178,129	198,487
37227	D	18,199	37275	12,739	0.700	14.25	11.00	06 Lower Extremity Revascularization	140,130	181,532
37224	D	26,393	27263	18,475	0.700	8.75	7.75	06 Lower Extremity Revascularization	143,179	161,654
37225	D	38,122	37273	11,437	0.300	11.75	12.63	06 Lower Extremity Revascularization	144,448	134,384
37228	D	26,878	37280	12,095	0.450	10.75	9.80	06 Lower Extremity Revascularization	118,528	130,018
37228	D	26,878	37282	12,095	0.450	10.75	12.31	06 Lower Extremity Revascularization	148,885	130,018
37226	D	16,061	37267	11,243	0.700	10.24	8.75	06 Lower Extremity Revascularization	98,374	115,125
37227	D	18,199	37277	5,460	0.300	14.25	15.00	06 Lower Extremity Revascularization	81,898	77,803
37224	D	26,393	37265	7,918	0.300	8.75	10.50	06 Lower Extremity Revascularization	83,142	69,285
37220	D	10,301	37254	8,756	0.850	7.90	7.30	06 Lower Extremity Revascularization	63,921	69,175
37226	D	16,061	37269	4,818	0.300	10.24	14.75	06 Lower Extremity Revascularization	71,070	49,339
37221	D	23,950	37260	3,592	0.150	9.75	12.69	06 Lower Extremity Revascularization	45,587	35,026
37228	D	26,878	37296	2,419	0.090	10.75	11.00	06 Lower Extremity Revascularization	26,604	25,999
+37233	D	7,277	+37289	3,639	0.500	6.50	4.75	06 Lower Extremity Revascularization	17,285	23,653
+37233	D	7,277	+37291	3,639	0.500	6.50	6.50	06 Lower Extremity Revascularization	23,653	23,653

CPT Source	Deleted	Source 2023 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2023)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
+37232	D	11,143	+37281	5,014	0.450	4.00	3.00	06 Lower Extremity Revascularization	15,042	20,056
+37232	D	11,143	+37283	5,014	0.450	4.00	4.26	06 Lower Extremity Revascularization	21,360	20,056
37231	D	2,625	37292	1,313	0.500	14.75	15.00	06 Lower Extremity Revascularization	19,688	19,359
37231	D	2,625	37294	1,313	0.500	14.75	18.00	06 Lower Extremity Revascularization	23,625	19,359
+37223	D	3,476	+37259	2,954	0.850	4.25	4.00	06 Lower Extremity Revascularization	11,818	12,556
37230	D	1,838	37284	919	0.500	13.55	10.00	06 Lower Extremity Revascularization	9,194	12,458
37230	D	1,838	37286	919	0.500	13.55	14.24	06 Lower Extremity Revascularization	13,093	12,458
37220	D	10,301	37256	1,546	0.150	7.90	10.75	06 Lower Extremity Revascularization	16,615	12,210
+37222	D	2,728	+37255	2,318	0.850	3.73	3.00	06 Lower Extremity Revascularization	6,955	8,648
+37232	D	11,143	+37297	1,003	0.090	4.00	4.00	06 Lower Extremity Revascularization	4,011	4,011
37228	D	26,878	37298	269	0.010	10.75	13.70	06 Lower Extremity Revascularization	3,687	2,893
+37223	D	3,476	+37261	522	0.150	4.25	4.25	06 Lower Extremity Revascularization	2,217	2,217
+37222	D	2,728	+37257	410	0.150	3.73	3.89	06 Lower Extremity Revascularization	1,593	1,528
+37234	D	229	+37287	161	0.701	5.50	5.00	06 Lower Extremity Revascularization	803	883
+37235	D	101	+37295	71	0.701	7.80	8.16	06 Lower Extremity Revascularization	577	552
+37232	D	11,143	+37299	111	0.010	4.00	5.00	06 Lower Extremity Revascularization	556	445
+37234	D	229	+37285	68	0.299	5.50	3.34	06 Lower Extremity Revascularization	228	376
+37235	D	101	+37293	30	0.299	7.80	6.50	06 Lower Extremity Revascularization	197	236
Bundled into 37224	D	0	+37264	7,099	N/A	0.00	3.00	06 Lower Extremity Revascularization	21,297	0
Bundled into 37224	D	0	37266	1,253	N/A	0.00	4.44	06 Lower Extremity Revascularization	5,563	0
Bundled into 37226	D	0	+37268	1,075	N/A	0.00	3.73	06 Lower Extremity Revascularization	4,010	0
Bundled into 37226	D	0	+37270	1,075	N/A	0.00	5.00	06 Lower Extremity Revascularization	5,375	0
Bundled into 37225	D	0	+37272	3,764	N/A	0.00	4.00	06 Lower Extremity Revascularization	15,056	0
Bundled into 37225	D	0	+37274	3,764	N/A	0.00	5.50	06 Lower Extremity Revascularization	20,702	0
Bundled into 37227	D	0	+37276	531	N/A	0.00	4.25	06 Lower Extremity Revascularization	2,257	0
Bundled into 37227	D	0	+37278	1,238	N/A	0.00	6.00	06 Lower Extremity Revascularization	7,428	0
37799 (unlisted code)		5,541	+37262	800	0.144	0.00	3.00	06 Lower Extremity Revascularization	2,400	0
37799 (unlisted code)		5,541	+37279	3,000	0.541	0.00	4.00	06 Lower Extremity Revascularization	12,000	0
37799 (unlisted code)		5,541	37799 (unlisted code)	1,741	0.314	0.00	0.00	06 Lower Extremity Revascularization	0	0
43499		1,421	43889	1,279	0.900	0.00	13.50	07 Endoscopic Sleeve Gastroplasty	17,265	0
43499		1,421	43499	142	0.100	0.00	0.00	07 Endoscopic Sleeve Gastroplasty	0	0

CPT Source	Deleted	Source 2023 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2023)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
0600T		74	47384	23	0.304	0.00	9.41	08 Irreversible Electroporation of Tumors	212	0
0600T		74	55877	38	0.507	0.00	13.50	08 Irreversible Electroporation of Tumors	506	0
0600T		74	0600T	10	0.135	0.00	0.00	08 Irreversible Electroporation of Tumors	0	0
0619T	D	1	52443	1	1.000	0.00	3.62	09 Cystourethroscopy	4	0
0275T	D	12,787	62330	7,672	0.600	0.00	8.00	10 Percutaneous Interlaminar Lumbar Decompression	61,378	0
0275T	D	12,787	62331	5,115	0.400	0.00	4.25	10 Percutaneous Interlaminar Lumbar Decompression	21,738	0
62287	D	100	Savings	100	1.000	9.03	0.00	10 Percutaneous Interlaminar Lumbar Decompression	0	903
63030		17,304	63030	17,304	1.000	12.00	12.00	11 Laminotomy - Repair of Disc Defect	207,648	207,648
63035		3,481	63035	3,481	1.000	3.86	3.86	11 Laminotomy - Repair of Disc Defect	13,437	13,437
22899		796	63032	500	0.628	0.00	2.50	11 Laminotomy - Repair of Disc Defect	1,250	0
22899		796	22899	296	0.372	0.00	0.00	11 Laminotomy - Repair of Disc Defect	0	0
0266T	D	357	64654	357	1.000	0.00	11.00	12 Baroreflex Activation Therapy	3,927	0
0267T	D	4	64655	4	1.000	0.00	11.30	12 Baroreflex Activation Therapy	45	0
0268T	D	9	64656	9	1.000	0.00	8.01	12 Baroreflex Activation Therapy	72	0
0269T	D	1	64657	1	1.000	0.00	12.13	12 Baroreflex Activation Therapy	12	0
0270T	D	1	64658	1	1.000	0.00	8.95	12 Baroreflex Activation Therapy	9	0
0271T	D	1	64659	1	1.000	0.00	8.23	12 Baroreflex Activation Therapy	8	0
0272T	D	73	93145	73	1.000	0.00	0.79	12 Baroreflex Activation Therapy	58	0
0273T	D	378	93146	378	1.000	0.00	0.90	12 Baroreflex Activation Therapy	340	0
0720T	D	0	64567	0	0.000	0.00	1.50	13 Percutaneous Electrical Nerve Field Stimulation	0	0
64999		56,062	64728	2,500	0.045	0.00	2.70	14 Percutaneous Decompression of Median Nerve	6,750	0
64999		56,062	64999	53,562	0.955	0.00	0.00	14 Percutaneous Decompression of Median Nerve	0	0
0623T	D	104	75577	104	1.000	0.00	0.85	15 Coronary Atherosclerotic Plaque Assessment	88	0
0624T	D	1	75577-TC	1	1.000	0.00	0.00	15 Coronary Atherosclerotic Plaque Assessment	0	0
0625T	D	2	75577-TC	2	1.000	0.00	0.00	15 Coronary Atherosclerotic Plaque Assessment	0	0
0626T	D	8	75577	8	1.000	0.00	0.85	15 Coronary Atherosclerotic Plaque Assessment	7	0
77402		0	77402	0	1.000	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
77407		0	77407	0	1.000	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
77412		0	77412	0	1.000	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
77417		23,258	77417	23,258	1.000	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
77014	D	2,618,399	77387	2,618,399	1.000	0.85	0.70	16 Radiation Oncology Treatment Delivery	1,832,879	2,225,639
77386	D	0	Savings	0	1.000	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6002	D	757,516	77387	757,516	1.000	0.39	0.70	16 Radiation Oncology Treatment Delivery	530,261	295,431
G6003	D	58	77402	3	0.050	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6003	D	58	77407	29	0.500	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6003	D	58	77412	26	0.450	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6004	D	1,494	77402	75	0.050	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6004	D	1,494	77407	747	0.500	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6004	D	1,494	77412	672	0.450	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6005	D	486	77402	24	0.050	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6005	D	486	77407	243	0.500	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6005	D	486	77412	219	0.450	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6006	D	26	77402	1	0.050	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6006	D	26	77407	13	0.500	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6006	D	26	77412	12	0.450	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6007	D	53	77402	3	0.050	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0

CPT Source	Deleted	Source 2023 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2023)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
G6007	D	53	77407	27	0.500	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6007	D	53	77412	24	0.450	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6008	D	157	77402	8	0.050	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6008	D	157	77407	79	0.500	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6008	D	157	77412	71	0.450	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6009	D	58	77402	3	0.050	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6009	D	58	77407	29	0.500	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6009	D	58	77412	26	0.450	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6010	D	1	77402	0	0.050	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6010	D	1	77407	1	0.500	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6010	D	1	77412	0	0.450	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6011	D	3,955	77402	198	0.050	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6011	D	3,955	77407	1,978	0.500	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6011	D	3,955	77412	1,780	0.450	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6012	D	265,505	77402	13,275	0.050	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6012	D	265,505	77407	132,753	0.500	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6012	D	265,505	77412	119,477	0.450	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6013	D	114,006	77402	5,700	0.050	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6013	D	114,006	77407	57,003	0.500	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6013	D	114,006	77412	51,303	0.450	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6014	D	7,498	77402	375	0.050	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6014	D	7,498	77407	3,749	0.500	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6014	D	7,498	77412	3,374	0.450	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6015	D	1,099,494	77402	54,975	0.050	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6015	D	1,099,494	77407	549,747	0.500	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6015	D	1,099,494	77412	494,772	0.450	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6016	D	3,044	77402	152	0.050	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6016	D	3,044	77407	1,522	0.500	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6016	D	3,044	77412	1,370	0.450	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
G6017	D	106,265	77412	106,265	0.450	0.00	0.00	16 Radiation Oncology Treatment Delivery	0	0
77280		451,327	77436	338,495	0.750	0.70	0.77	17 Superficial Radiation Therapy	260,641	236,947
77280		451,327	77280	112,832	0.250	0.70	0.70	17 Superficial Radiation Therapy	78,982	78,982
77401	D	337,457	77437	327,333	0.970	0.00	0.00	17 Superficial Radiation Therapy	0	0
77401	D	337,457	77438	10,124	0.030	0.00	0.00	17 Superficial Radiation Therapy	0	0
G6001	D	255,869	77439	12,793	0.050	0.58	0.30	17 Superficial Radiation Therapy	3,838	7,420
G6001	D	255,869	Savings	243,076	0.950	0.58	0.00	17 Superficial Radiation Therapy	0	140,984
0394T	D	42,236	77437	42,236	1.000	0.00	0.00	17 Superficial Radiation Therapy	0	0
90480		6,994,703	90480	6,994,703	1.000	0.25	0.25	18 Combination COVID-19 Vaccine Administration	1,748,676	1,748,676
N/A		0	90481		1.000	0.00	0.00	18 Combination COVID-19 Vaccine Administration	0	0
0662T	D	3	97007	3	1.000	0.00	0.18	19 Scalp Cooling Services	1	0
0663T	D	38	97008	19	0.500	0.00	0.18	19 Scalp Cooling Services	3	0
0663T	D	38	97009	19	0.500	0.00	0.09	19 Scalp Cooling Services	2	0
99453		177,654	99453	177,654	1.000	0.00	0.00	20 Remote Monitoring	0	0
Could not report previously		0	99445	177,654	1.000	0.00	0.00	20 Remote Monitoring	0	0
99454		1,757,512	99454	1,757,512	1.000	0.00	0.00	20 Remote Monitoring	0	0
99091		70,432	99091	70,432	1.000	1.10	0.70	20 Remote Monitoring	49,302	77,475

CPT Source	Deleted	Source 2023 Utilization	New/ Revised Code	New/Revised Code Utilization (reference 2023)	Percent	Source RVU	RUC Rec RVU	RUC Tab	New/ Revised Total RVUs	Total Source RVUs
99473		25,982	99473	25,982	1.000	0.00	0.00	20 Remote Monitoring	0	0
99474		4,048	99474	4,048	1.000	0.18	0.18	20 Remote Monitoring	729	729
Could not report previously		0	99470	2,030,157	1.000	0.61	0.39	20 Remote Monitoring	791,761	1,238,396
99457		2,030,157	99457	2,030,157	1.000	0.61	0.45	20 Remote Monitoring	913,571	1,238,396
99458		1,491,579	99458	1,491,579	1.000	0.61	0.61	20 Remote Monitoring	909,863	909,863
98975		31,765	98975	31,765	1.000	0.00	0.00	20 Remote Monitoring	0	0
Could not report previously		0	99445	19,286	#DIV/0!	0.00	0.00	20 Remote Monitoring	0	0
98976		19,286	98976	19,286	1.000	0.00	0.00	20 Remote Monitoring	0	0
Could not report previously		0	98985	92,434	#DIV/0!	0.00	0.00	20 Remote Monitoring	0	0
98977		92,434	98977	92,434	1.000	0.00	0.00	20 Remote Monitoring	0	0
Could not report previously		0	98979	97,630	#DIV/0!	0.62	0.66	20 Remote Monitoring	64,436	60,531
98980		97,630	98980	97,630	1.000	0.62	0.78	20 Remote Monitoring	76,151	60,531
98981		41,730	98981	41,730	1.000	0.61	0.70	20 Remote Monitoring	29,211	25,455
28750		13,589	28750	13,589	1.000	8.57	8.75	22 Arthrodesis-Great Toe	118,904	116,458
28755		1,924	28755	1,924	1.000	4.88	8.00	22 Arthrodesis-Great Toe	15,392	9,389
0596T		0	0596T	0	1.000	0.00	2.43	23 Temporary Femal Intraurethral Valve-Pump	0	0
0597T		0	0597T	0	1.000	0.00	1.33	23 Temporary Femal Intraurethral Valve-Pump	0	0
90899		1	98986	1	1.000	0.00	0.00	28 Remote Monitoring (PE Only)	0	0
98978		23	98978	23	1.000	0.00	0.00	28 Remote Monitoring (PE Only)	0	0
27445	D	247	Savings	247	1.000	18.66	0.00	May 2025 CPT - Knee Arthroplasty	0	4,609
37500	D	0	Savings	0	1.000	11.67	0.00	May 2025 CPT - Code Set Maintenance	0	0
62292	D	7	Savings	7	1.000	9.24	0.00	May 2025 CPT - Code Set Maintenance	0	65
75842	D	5	Savings	5	1.000	1.49	0.00	May 2025 CPT - Code Set Maintenance	0	7
94662	D	6	Savings	6	1.000	0.76	0.00	May 2025 CPT - Code Set Maintenance	0	5
									10,300,036	11,227,895

Total Source RVUs	11,227,895
Total New/Revised RVUs	10,300,036
RVU Difference	927,859
CF	32.3465
CF Redistribution	**30,012,977**

New Technology/New Services List

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; first dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; second dose	Dec 2020	Pfizer-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0003A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; third dose	Aug 2021	Pfizer-SARS-CoV-2-IA		CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0004A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, diluent reconstituted; booster dose	Oct 2021	Pfizer-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; first dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; second dose	Dec 2020	Moderna-SARS-CoV-2-IA		CPT 2020	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0013A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 100 mcg/0.5 ml dosage; third dose	Aug 2021	Moderna-SARS-CoV-2-IA		CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; first dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, chimpanzee adenovirus oxford 1 (chadox1) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; second dose	Jan 2021	AstraZeneca-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0031A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, dna, spike protein, adenovirus type 26 (ad26) vector, preservative free, 5x1010 viral particles/0.5 ml dosage; single dose	Jan 2021	Janssen-SARS-CoV-2-IA	34	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0041A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; first dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0042A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 ml dosage; second dose	Apr 2021	Novavax-SARS-CoV-2-IA	27	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0044A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; booster dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0051A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0052A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0053A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; third dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0054A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 30 mcg/0.3 ml dosage, tris-sucrose formulation; booster dose	Oct 2021	Pfizer Tris-Sucrose-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0064A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.25 ml dosage, booster dose	Oct 2021	Moderna Booster-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0071A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Oct 2021	Pfizer Tris-Sucrose-Age5-11-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0072A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Oct 2021	Pfizer Tris-Sucrose-Age5-11-SARS-CoV-2-IA	24	CPT 2021	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0073A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0074A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 10 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; booster dose	Jun 2022	Pfizer-BioNTech Tris-Sucrose Age 5-11, Booster	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0081A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; first dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0082A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; second dose	Feb 2022	Pfizer (5-11) and (6 mos-5 yrs) COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0083A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 3 mcg/0.2 ml dosage, diluent reconstituted, tris-sucrose formulation; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0091A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0092A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0093A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0094A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 50 mcg/0.5 ml dosage, booster dose	Mar 2022	Moderna Booster-SARS-CoV-2-IA- Full Dose	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0104A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 ml dosage, adjuvant as03 emulsion, booster dose	Jun 2022	Sanofi-GSK, Booster	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0111A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; first dose	Jun 2022	Moderna Age 6 months-5 years	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0112A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19]) vaccine, mrna-lnp, spike protein, preservative free, 25 mcg/0.25 ml dosage; second dose	Jun 2022	Moderna Age 6 months-5 years	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0113A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; third dose	July 2022	Pfizer and Moderna Pediatric COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0124A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
0134A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0144A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRN-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0154A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, booster dose	Sep 2022	Pfizer and Moderna Bivalent Boosters	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0164A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, booster dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
0173A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, third dose	Dec 2022	Novavax, Moderna Pfizer COVID IA	--	CPT 2022	April 2025	Deleted by CPT (Nov 1 2023) and replaced with single code 90480	☑
10011	Fine needle aspiration biopsy, including mr guidance; first lesion	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
10012	Fine needle aspiration biopsy, including mr guidance; each additional lesion (list separately in addition to code for primary procedure)	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (list separately in addition to code for primary procedure)	Apr 2009	Adjacent Tissue Transfer	4	CPT 2010	October 2015	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
15011	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15012	Harvest of skin for skin cell suspension autograft; each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15013	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15014	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15015	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15016	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15017	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15018	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure)	Jan 2024	Skin Cell Suspension Autograft	04	CPT 2025	January 2027	The RUC recommends that CPT codes 15011-15018 be placed on the New Technology list to be re-reviewed by the RUC and notes that the codes should be reviewed for both work and PE after one year of claims data. The 2025 Medicare claims data will be available for review at either the September 2026 or January 2027 RUC meeting. At that time, the RUC would consider if other specialties are performing the service and if the service is performed in the non-facility setting.	☐
15271	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15276	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15278	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part thereof, or each additional 1% of body area of infants and children, or part thereof (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (list separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (list separately in addition to code for primary procedure)	Oct 2018	Tissue Grafting Procedures	04	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (list separately in addition to code for primary procedure)	Apr 2011	Chronic Wound Dermal Substitute	4	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm	Oct 2008	Destruction of Skin Lesions	11	CPT 2009	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Apr 2006	Fibroadenoma Cryoablation	11	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
19294	Preparation of tumor cavity, with placement of a radiation therapy applicator for intraoperative radiation therapy (iort) concurrent with partial mastectomy (list separately in addition to code for primary procedure)	Oct 2016	Intraoperative Radiation Therapy Applicator Procedures	07	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
20561	Needle insertion(s) without injection(s); 3 or more muscles	Jan 2019	Trigger Point Dry Needling	41	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
20696	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
20697	Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; exchange (ie, removal and replacement) of strut, each	Apr 2008	Computer Dependent External Fixation	6	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20700	Manual preparation and insertion of drug-delivery device(s), deep (eg, subfascial) (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20701	Removal of drug-delivery device(s), deep (eg, subfascial) (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20702	Manual preparation and insertion of drug-delivery device(s), intramedullary (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20703	Removal of drug-delivery device(s), intramedullary (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20704	Manual preparation and insertion of drug-delivery device(s), intra-articular (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑
20705	Removal of drug-delivery device(s), intra-articular (list separately in addition to code for primary procedure)	Oct 2018	Drug Delivery Implant Procedures	05	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that the technology was well established when these codes were created and the utilization is lower than was expected.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; cryoablation	Apr 2014	Cryoablation Treatment of the Bone Tumors	04	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
20985	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (list separately in addition to code for primary procedure)	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Resurvey for January 2012	☑
20986	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
20987	Code Deleted CPT 2009	Apr 2007	Computer Navigation	7	CPT 2008	September 2011	Code Deleted CPT 2009	☑
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21015	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; less than 2 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21016	Radical resection of tumor (eg, sarcoma), soft tissue of face or scalp; 2 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21555	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21556	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21557	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21558	Radical resection of tumor (eg, sarcoma), soft tissue of neck or anterior thorax; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Apr 2014	Internal Fixation of Rib Fracture	05	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21930	Excision, tumor, soft tissue of back or flank, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21935	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
21936	Radical resection of tumor (eg, sarcoma), soft tissue of back or flank; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (list separately in addition to code for primary procedure)	Apr 2006	Percutaneous Intradiscal Annuloplast	13	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	Jan 2023	Vertebral Body Tethering	05	CPT 2024	April 2028		☐
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); single interspace, cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompression and microdissection); second level, cervical (list separately in addition to code for primary procedure)	Apr 2014	Total Disc Arthroplasty Additional Cervical Level Add-On Code	07	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separately in addition to code for primary procedure)	Apr 2022	Total Disc Arthroplasty	04	CPT 2024	April 2028		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Apr 2008	Cervical Arthroplasty	7	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Feb 2006	Lumbar Arthroplasty	8	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (list separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017	October 2020	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017		Survey April 2021. Maintained.	☑
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (list separately in addition to code for primary procedure)	Jan 2016	Insertion of Spinal Stability Distractive Device	05	CPT 2017		Survey April 2021. Maintained.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22900	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22904	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
22905	Radical resection of tumor (eg, sarcoma), soft tissue of abdominal wall; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23075	Excision, tumor, soft tissue of shoulder area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23076	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23077	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23078	Radical resection of tumor (eg, sarcoma), soft tissue of shoulder area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
23200	Radical resection of tumor; clavicle	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23210	Radical resection of tumor; scapula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
23220	Radical resection of tumor, proximal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24075	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24076	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24077	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
24079	Radical resection of tumor (eg, sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24150	Radical resection of tumor, shaft or distal humerus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
24152	Radical resection of tumor, radial head or neck	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25075	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25076	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
25077	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25078	Radical resection of tumor (eg, sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
25170	Radical resection of tumor, radius or ulna	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26115	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26116	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26117	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26118	Radical resection of tumor (eg, sarcoma), soft tissue of hand or finger; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
26250	Radical resection of tumor, metacarpal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26260	Radical resection of tumor, proximal or middle phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
26262	Radical resection of tumor, distal phalanx of finger	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27047	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27048	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27049	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27059	Radical resection of tumor (eg, sarcoma), soft tissue of pelvis and hip area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27075	Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27076	Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27077	Radical resection of tumor; innominate bone, total	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27078	Radical resection of tumor; ischial tuberosity and greater trochanter of femur	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27278	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device	Jan 2023	Dorsal Sacroiliac Joint Arthrodesis	04	CPT 2024	April 2028		☐
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device	Apr 2014	Sacroiliac Joint Fusion	08	CPT 2015	October 2018	Surveyed in April 2018 for a CMS Request in the Final Rule for 2018	☑
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Sep 2014	Sacroiliac Joint Fusion	06	CPT 2016	October 2019	Remove form list, was only identified with 27279 and that code has been resurveyed April 2018.	☑
27327	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27328	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27329	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27364	Radical resection of tumor (eg, sarcoma), soft tissue of thigh or knee area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27365	Radical resection of tumor, femur or knee	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27615	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27616	Radical resection of tumor (eg, sarcoma), soft tissue of leg or ankle area; 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27618	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27619	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); less than 5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
27645	Radical resection of tumor; tibia	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27646	Radical resection of tumor; fibula	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27647	Radical resection of tumor; talus or calcaneus	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
27XX0		Sep 2024	Limb Lengthening/Shortening-Femur	04	CPT 2026	April 2030		☐
27XX1		Sep 2024	Limb Lengthening/Shortening-Tibia	05	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28043	Excision, tumor, soft tissue of foot or toe, subcutaneous; less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28045	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); less than 1.5 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28046	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; less than 3 cm	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28047	Radical resection of tumor (eg, sarcoma), soft tissue of foot or toe; 3 cm or greater	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2017	Review the data for the melanoma diagnoses within these services and the site of service in 2 years (October 2017). In October 2017, recommended to remove from the list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
28171	Radical resection of tumor; tarsal (except talus or calcaneus)	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28173	Radical resection of tumor; metatarsal	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
28175	Radical resection of tumor; phalanx of toe	Feb 2009	Excision of Soft Tissue and Bone Tumors		CPT 2010	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
29582	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	☑
29583	Code Deleted CPT 2018	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	October 2018	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). Code Deleted for CPT 2018.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29584	Application of multi-layer compression system; upper arm, forearm, hand, and fingers	Oct 2010	Multi-Layer Compression System-HCPAC	74	CPT 2012	January 2022	Specialty societies develop a CPT Assistant article to specify which bandage application should be reported based on what is being treated and review in 3 years (2018). In October 2018, RUC recommended to review again after 3 more years of data (2022). In January 2022, the Workgroup reviewed CPT code 29584 and agreed with the specialty society that the volume of this service is low and continues to decrease. The Workgroup recommends that CPT code 29584 be maintained and removed from the CPT Assistant Analysis screen and New Technology list.	☑
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Apr 2007	Arthroscopic Biceps Tenodesis	17	CPT 2008	September 2011	Resurvey for January 2012	☑
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
29915	Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
29916	Arthroscopy, hip, surgical; with labral repair	Apr 2010	Hip Arthroscopy	5	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		☐
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	Jan 2023	Posterior Nasal Nerve Ablation	07	CPT 2024	April 2028		☐
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	Feb 2010	Nasal Sinus Endoscopy with Ballooon Dilation	6	CPT 2011	October 2016	Surveying for January 2017 as part of bundling	☑
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (list separately in addition to code for primary procedure[s])	Feb 2009	Navigational Bronchoscopy	9	CPT 2010	October 2016	Review practice expense January 2014. Review data again in 3 years (Sept 2016).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31634	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, with assessment of air leak, with administration of occlusive substance (eg, fibrin glue), if performed	Feb 2010	Bronchoscopy with Balloon Occlusion	7	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
31647	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31648	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), initial lobe	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31649	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with removal of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure)	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31651	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with balloon occlusion, when performed, assessment of air leak, airway sizing, and insertion of bronchial valve(s), each additional lobe (list separately in addition to code for primary procedure[s])	Apr 2012	Bronchial Valve Procedures	09	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
31652	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), one or two mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
31653	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with endobronchial ultrasound (ebus) guided transtracheal and/or transbronchial sampling (eg, aspiration[s]/biopsy[ies]), 3 or more mediastinal and/or hilar lymph node stations or structures	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
31654	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with transendoscopic endobronchial ultrasound (ebus) during bronchoscopic diagnostic or therapeutic intervention(s) for peripheral lesion(s) (list separately in addition to code for primary procedure[s])	Jan 2015	Endobronchial Ultrasound (EBUS)	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (srs/sbrt), (photon or particle beam), entire course of treatment	Jan 2012	Stereotactic Body Radiation	07	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	Jan 2017	Cryoablation of Pulmonary Tumors	08	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; radiofrequency	Apr 2006	Percutaneous RF Pulmonary Tumor Ablation	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
32XX2		Jan 2025	Thoracic Branch Endograft Services	05	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33254	Operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure)	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33255	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33256	Operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure); with cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33257	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), limited (eg, modified maze procedure) (list separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33258	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), without cardiopulmonary bypass (list separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33259	Operative tissue ablation and reconstruction of atria, performed at the time of other cardiac procedure(s), extensive (eg, maze procedure), with cardiopulmonary bypass (list separately in addition to code for primary procedure)	Apr 2007	Add-on Maze Procedures	23	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33265	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, limited (eg, modified maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33266	Endoscopy, surgical; operative tissue ablation and reconstruction of atria, extensive (eg, maze procedure), without cardiopulmonary bypass	Apr 2006	Atrial Tissue Ablation and Reconstruction	17	CPT 2007	September 2011	Remove, code does not need to be re-evaluated	☑
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33268	Exclusion of left atrial appendage, open, performed at the time of other sternotomy or thoracotomy procedure(s), any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip) (list separately in addition to code for primary procedure)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		☐
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Oct 2020	Exclusion of Left Atrial Appendage	05	CPT 2022	April 2026		☐
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters, when performed	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33271	Insertion of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33272	Removal of subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33273	Repositioning of previously implanted subcutaneous implantable defibrillator electrode	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed	Jan 2018	Leadless Pacemaker Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generator and lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s) only	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33286	Removal, subcutaneous cardiac rhythm monitor	Apr 2017	Cardiac Event Recorder Procedures	07	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angiography, left atrial appendage angiography, when performed, and radiological supervision and interpretation	Jan 2016	Closure Left Atrial Appendage with Endocardial Implant	10	CPT 2017	April 2024	Review in two years (April 2023); new FDA indication recently released, suggesting this service is still changing. The RAW reviewed in April 2023 and indicated the specialties should survey in April 2024, to allow for the technology to stabilize a bit more prior to survey.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33361	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; percutaneous femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33362	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open femoral artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33363	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open axillary artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33364	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; open iliac artery approach	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33365	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	April 2025	Surveyed again in April 2018 and the RUC indicated that CPT codes 33361, 33362, 33363, 33364, 33365 and 33366 will remain on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. In April 2024, the Workgroup indicated to Review an update from the specialty societies in 1 year (April 2025). The specialty societies indicated a couple changes: 1) The patient population has changed and is/will be performed on not just the sickest patients but will be available to more candidates and these services may be used to treat aortic regurgitation. 2) The services are changing and co-surgery may not necessarily be necessary in the future. The specialties may pursue a request for CMS to removal of the National Coverage Determination (NCD) regarding co-surgeons for these services. 3) Coding changes may be necessary to keep the highest performed	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							service 33361 for the percutaneous femoral artery approach and delete some of the very low utilized codes and create one code for all other approaches.	
33367	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with percutaneous peripheral arterial and venous cannulation (eg, femoral vessels) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33368	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with open peripheral arterial and venous cannulation (eg, femoral, iliac, axillary vessels) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33369	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; cardiopulmonary bypass support with central arterial and venous cannulation (eg, aorta, right atrium, pulmonary artery) (list separately in addition to code for primary procedure)	Apr 2012	Transcatheter Aortic Valve Replacement	12	CPT 2013	October 2016	The Workgroup did not believe there would be a change in physician work or practice expense for the add-on services and recommends that 33367, 33368 and 33369 be removed from the new technology list as there is no demonstrated diffusion.	☑
33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (list separately in addition to code for primary procedure)	Jan 2021	Percutaneous Cerebral Embolic Protection	07	CPT 2022	April 2026		☐
33412	Replacement, aortic valve; with transventricular aortic annulus enlargement (konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33413	Replacement, aortic valve; by translocation of autologous pulmonary valve with allograft replacement of pulmonary valve (ross procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	In the NPRM for 2019 CMS requested that codes 33412 and 33413 should be reviewed when the new code is reviewed for new technology. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025).	☐
33419	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; additional prosthesis(es) during same session (list separately in addition to code for primary procedure)	Apr 2014	Transcatheter Mitral Valve Repair	10	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, the Workgroup noted that these services are still evolving and should be reviewed in 3 years (April 2025).	☐
33440	Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved conduit replacement of pulmonary valve (ross-konno procedure)	Jan 2018	Aortoventriculoplasty with Pulmonary Autograft	05	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Jan 2015	Transcatheter Pulmonary Valve Implantation	06	CPT 2016	April 2023	Review in 3 years (April 2023); pediatric procedure with some CMS utilization. Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33509	Harvest of upper extremity artery, 1 segment, for coronary artery bypass procedure, endoscopic	Jan 2021	Harvest of Upper Extremity Artery, Endoscopic and Open	09	CPT 2022	April 2026		☐
33620	Application of right and left pulmonary artery bands (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33621	Transthoracic insertion of catheter for stent placement with catheter removal and closure (eg, hybrid approach stage 1)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33622	Reconstruction of complex cardiac anomaly (eg, single ventricle or hypoplastic left heart) with palliation of single ventricle with aortic outflow obstruction and aortic arch hypoplasia, creation of cavopulmonary anastomosis, and removal of right and left pulmonary bands (eg, hybrid approach stage 2, norwood, bidirectional glenn, pulmonary artery debanding)	Feb 2010	Cardiac Hybrid Procedures	8	CPT 2011	September 2014	Develop CPT Assitant article to clarify who should report these services. The STS noted and the RUC agreed that only pediatric cardiac surgeons perform 33620 and 33622.	☑
33864	Ascending aorta graft, with cardiopulmonary bypass with valve suspension, with coronary reconstruction and valve-sparing aortic root remodeling (eg, david procedure, yacoub procedure)	Apr 2007	Valve Sparing Aortic Annulus Reconstruction	24	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
33866	Aortic hemiarch graft including isolation and control of the arch vessels, beveled open distal aortic anastomosis extending under one or more of the arch vessels, and total circulatory arrest or isolated cerebral perfusion (list separately in addition to code for primary procedure)	Oct 2018	Aortic Graft Procedures	06	CPT 2020	April 2025	The whole family of services should be reviewed in 3 years when reviewing the utilization data. (CPT codes 33858, 33859, 33863 and 33864).	☐
33900	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33901	Percutaneous pulmonary artery revascularization by stent placement, initial; normal native connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33902	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, unilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33903	Percutaneous pulmonary artery revascularization by stent placement, initial; abnormal connections, bilateral	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33904	Percutaneous pulmonary artery revascularization by stent placement, each additional vessel or separate lesion, normal or abnormal connections (list separately in addition to code for primary procedure)	Oct 2021	Endovascular Pulmonary Arterial Revascularization	04	CPT 2023	April 2027		☐
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33928	Removal and replacement of total replacement heart system (artificial heart)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (list separately in addition to code for primary procedure)	Jan 2017	Artifical Heart System Procedure	09	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
33946	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33947	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; initiation, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33948	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, veno-venous	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33949	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; daily management, each day, veno-arterial	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33951	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33952	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33953	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33954	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33955	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33956	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; insertion of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33957	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33958	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33959	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33962	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition peripheral (arterial and/or venous) cannula(e), open, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33963	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33964	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; reposition central cannula(e) by sternotomy or thoracotomy, 6 years and older (includes fluoroscopic guidance, when performed)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33965	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33966	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), percutaneous, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33969	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33984	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of peripheral (arterial and/or venous) cannula(e), open, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33985	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, birth through 5 years of age	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33986	Extracorporeal membrane oxygenation (ecmo)/extracorporeal life support (ecls) provided by physician; removal of central cannula(e) by sternotomy or thoracotomy, 6 years and older	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
33987	Arterial exposure with creation of graft conduit (eg, chimney graft) to facilitate arterial perfusion for ecmo/ecls (list separately in addition to code for primary procedure)	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33988	Insertion of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ecmo/ecls	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33989	Removal of left heart vent by thoracic incision (eg, sternotomy, thoracotomy) for ecmo/ecls	Apr 2014	ECMO-ECLS	11	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025		☐
33997	Removal of percutaneous right heart ventricular assist device, venous cannula, at separate and distinct session from insertion	Oct 2019	Percutaneous Ventricular Assist Device Insertion	05	CPT 2021	April 2025		☐
34806	Code Deleted CPT 2008	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single incompetent extremity truncal vein (eg, great saphenous vein, accessory saphenous vein)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
36466	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multiple incompetent truncal veins (eg, great saphenous vein, accessory saphenous vein), same leg	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Jan 2016	Mechanochemical (MOCA) Vein Ablation	13	CPT 2017	April 2025	Review in January 2022 with the other codes in this family identified via the 2022 new technology/new services screen (36475-36479). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Apr 2014	Endovenous Ablation	38	CPT 2015	April 2025	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; subsequent vein(s) treated in a single extremity, each through separate access sites (list separately in addition to code for primary procedure)	Jan 2017	Treatment of Incompetent Veins	11	CPT 2018	April 2025	In April 2022, recommended to review in 3 years (April 2025); still fluctuation in utilization.	☐
36836	Percutaneous arteriovenous fistula creation, upper extremity, single access of both the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		☐
36837	Percutaneous arteriovenous fistula creation, upper extremity, separate access sites of the peripheral artery and peripheral vein, including fistula maturation procedures (eg, transluminal balloon angioplasty, coil embolization) when performed, including all vascular access, imaging guidance and radiologic supervision and interpretation	Jan 2022	Percutaneous Arteriovenous Fistula Creation	06	CPT 2023	April 2027		☐
37192	Repositioning of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
37193	Retrieval (removal) of intravascular vena cava filter, endovascular approach including vascular access, vessel selection, and radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance (ultrasound and fluoroscopy), when performed	Apr 2011	IVC Transcatheter Procedure	12	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	Apr 2014	Transcatheter Placement of Carotid Stents	12	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
37X09		Jan 2025	Lower Extremity Revascularization	06	CPT 2026	April 2030		☐
37X26		Jan 2025	Lower Extremity Revascularization	06	CPT 2026	April 2030		☐
38220	Diagnostic bone marrow; aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
38221	Diagnostic bone marrow; biopsy(ies)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
38222	Diagnostic bone marrow; biopsy(ies) and aspiration(s)	Apr 2016	Diagnostic Bone Marrow Aspiration and Bone Biopsy	06	CPT 2018	April 2022	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for development of genetically modified autologous CAR-T cells, per day	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for administration	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
38228	Chimeric antigen receptor T-cell (CAR-T) therapy; CAR-T cell administration, autologous	Sep 2023	Chimeric Antigen Receptor T-Cell (CAR-T) Therapy Services	05	CPT 2025	April 2029		☐
38900	Intraoperative identification (eg, mapping) of sentinel lymph node(s) includes injection of non-radioactive dye, when performed (list separately in addition to code for primary procedure)	Apr 2010	Sentinel Lymph Node Mapping	8	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed	Jan 2014	Endoscopic Hypopharyngeal Diverticulotomy	7	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Apr 2015	Esophagogatric Fundoplasty Trans-Oral Approach	05	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
43273	Endoscopic cannulation of papilla with direct visualization of pancreatic/common bile duct(s) (list separately in addition to code(s) for primary procedure)	Apr 2008	Cholangioscopy-Pancreatoscopy	13	CPT 2009	September 2012	Specialty to survey Feb 2013 with family of services	☑
43279	Laparoscopy, surgical, esophagomyotomy (heller type), with fundoplasty, when performed	Apr 2008	Laparoscopic Heller Myotomy	12	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Apr 2009	Laparoscopic Paraesophageal Hernia Repair	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately. In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43285	Removal of esophageal sphincter augmentation device	Jan 2016	Esophageal Sphincter Augmentation	17	CPT 2017	April 2024	Review in 3 years (April 2024). The initial RUC survey was insufficient in number of respondents and RUC recommended re-surveying when volume is sufficient. Even though the typical patient is below Medicare age, society believes volumes remain low. Utilization of the removal code 43285 is higher than expected suggesting the services may be reported inappropriately. In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		☐
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Apr 2021	Endoscopic Bariatric Device Procedures	08	CPT 2023	April 2027		☐
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [poem])	Oct 2020	Per-Oral Endoscopic Myotomy (POEM)	07	CPT 2022	April 2026		☐
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Apr 2009	Laparoscopic Longitudinal Gastrectomy	14	CPT 2010	September 2013	Remove from list, carrier priced.	☑
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	Apr 2006	Gastric Antrum Neurostimulation	26	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
44705	Preparation of fecal microbiota for instillation, including assessment of donor specimen	Apr 2012	Fecal Bacteriotherapy	18	CPT 2013	October 2018	The specialty societies indicated that they tried to develop a category I code to replace 44705 which is not currently covered by Medicare, but the CPT Editorial Panel did not accept the coding change proposal due to a lack in literature provided. The Workgroup recommended that these services be reviewed in 2 year after additional utilization data is available (October 2018). In Octobre 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
46601	Anoscopy; diagnostic, with high-resolution magnification (hra) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by brushing or washing, when performed	Apr 2014	High Resolution Anoscopy	14	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
46607	Anoscopy; with high-resolution magnification (hra) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	Apr 2014	High Resolution Anoscopy	14	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data and to determine what specialties are performing this service (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [sis])	Apr 2009	Fistula Plug	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	Oct 2018	Transanal Hemorrhoidal Dearterialization	07	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Apr 2014	Cryoablation of Liver Tumor	15	CPT 2015	October 2018	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
49327	Laparoscopy, surgical; with placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), intra-abdominal, intrapelvic, and/or retroperitoneum, including imaging guidance, if performed, single or multiple (list separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple	Apr 2009	Fiducial Marker Placement	6	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49412	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), open, intra-abdominal, intrapelvic, and/or retroperitoneum, including image guidance, if performed, single or multiple (list separately in addition to code for primary procedure)	Apr 2010	Fiducial Marker Placement	10	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
49652	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49653	Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2009	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
49655	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated	Feb 2011	Laparoscopic Hernia Repair	30	CPT 2012	October 2015	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
4XX04		Jan 2025	Endoscopic Sleeve Gastroplasty	07	CPT 2026	April 2030		☐
50430	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50431	Injection procedure for antegrade nephrostogram and/or ureterogram, complete diagnostic procedure including imaging guidance (eg, ultrasound and fluoroscopy) and all associated radiological supervision and interpretation; existing access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50432	Placement of nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50433	Placement of nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, new access	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50434	Convert nephrostomy catheter to nephroureteral catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation, via pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50435	Exchange nephrostomy catheter, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50593	Ablation, renal tumor(s), unilateral, percutaneous, cryotherapy	Apr 2007	Percutaneous Renal Tumor Cryotherapy	A	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
50606	Endoluminal biopsy of ureter and/or renal pelvis, non-endoscopic, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50693	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; pre-existing nephrostomy tract	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50694	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, without separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
50695	Placement of ureteral stent, percutaneous, including diagnostic nephrostogram and/or ureterogram when performed, imaging guidance (eg, ultrasound and/or fluoroscopy), and all associated radiological supervision and interpretation; new access, with separate nephrostomy catheter	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50705	Ureteral embolization or occlusion, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
50706	Balloon dilation, ureteral stricture, including imaging guidance (eg, ultrasound and/or fluoroscopy) and all associated radiological supervision and interpretation (list separately in addition to code for primary procedure)	Apr 2015	Genitourinary Catheter Procedures	08	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
51721	Insertion of transurethral ablation transducer for delivery of thermal ultrasound for prostate tissue ablation, including suprapubic tube placement during the same session and placement of an endorectal cooling device, when performed	Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
52284	Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed	Jan 2023	Cystourethroscopy with Urethral Therapeutic Drug Delivery	08	CPT 2024	April 2028		☐
52441	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	☑
52442	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; each additional permanent adjustable transprostatic implant (list separately in addition to code for primary procedure)	Apr 2014	Cystourethroscopy Insertion Transprostatic Implant	16	CPT 2015	October 2018	Survey for January 2019	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
52XX1		Sep 2024	Transurethral Robotic-assisted Resection of Prostate	07	CPT 2026	April 2030		☐
52XX2		Jan 2025	Cystourethroscopy	09	CPT 2026	April 2030		☐
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Jan 2018	Transurethral Destruction of Prostate Tissue	13	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement	Feb 2009	Temporary Prostatic Urethral Stent Insertion	12	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Apr 2010	Transurethral Radiofrequency Bladder Neck and Urethra	12	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
53865	Cystourethroscopy with insertion of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	Jan 2024	Bladder Neck and Prostate Procedures	05	CPT 2025	April 2029	CPT codes 5XX05 and 5XX06 will be placed on the New Technology list to be reviewed in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
53866	Catheterization with removal of temporary device for ischemic remodeling (ie, pressure necrosis) of bladder neck and prostate	Jan 2024	Bladder Neck and Prostate Procedures	05	CPT 2025	April 2029	CPT codes 5XX05 and 5XX06 will be placed on the New Technology list to be reviewed in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Apr 2008	Saturation Biopsies	15	CPT 2009	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
55866	Laparoscopy, surgical prostatectomy, retropubic radical, including nerve sparing, includes robotic assistance, when performed	Oct 2009	Laparoscopic Radical Prostatectomy	14	CPT 2011	September 2014	Survey for April 2015. Specialty society should consider surveying 55845 and 55866 at the same time.	☑
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Jan 2017	Peri-Prostatic Implantation of Biodegradable Material	13	CPT 2018	April 2022	In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (hifu), including ultrasound guidance	Oct 2019	Transrectal High Intesity Focused US Prostate Ablation	06	CPT 2021	April 2025		☐
55881	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation;	Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
55882	Ablation of prostate tissue, transurethral, using thermal ultrasound, including magnetic resonance imaging guidance for, and monitoring of, tissue ablation; with insertion of transurethral ultrasound transducer for delivery of thermal ultrasound, including suprapubic tube placement and placement of an endorectal cooling device, when performed	Sep 2023	MRI-Monitored Transurethral Ultrasound Ablation of Prostate	07	CPT 2025	April 2029		☐
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Apr 2007	Laparoscopic Paravaginal Defect Repair	C	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
57425	Laparoscopy, surgical, colpopexy (suspension of vaginal apex)	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach	Oct 2008	Laparoscopic Revision of Prosthetic Vaginal Graft	7	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (list separately in addition to code for primary procedure)	Jan 2020	Computer-Aided Mapping of Cervix Uteri	14	CPT 2021	April 2025		☐
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Feb 2006	Laparoscopic Supracervical Hysterectomy	13	CPT 2007	September 2013	Survey April 2014	☑
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Apr 2007	Laparoscopic Total Hysterectomy	D	CPT 2008	September 2013	Survey April 2014	☑
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2023	Transcervical RF Ablation of Uterine Fibroids	09	CPT 2024	April 2028		☐
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency	Jan 2016	Laparoscopic Radiofrequency Ablation of Uterine Fibroids	18	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
5XX01		Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
5XX03		Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
5XX04		Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
5XX07		Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
5XX10		Sep 2024	Prostate Biopsy Services	08	CPT 2026	April 2030		☐
5XX11		Jan 2025	Irreversible Electroporation of Tumors	08	CPT 2026	April 2030		☐
60660	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	Jan 2024	Percutaneous Radiofrequency Ablation of Thyroid	07	CPT 2025	April 2029	CPT codes 60660 and 60661 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)	Jan 2024	Percutaneous Radiofrequency Ablation of Thyroid	07	CPT 2025	April 2029	CPT codes 60660 and 60661 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	☑
61650	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; initial vascular territory	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	☑
61651	Endovascular intracranial prolonged administration of pharmacologic agent(s) other than for thrombolysis, arterial, including catheter placement, diagnostic angiography, and imaging guidance; each additional vascular territory (list separately in addition to code for primary procedure)	Apr 2015	Intracranial Endovascular Intervention	09	CPT 2016	October 2019	Remove from list. Although the RUC discussed that the subsequent hostial visit occurs, CMS has already issued their statement on 23-hr hospital stay services.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	Jan 2024	Guided High Intensity Focused Ultrasound	06	CPT 2025	April 2029	CPT code 61715 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
61736	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026		☐
61737	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Jan 2021	Intracranial Laser Interstitial Thermal Therapy (LITT)	12	CPT 2022	April 2026		☐
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	☐
61892	Removal of skull-mounted cranial neurostimulator pulse generator or receiver with cranioplasty, when performed	Apr 2022	Skull Mounted Cranial Neurostimulator	05	CPT 2024	April 2028	When review in 2028, ensure correct valuation, patient population and utilization assumptions. At the April 2022 RUC meeting, the RUC recommendation for CPT code 619X1 was based on the understanding that the current typical patient does not have a surgically naïve scalp and has previously undergone multiple intracranial procedures prior to the insertion of the skull-mounted neurostimulator.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
62328	Spinal puncture, lumbar, diagnostic; with fluoroscopic or ct guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
62329	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter); with fluoroscopic or ct guidance	Jan 2019	Lumbar Puncture	09	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar	Jan 2016	Endoscopic Decompression of Spinal Cord Nerve	19	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
62XX0		Jan 2025	Percutaneous Interlaminar Lumbar Decompression	10	CPT 2026	April 2030		☐
62XX1		Jan 2025	Percutaneous Interlaminar Lumbar Decompression	10	CPT 2026	April 2030		☐
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separately in addition to code for primary procedure)	Apr 2008	Stereotactic Radiosurgery	16	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64451	Injection(s), anesthetic agent(s) and/or steroid; nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Apr 2010	Posterior Tibial Nerve Stimulation	13	CPT 2011	October 2019	Surveyed for April 2015, RUC recommended to review utilization again in 2 years (Oct 2019). In Oct 2019, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Feb 2010	Vagus Nerve Stimulator	14	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	☐
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electrode array (List separately in addition to code for primary procedure)	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	☐
64598	Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator	Sep 2022	Spinal Neurostimulator	04	CPT 2024	April 2028	Also to be reviewed because it was contractor priced and the response rate was below 30.	☐
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Jan 2019	Radiofrequency Neurotomy Sacroiliac Joint	08	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2026		☐
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	Jan 2021	Destruction of Intraosseous Basivertebral Nerve	14	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
64640	Destruction by neurolytic agent; other peripheral nerve or branch	Jan 2019	Genicular Injection and RFA	10	CPT 2020	April 2026	In April 2024, the specialty socieites indicated and the Workgroup agreed to Review again in 2 years (April 2026).	☐
647XX		Jan 2025	Percutaneous Decompression of Median Nerve	14	CPT 2026	April 2030		☐
64X10		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64X11		Jan 2025	Percutaneous Electrical Nerve Field Stimulation	13	CPT 2026	April 2030		☐
64XX5		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64XX6		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64XX7		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64XX8		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
64XX9		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
65756	Keratoplasty (corneal transplant); endothelial	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated. Though volume grew faster than expected, there was a decrease in other services of similar magnitude, that were previously reported and had similar work RVUs. All remained work neutral.	☑
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (list separately in addition to code for primary procedure)	Apr 2008	Endothelial Keratoplasty	20	CPT 2009	September 2012	Remove, code does not need to be re-evaluated.	☑
65778	Placement of amniotic membrane on the ocular surface; without sutures	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Feb 2010	Amniotic Membrane Placement	15	CPT 2011	September 2014	Survey for April 2015.	☑
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Oct 2011	Relativity Assessment Workgroup	51	CPT 2011	September 2014	Survey for April 2015.	☑
65785	Implantation of intrastromal corneal ring segments	Jan 2015	Intrastomal Corneal Ring Implantation	11	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Jan 2020 - Referred to CPT	☑
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	Apr 2010	Open Angle Glaucoma Procedures	15	CPT 2011	October 2019	Jan 2020 - Referred to CPT	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Apr 2013	Insertion of Anterior Segment	14	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
66683	Implantation of iris prosthesis, including suture fixation and repair or removal of iris, when performed	Apr 2023	Iris Procedures	04	CPT 2025	April 2029		☐
66982	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐
66984	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); without endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐
66987	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐
66988	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with endoscopic cyclophotocoagulation	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	Jan 2021	Cataract Removal with Drainage Device Insertion	16	CPT 2022	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	Jan 2023	Suprachoroidal Injection	10	CPT 2024	April 2028	There is currently only one FDA-approved medication for this procedure, triamcinolone acetonide, and it is approved for only one indication: macular edema associated with uveitis. The relevant HCPCS code is J-3299. Medicare claims volume for this indication is expected to be low. However, if other drugs for more common indications obtain FDA approval, claims volume may grow substantially. Thus, CPT code 6X000 will be placed on the New Technology list and will be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions. The RUC recommended that if there are new drugs that have an associated J-code that these also be considered by the Relativity Assessment Workgroup as part of the New Technology screen.	☐
68816	Probing of nasolacrimal duct, with or without irrigation; with transluminal balloon catheter dilation	Apr 2007	Nasolacrimal Duct Balloon Catheter Dilation	E	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	Jan 2021	Lacrimal Canaliculus Drug Eluting Implant Insertion	17	CPT 2022	April 2026		☐
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		☐
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Jan 2020	Dilation of Eustachian Tube	15	CPT 2021	April 2025		☐
6XX13		Jan 2025	Laminotomy – Repair of Disc Defect	11	CPT 2026	April 2030		☐
70554	Magnetic resonance imaging, brain, functional mri; including test selection and administration of repetitive body part movement and/or visual stimulation, not requiring physician or psychologist administration	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
70555	Magnetic resonance imaging, brain, functional mri; requiring physician or psychologist administration of entire neurofunctional testing	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Oct 2019	Screening CT of Thorax	07	CPT 2021	April 2025		☐
74261	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; without contrast material	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74262	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
74263	Computed tomographic (ct) colonography, screening, including image postprocessing	Apr 2009	CT Colonography	19	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75558.	☑
75558	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75560	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, as utilization is appropriate due to shift of utilization for deleted code which included "with flow/velocity quantification", code 75560.	☑
75562	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
75564	Code Deleted CPT 2010	Apr 2007	Cardiac MRI	F	CPT 2008	September 2011	Code Deleted CPT 2010	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3d image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3d image postprocessing, assessment of left ventricular [lv] cardiac function, right ventricular [rv] structure and function and evaluation of vascular structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3d image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Feb 2009	Coronary Computed Tomographic Angiography	15	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	Jan 2023	Fractional Flow Reserve with CT	11	CPT 2024	April 2028		☐
75XX6		Jan 2025	Coronary Atherosclerotic Plaque Assessment	15	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76014	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76015	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure)	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76016	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76017	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report	Jan 2024	Magnetic Resonance Examination Safety Procedures	09	CPT 2025	April 2029	CPT codes 76014-76019 will be placed on the New Technology list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.	☐
76391	Magnetic resonance (eg, vibration) elastography	Jan 2018	Magnetic Resonance Elastography	16	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76881	Ultrasound, complete joint (ie, joint space and peri-articular soft-tissue structures), real-time with image documentation	Apr 2010	Neuromuscular Ultrasound	11	CPT 2023	April 2027	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years after additional utilization data is available. However, in October 2021, the CPT Editorial Panel approved the addition of code 76883 for reporting real-time, complete neuromuscular ultrasound of nerves and accompanying	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							structures throughout their anatomic course, per extremity and the revision of 76882 to add focal evaluation. CPT code 76881 is included as part of this family, therefore, review by the RAW was no longer necessary. CPT codes 76881 and 76882 were identified as part of the neuromuscular ultrasound code family with CPT code 76883 and surveyed for the January 2022 RUC meeting. The RUC requested that 76883 be added to the new technology list and 76881 and 76882 be added for review at that time.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76882	Ultrasound, limited, joint or focal evaluation of other nonvascular extremity structure(s) (eg, joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft-tissue structure[s], or soft-tissue mass[es]), real-time with image documentation	Apr 2010	Neuromuscular Ultrasound	11	CPT 2023	April 2027	The specialty society noted and the Workgroup agreed that the dominant specialties providing the complete versus the limited ultrasound of extremity services are different. Thus, causing variation in what the typical practice expense inputs. The Workgroup recommends to 1) Refer CPT codes 76881 and 76882 to the Practice Expense Subcommittee for review of the direct practice expense inputs; 2) Refer to the CPT Editorial Panel to clarify the introductory language regarding the reference to one joint in the complete ultrasound; and 3) Review again in 3 years (October 2019). In Oct 2019, the RAW recommended to review in 2 years after additional utilization data is available. However, in October 2021, the CPT Editorial Panel approved the addition of code 76883 for reporting real-time, complete neuromuscular ultrasound of nerves and accompanying	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							structures throughout their anatomic course, per extremity and the revision of 76882 to add focal evaluation. CPT code 76881 is included as part of this family, therefore, review by the RAW was no longer necessary. CPT codes 76881 and 76882 were identified as part of the neuromuscular ultrasound code family with CPT code 76883 and surveyed for the January 2022 RUC meeting. The RUC requested that 76883 be added to the new technology list and 76881 and 76882 be added for review at that time.	
76883	Ultrasound, nerve(s) and accompanying structures throughout their entire anatomic course in one extremity, comprehensive, including real-time cine imaging with image documentation, per extremity	Jan 2022	Neuromuscular Ultrasound	11	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76978	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); initial lesion	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023	Refer to CPT Assistant to educate members about the removal of the bubble contrast agent (SD332) from direct practice expense, effective January 1, 2023. The supply item should be reported separately as a HCPCS Level II supply code such as Q9950. Remove from new technology/new services list, no demonstrated technology diffusion that impacts work or practice expense.	☑
76979	Ultrasound, targeted dynamic microbubble sonographic contrast characterization (non-cardiac); each additional lesion with separate injection (list separately in addition to code for primary procedure)	Jan 2018	Contrast-Enhanced Ultrasound	15	CPT 2019	April 2023	Refer to CPT Assistant to educate members about the removal of the bubble contrast agent (SD332) from direct practice expense, effective January 1, 2023. The supply item should be reported separately as a HCPCS Level II supply code such as Q9950. Remove from new technology/new services list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
76981	Ultrasound, elastography; parenchyma (eg, organ)	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	☑
76982	Ultrasound, elastography; first target lesion	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	☑
76983	Ultrasound, elastography; each additional target lesion (list separately in addition to code for primary procedure)	Jan 2018	Ultrasound Elastography	14	CPT 2019	September 2023	Surveyed for September 2023 meeting.	☑
76984	Ultrasound, intraoperative thoracic aorta (eg, epiaortic), diagnostic	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; including placement and manipulation of transducer, image acquisition, interpretation and report	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
76988	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; placement, manipulation of transducer, and image acquisition only	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
76989	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for congenital heart disease, diagnostic; interpretation and report only	Sep 2022	Intraoperative Ultrasound	05	CPT 2024	April 2028		☐
77021	Magnetic resonance imaging guidance for needle placement (eg, for biopsy, needle aspiration, injection, or placement of localization device) radiological supervision and interpretation	Jan 2018	Fine Needle Aspiration	04	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (cad real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	Oct 2017	Breast MRI with Computer-Aided Detection	06	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77061	Diagnostic digital breast tomosynthesis; unilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77062	Diagnostic digital breast tomosynthesis; bilateral	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	☐
77063	Screening digital breast tomosynthesis, bilateral (list separately in addition to code for primary procedure)	Apr 2014	Breast Tomosynthesis	19	CPT 2015	April 2025	In October 2018, the RUC recommended that CMS delete G0279 amd ise codes 77061, 77062 and 77063 as created by CPT and valued by the RUC. Review again in 3 years (2022). In April 2022, recommended to request again that CMS delete G0279 since it may be reported with 77061 or 77062 and RAW review again after 3 years of claims data (April 2025).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77089	Trabecular bone score (tbs), structural condition of the bone microarchitecture; using dual x-ray absorptiometry (dxa) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐
77090	Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical preparation and transmission of data for analysis to be performed elsewhere	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐
77091	Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical calculation only	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐
77092	Trabecular bone score (tbs), structural condition of the bone microarchitecture; interpretation and report on fracture-risk only by other qualified health care professional	Jan 2021	Trabecular Bone Score (TBS)	19	CPT 2022	April 2026		☐
77293	Respiratory motion management simulation (list separately in addition to code for primary procedure)	Jan 2013	Respiratory Motion Management Simulation	14	CPT 2014	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
77371	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; multi-source cobalt 60 based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cranial lesion(s) consisting of 1 session; linear accelerator based	Sep 2005	Stereotactic Radiation Tx Delivery	7	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	Stereotactic Body Radiation Therapy	B	CPT 2007	September 2010	Practice expense review (Feb 2011).	☑

CPT Code	Long Descriptor	RUC Meeting		Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions	Apr 2006	F	Stereotactic Body Radiation Therapy	B & 3	CPT 2007	September 2010/	Survey (work) and PE review (Feb 2011). Practice expense review (Feb 2011).	☑
77520	Proton treatment delivery; simple, without compensation	Apr 2019		Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐
77522	Proton treatment delivery; simple, with compensation	Apr 2019		Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐
77523	Proton treatment delivery; intermediate	Apr 2019		Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐
77525	Proton treatment delivery; complex	Apr 2019		Proton Beam Treatment Delivery (PE Only)	19	CPT 2021	April 2025		☐
77X05		Jan 2025		Superficial Radiation Therapy	17	CPT 2026	April 2030		☐
77X07		Jan 2025		Superficial Radiation Therapy	17	CPT 2026	April 2030		☐
77X08		Jan 2025		Superficial Radiation Therapy	17	CPT 2026	April 2030		☐
77X09		Jan 2025		Superficial Radiation Therapy	17	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78071	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect)	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and reviewed in 2 years	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78072	Parathyroid planar imaging (including subtraction, when performed); with tomographic (spect), and concurrently acquired computed tomography (ct) for anatomical localization	Apr 2012	Parathyroid Imaging	23	CPT 2013	October 2018	In April 2011, CPT Code 78007, Thyroid imaging, with uptake; multiple determinations was identified in the Harvard Valued-Utilization over 30,000 screen. As part of the review of the entire endocrine family, the specialty societies determined that revisions to the parathyroid imaging procedures were necessary to reflect current bundling policies, guideline changes and new technology. AMA Staff reviewed the work neutrality impacts for codes reviewed in the CPT 2013 cycle. It appeared that was only one issue where there was a large growth in utilization in the first year. For CPT 2013 the Parathyroid Imaging codes were not work neutral, and it was initially estimated as a savings overall. It appears that there was 40% increase from what was projected. The specialty societies submitted an action plan indicating that literature supporting parathyroid scintigraphy as an	☑

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							effective diagnostic study for parathyroid disease has recently emerged and supports the clinical utility thus increasing utilization. Secondly, the availability of SPECT/CT cameras has increased and is greater than initially predicted, allowing for a higher utilization. The Workgroup agreed and also noted that these services are conducted on patients who are referred to the radiologists or nuclear medicine physicians. The physicians providing these services do not control the number of patients referred to them who receive these services. The Workgroup recommends that the specialty societies develop a CPT Assistant article to address potential current use of 78803 rather than the new codes 78071 and 78072. The Workgroup noted that these services are on the new technology list for review later this year and should be postponed and reviewed in 2 years	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							after the CPT Assistant article is published. In October 2018, the RUC recommended to remove from list , no demonstrated technology diffusion that impacts work or practice expense.	
78265	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel transit	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
78266	Gastric emptying imaging study (eg, solid, liquid, or both); with small bowel and colon transit, multiple days	Apr 2015	Colon Transit Imaging	18	CPT 2016	October 2019	Remove from list , no demonstrated technology diffusion that impacts work or practice expense.	☑
78429	Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78430	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78431	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78432	Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78433	Myocardial imaging, positron emission tomography (pet), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78434	Absolute quantitation of myocardial blood flow (aqmbf), positron emission tomography (pet), rest and pharmacologic stress (list separately in addition to code for primary procedure)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78459	Myocardial imaging, positron emission tomography (pet), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study;	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78491	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78492	Myocardial imaging, positron emission tomography (pet), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)	Jan 2019	Myocardial PET	13	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense. The Workgroup noted that these services were recently bundled and will come up on the high volume screen they reach those criteria.	☑
78811	Positron emission tomography (pet) imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78812	Positron emission tomography (pet) imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78813	Positron emission tomography (pet) imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78814	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78815	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78816	Positron emission tomography (pet) with concurrently acquired computed tomography (ct) for attenuation correction and anatomical localization imaging; whole body	Apr 2007	PET Imaging	G	CPT 2008	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78830	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect) with concurrently acquired computed tomography (ct) transmission scan for anatomical review, localization and determination/detection of pathology, single area (eg, head, neck, chest, pelvis) or acquisition, single day imaging	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
78831	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect), minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78832	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed); tomographic (spect) with concurrently acquired computed tomography (ct) transmission scan for anatomical review, localization and determination/detection of pathology, minimum 2 areas (eg, pelvis and knees, chest and abdomen) or separate acquisitions (eg, lung ventilation and perfusion), single day imaging, or single area or acquisition over 2 or more days	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
78835	Radiopharmaceutical quantification measurement(s) single area (list separately in addition to code for primary procedure)	Jan 2019	SPECT-CT Procedures	14	CPT 2020	April 2024	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
81161	Dmd (dystrophin) (eg, duchenne/becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Oct 2012	Molecular Pathology -Tier 1	11	CPT 2014	October 2017	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81201	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; full gene sequence	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81202	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; known familial variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81203	Apc (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [fap], attenuated fap) gene analysis; duplication/deletion variants	Apr 2012	Molecular Pathology-Adenomatous Polyposis Coli	24	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81206	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; major breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81207	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; minor breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81208	Bcr/abl1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis; other breakpoint, qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81210	Braf (b-raf proto-oncogene, serine/threonine kinase) (eg, colon cancer, melanoma), gene analysis, v600 variant(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81216	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81217	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81220	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, acmg/acog guidelines)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81221	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; known familial variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81222	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; duplication/deletion variants	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81223	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81224	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; intron 8 poly-t analysis (eg, male infertility)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81225	Cyp2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81227	Cyp2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81235	Egfr (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 lrea deletion, l858r, t790m, g719a, g719s, l861q)	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81240	F2 (prothrombin, coagulation factor ii) (eg, hereditary hypercoagulability) gene analysis, 20210g>a variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81241	F5 (coagulation factor v) (eg, hereditary hypercoagulability) gene analysis, leiden variant	Apr 2011	Molecular Pathology Test - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81243	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81244	Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; characterization of alleles (eg, expanded size and promoter methylation status)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81245	Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; internal tandem duplication (itd) variants (ie, exons 14, 15)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81252	Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81253	Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81254	Gjb6 (gap junction protein, beta 6, 30kda, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(gjb6-d13s1830)] and 232kb [del(gjb6-d13s1854)])	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81256	Hfe (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, c282y, h63d)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81257	Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbh disease), gene analysis; common deletions or variant (eg, southeast asian, thai, filipino, mediterranean, alpha3.7, alpha4.2, alpha20.5, constant spring)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81261	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81262	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (eg, southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81263	Igh@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81264	Igk@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81265	Comparative analysis using short tandem repeat (str) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-hematopoietic recipient germline [eg, buccal swab or other germline tissue sample] and donor testing, twin zygosity testing, or maternal cell contamination of fetal cells)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81266	Comparative analysis using short tandem repeat (str) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or additional zygosity in multiple birth pregnancies) (list separately in addition to code for primary procedure)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81267	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; without cell selection	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81268	Chimerism (engraftment) analysis, post transplantation specimen (eg, hematopoietic stem cell), includes comparison to previously performed baseline analyses; with cell selection (eg, cd3, cd33), each cell type	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81270	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.val617phe (v617f) variant	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81275	Kras (kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; variants in exon 2 (eg, codons 12 and 13)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81291	Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81292	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81293	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81294	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81295	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81296	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81297	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81298	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81299	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81300	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes comparison of neoplastic and normal tissue, if performed	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81302	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81303	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81304	Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81315	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; common breakpoints (eg, intron 3 and intron 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81316	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	Apr 2011	Molecular Pathology - Tier 1	15	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81317	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81318	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81319	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81321	Pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; full sequence analysis	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81322	Pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; known familial variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81323	Pten (phosphatase and tensin homolog) (eg, cowden syndrome, pten hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Sep 2011	Molecular Pathology Test - Tier 1	09	CPT 2013	October 2016	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81331	Snrpn/ube3a (small nuclear ribonucleoprotein polypeptide n and ubiquitin protein ligase e3a) (eg, prader-willi syndrome and/or angelman syndrome), methylation analysis	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81332	Serpina1 (serpin peptidase inhibitor, clade a, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *s and *z)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81340	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, polymerase chain reaction)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81341	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methodology (eg, southern blot)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81342	Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81350	Ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [gilbert syndrome]) gene analysis, common variants (eg, *28, *36, *37)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81355	Vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variant(s) (eg, -1639g>a, c.173+1000c>t)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81370	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, -c, -drb1/3/4/5, and -dqb1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81371	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, and -drb1 (eg, verification typing)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81372	Hla class i typing, low resolution (eg, antigen equivalents); complete (ie, hla-a, -b, and -c)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81373	Hla class i typing, low resolution (eg, antigen equivalents); one locus (eg, hla-a, -b, or -c), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81374	Hla class i typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, b*27), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81375	Hla class ii typing, low resolution (eg, antigen equivalents); hla-drb1/3/4/5 and -dqb1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81376	Hla class ii typing, low resolution (eg, antigen equivalents); one locus (eg, hla-drb1, -drb3/4/5, -dqb1, -dqa1, -dpb1, or -dpa1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81377	Hla class ii typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81378	Hla class i and ii typing, high resolution (ie, alleles or allele groups), hla-a, -b, -c, and -drb1	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81379	Hla class i typing, high resolution (ie, alleles or allele groups); complete (ie, hla-a, -b, and -c)	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81380	Hla class i typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-a, -b, or -c), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81381	Hla class i typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, b*57:01p), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81382	Hla class ii typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-drb1, -drb3/4/5, -dqb1, -dqa1, -dpb1, or -dpa1), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑
81383	Hla class ii typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, hla-dqb1*06:02p), each	Sep 2011	Molecular Pathology Test - Tier 1	05	CPT 2012	October 2015	Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81400	Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis) acadm (acyl-coa dehydrogenase, c-4 to c-12 straight chain, mcad) (eg, medium chain acyl dehydrogenase deficiency), k304e variant ace (angiotensin converting enzyme) (eg, hereditary blood pressure regulation), insertion/deletion variant agtr1 (angiotensin ii receptor, type 1) (eg, essential hypertension), 1166a>c variant bckdha (branched chain keto acid dehydrogenase e1, alpha polypeptide) (eg, maple syrup urine disease, type 1a), y438n variant ccr5 (chemokine c-c motif receptor 5) (eg, hiv resistance), 32-bp deletion mutation/794 825del32 deletion clrn1 (clarin 1) (eg, usher syndrome, type 3), n48k variant f2 (coagulation factor 2) (eg, hereditary hypercoagulability), 1199g>a variant f5 (coagulation factor v) (eg, hereditary hypercoagulability), hr2 variant f7 (coagulation factor vii [serum prothrombin conversion accelerator]) (eg, hereditary hypercoagulability), r353q variant f13b (coagulation factor xiii, b polypeptide) (eg, hereditary hypercoagulability), v34l variant fgb (fibrinogen beta chain) (eg, hereditary ischemic heart disease), -455g>a variant fgfr1 (fibroblast growth factor receptor 1) (eg, pfeiffer syndrome type 1, craniosynostosis), p252r variant fgfr3 (fibroblast growth factor receptor 3) (eg, muenke syndrome), p250r variant fktn (fukutin) (eg, fukuyama congenital muscular dystrophy), retrotransposon insertion variant gne (glucosamine [udp-n-acetyl]-2-epimerase/n-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [ibm2], nonaka myopathy), m712t variant ivd (isovaleryl-coa dehydrogenase) (eg, isovaleric acidemia), a282v variant lct (lactase-phlorizin hydrolase) (eg, lactose intolerance), 13910 c>t variant neb (nebulin) (eg, nemaline myopathy 2), exon 55 deletion variant pcdh15 (protocadherin-related 15) (eg, usher syndrome type 1f), r245x variant serpine1 (serpine peptidase	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	inhibitor clade e, member 1, plasminogen activator inhibitor -1, pai-1) (eg, thrombophilia), 4g variant shoc2 (soc-2 suppressor of clear homolog) (eg, noonan-like syndrome with loose anagen hair), s2g variant sry (sex determining region y) (eg, 46,xx testicular disorder of sex development, gonadal dysgenesis), gene analysis tor1a (torsin family 1, member a [torsin a]) (eg, early-onset primary dystonia [dyt1]), 907_909delgag (904_906delgag) variant							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81401	Molecular pathology procedure, level 2 (eg, 2-10 snps, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dynamic mutation disorder/triplet repeat) abcc8 (atp-binding cassette, sub-family c [cftr/mrp], member 8) (eg, familial hyperinsulinism), common variants (eg, c.3898-9g>a [c.3992-9g>a], f1388del) abl1 (abl proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib resistance), t315i variant acadm (acyl-coa dehydrogenase, c-4 to c-12 straight chain, mcad) (eg, medium chain acyl dehydrogenase deficiency), commons variants (eg, k304e, y42h) adrb2 (adrenergic beta-2 receptor surface) (eg, drug metabolism), common variants (eg, g16r, q27e) apob (apolipoprotein b) (eg, familial hypercholesterolemia type b), common variants (eg, r3500q, r3500w) apoe (apolipoprotein e) (eg, hyperlipoproteinemia type iii, cardiovascular disease, alzheimer disease), common variants (eg, *2, *3, *4) cbfb/myh11 (inv(16)) (eg, acute myeloid leukemia), qualitative, and quantitative, if performed cbs (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), common variants (eg, i278t, g307s) cfh/arms2 (complement factor h/age-related maculopathy susceptibility 2) (eg, macular degeneration), common variants (eg, y402h [cfh], a69s [arms2]) dek/nup214 (t(6;9)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed e2a/pbx1 (t(1;19)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed eml4/alk (inv(2)) (eg, non-small cell lung cancer), translocation or inversion analysis etv6/runx1 (t(12;21)) (eg, acute lymphocytic leukemia), translocation analysis, qualitative, and quantitative, if performed ewsr1/atf1 (t(12;22)) (eg, clear cell sarcoma), translocation analysis, qualitative, and quantitative, if performed ewsr1/erg (t(21;22)) (eg, ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	quantitative, if performed ewsr1/fli1 (t(11;22)) (eg, ewing sarcoma/peripheral neuroectodermal tumor), translocation analysis, qualitative, and quantitative, if performed ewsr1/wt1 (t(11;22)) (eg, desmoplastic small round cell tumor), translocation analysis, qualitative, and quantitative, if performed f11 (coagulation factor xi) (eg, coagulation disorder), common variants (eg, e117x [type ii], f283l [type iii], ivs14del14, and ivs14+1g>a [type i]) fgfr3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), common variants (eg, 1138g>a, 1138g>c, 1620c>a, 1620c>g) fip1l1/pdgfra (del[4q12]) (eg, imatinib-sensitive chronic eosinophilic leukemia), qualitative, and quantitative, if performed flg (filaggrin) (eg, ichthyosis vulgaris), common variants (eg, r501x, 2282del4, r2447x, s3247x, 3702delg) foxo1/pax3 (t(2;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed foxo1/pax7 (t(1;13)) (eg, alveolar rhabdomyosarcoma), translocation analysis, qualitative, and quantitative, if performed fus/ddit3 (t(12;16)) (eg, myxoid liposarcoma), translocation analysis, qualitative, and quantitative, if performed galc (galactosylceramidase) (eg, krabbe disease), common variants (eg, c.857g>a, 30-kb deletion) galt (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), common variants (eg, q188r, s135l, k285n, t138m, l195p, y209c, ivs2-2a>g, p171s, del5kb, n314d, l218l/n314d) h19 (imprinted maternally expressed transcript [non-protein coding]) (eg, beckwith-wiedemann syndrome), methylation analysis igh@/bcl2 (t(14;18)) (eg, follicular lymphoma), translocation analysis; single breakpoint (eg, major breakpoint region [mbr] or minor cluster region [mcr]), qualitative or quantitative (when both mbr and mcr breakpoints are performed, use 81278) kcnq1ot1 (kcnq1 overlapping transcript 1 [non-protein coding]) (eg, beckwith-wiedemann syndrome), methylation analysis linc00518 (long intergenic non-protein coding rna 518) (eg, melanoma), expression							

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	analysis lrrk2 (leucine-rich repeat kinase 2) (eg, parkinson disease), common variants (eg, r1441g, g2019s, i2020t) med12 (mediator complex subunit 12) (eg, fg syndrome type 1, lujan syndrome), common variants (eg, r961w, n1007s) meg3/dlk1 (maternally expressed 3 [non-protein coding]/delta-like 1 homolog [drosophila]) (eg, intrauterine growth retardation), methylation analysis mll/aff1 (t(4;11)) (eg, acute lymphoblastic leukemia), translocation analysis, qualitative, and quantitative, if performed mll/mllt3 (t(9;11)) (eg, acute myeloid leukemia), translocation analysis, qualitative, and quantitative, if performed mt-atp6 (mitochondrially encoded atp synthase 6) (eg, neuropathy with ataxia and retinitis pigmentosa [narp], leigh syndrome), common variants (eg, m.8993t>g, m.8993t>c) mt-nd4, mt-nd6 (mitochondrially encoded nadh dehydrogenase 4, mitochondrially encoded nadh dehydrogenase 6) (eg, leber hereditary optic neuropathy [lhon]), common variants (eg, m.11778g>a, m.3460g>a, m.14484t>c) mt-nd5 (mitochondrially encoded trna leucine 1 [uua/g], mitochondrially encoded nadh dehydrogenase 5) (eg, mitochondrial encephalopathy with lactic acidosis and stroke-like episodes [melas]), common variants (eg, m.3243a>g, m.3271t>c, m.3252a>g, m.13513g>a) mt-rnr1 (mitochondrially encoded 12s rna) (eg, nonsyndromic hearing loss), common variants (eg, m.1555a>g, m.1494c>t) mt-tk (mitochondrially encoded trna lysine) (eg, myoclonic epilepsy with ragged-red fibers [merrf]), common variants (eg, m.8344a>g, m.8356t>c) mt-tl1 (mitochondrially encoded trna leucine 1 [uua/g]) (eg, diabetes and hearing loss), common variants (eg, m.3243a>g, m.14709 t>c) mt-tl1 mt-ts1, mt-rnr1 (mitochondrially encoded trna serine 1 [ucn], mitochondrially encoded 12s rna) (eg, nonsyndromic sensorineural deafness [including aminoglycoside-induced nonsyndromic deafness]), common variants (eg, m.7445a>g, m.1555a>g) mutyh (muty homolog [e. coli]) (eg, myh-associated polyposis), common variants (eg,							

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	y165c, g382d) nod2 (nucleotide-binding oligomerization domain containing 2) (eg, crohn's disease, blau syndrome), common variants (eg, snp 8, snp 12, snp 13) npm1/alk (t(2;5)) (eg, anaplastic large cell lymphoma), translocation analysis pax8/pparg (t(2;3) (q13;p25)) (eg, follicular thyroid carcinoma), translocation analysis prame (preferentially expressed antigen in melanoma) (eg, melanoma), expression analysis prss1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), common variants (eg, n29i, a16v, r122h) pygm (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type v, mcardle disease), common variants (eg, r50x, g205s) runx1/runx1t1 (t(8;21)) (eg, acute myeloid leukemia) translocation analysis, qualitative, and quantitative, if performed ss18/ssx1 (t(x;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed ss18/ssx2 (t(x;18)) (eg, synovial sarcoma), translocation analysis, qualitative, and quantitative, if performed vwf (von willebrand factor) (eg, von willebrand disease type 2n), common variants (eg, t791m, r816w, r854q)							

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81402	Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobulin and t-cell receptor gene rearrangements, duplication/deletion variants of 1 exon, loss of heterozygosity [loh], uniparental disomy [upd]) chromosome 1p-/19q- (eg, glial tumors), deletion analysis chromosome 18q- (eg, d18s55, d18s58, d18s61, d18s64, and d18s69) (eg, colon cancer), allelic imbalance assessment (ie, loss of heterozygosity) col1a1/pdgfb (t(17;22)) (eg, dermatofibrosarcoma protuberans), translocation analysis, multiple breakpoints, qualitative, and quantitative, if performed cyp21a2 (cytochrome p450, family 21, subfamily a, polypeptide 2) (eg, congenital adrenal hyperplasia, 21-hydroxylase deficiency), common variants (eg, ivs2-13g, p30l, i172n, exon 6 mutation cluster [i235n, v236e, m238k], v281l, l307ffsx6, q318x, r356w, p453s, g110vfsx21, 30-kb deletion variant) esr1/pgr (receptor 1/progesterone receptor) ratio (eg, breast cancer) mefv (mediterranean fever) (eg, familial mediterranean fever), common variants (eg, e148q, p369s, f479l, m680i, i692del, m694v, m694i, k695r, v726a, a744s, r761h) trd@ (t cell antigen receptor, delta) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population uniparental disomy (upd) (eg, russell-silver syndrome, prader-willi/angelman syndrome), short tandem repeat (str) analysis	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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81403	Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10 amplicons using multiplex pcr in 2 or more independent reactions, mutation scanning or duplication/deletion variants of 2-5 exons) ang (angiogenin, ribonuclease, rnase a family, 5) (eg, amyotrophic lateral sclerosis), full gene sequence arx (aristaless-related homeobox) (eg, x-linked lissencephaly with ambiguous genitalia, x-linked mental retardation), duplication/deletion analysis cel (carboxyl ester lipase [bile salt-stimulated lipase]) (eg, maturity-onset diabetes of the young [mody]), targeted sequence analysis of exon 11 (eg, c.1785delc, c.1686delt) ctnnb1 (catenin [cadherin-associated protein], beta 1, 88kda) (eg, desmoid tumors), targeted sequence analysis (eg, exon 3) daz/sry (deleted in azoospermia and sex determining region y) (eg, male infertility), common deletions (eg, azfa, azfb, azfc, azfd) dnmt3a (dna [cytosine-5-]-methyltransferase 3 alpha) (eg, acute myeloid leukemia), targeted sequence analysis (eg, exon 23) epcam (epithelial cell adhesion molecule) (eg, lynch syndrome), duplication/deletion analysis f8 (coagulation factor viii) (eg, hemophilia a), inversion analysis, intron 1 and intron 22a f12 (coagulation factor xii [hageman factor]) (eg, angioedema, hereditary, type iii; factor xii deficiency), targeted sequence analysis of exon 9 fgfr3 (fibroblast growth factor receptor 3) (eg, isolated craniosynostosis), targeted sequence analysis (eg, exon 7) (for targeted sequence analysis of multiple fgfr3 exons, use 81404) gjb1 (gap junction protein, beta 1) (eg, charcot-marie-tooth x-linked), full gene sequence gnaq (guanine nucleotide-binding protein g[q] subunit alpha) (eg, uveal melanoma), common variants (eg, r183, q209) human erythrocyte antigen gene analyses (eg, slc14a1 [kidd blood group], bcam [lutheran blood group], icam4 [landsteiner-wiener blood group], slc4a1 [diego blood group], aqp1 [colton blood group], ermap [scianna blood group], rhce [rh blood group, ccee antigens], kel [kell blood group], darc [duffy blood	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	group], gypa, gypb, gype [mns blood group], art4 [dombrock blood group]) (eg, sickle-cell disease, thalassemia, hemolytic transfusion reactions, hemolytic disease of the fetus or newborn), common variants hras (v-ha-ras harvey rat sarcoma viral oncogene homolog) (eg, costello syndrome), exon 2 sequence kcnc3 (potassium voltage-gated channel, shaw-related subfamily, member 3) (eg, spinocerebellar ataxia), targeted sequence analysis (eg, exon 2) kcnj2 (potassium inwardly-rectifying channel, subfamily j, member 2) (eg, andersen-tawil syndrome), full gene sequence kcnj11 (potassium inwardly-rectifying channel, subfamily j, member 11) (eg, familial hyperinsulinism), full gene sequence killer cell immunoglobulin-like receptor (kir) gene family (eg, hematopoietic stem cell transplantation), genotyping of kir family genes known familial variant not otherwise specified, for gene listed in tier 1 or tier 2, or identified during a genomic sequencing procedure, dna sequence analysis, each variant exon (for a known familial variant that is considered a common variant, use specific common variant tier 1 or tier 2 code) mc4r (melanocortin 4 receptor) (eg, obesity), full gene sequence mica (mhc class i polypeptide-related sequence a) (eg, solid organ transplantation), common variants (eg, *001, *002) mt-rnr1 (mitochondrially encoded 12s rna) (eg, nonsyndromic hearing loss), full gene sequence mt-ts1 (mitochondrially encoded trna serine 1) (eg, nonsyndromic hearing loss), full gene sequence ndp (norrie disease [pseudoglioma]) (eg, norrie disease), duplication/deletion analysis nhlrc1 (nhl repeat containing 1) (eg, progressive myoclonus epilepsy), full gene sequence phox2b (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), duplication/deletion analysis pln (phospholamban) (eg, dilated cardiomyopathy, hypertrophic cardiomyopathy), full gene sequence rhd (rh blood group, d antigen) (eg, hemolytic disease of the fetus and newborn, rh maternal/fetal compatibility), deletion analysis							

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	(eg, exons 4, 5, and 7, pseudogene) rhd (rh blood group, d antigen) (eg, hemolytic disease of the fetus and newborn, rh maternal/fetal compatibility), deletion analysis (eg, exons 4, 5, and 7, pseudogene), performed on cell-free fetal dna in maternal blood (for human erythrocyte gene analysis of rhd, use a separate unit of 81403) sh2d1a (sh2 domain containing 1a) (eg, x-linked lymphoproliferative syndrome), duplication/deletion analysis twist1 (twist homolog 1 [drosophila]) (eg, saethre-chotzen syndrome), duplication/deletion analysis uba1 (ubiquitin-like modifier activating enzyme 1) (eg, spinal muscular atrophy, x-linked), targeted sequence analysis (eg, exon 15) vhl (von hippel-lindau tumor suppressor) (eg, von hippel-lindau familial cancer syndrome), deletion/duplication analysis vwf (von willebrand factor) (eg, von willebrand disease types 2a, 2b, 2m), targeted sequence analysis (eg, exon 28)							

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81404	Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterization of a dynamic mutation disorder/triplet repeat by southern blot analysis) acads (acyl-coa dehydrogenase, c-2 to c-3 short chain) (eg, short chain acyl-coa dehydrogenase deficiency), targeted sequence analysis (eg, exons 5 and 6) aqp2 (aquaporin 2 [collecting duct]) (eg, nephrogenic diabetes insipidus), full gene sequence arx (aristaless related homeobox) (eg, x-linked lissencephaly with ambiguous genitalia, x-linked mental retardation), full gene sequence avpr2 (arginine vasopressin receptor 2) (eg, nephrogenic diabetes insipidus), full gene sequence bbs10 (bardet-biedl syndrome 10) (eg, bardet-biedl syndrome), full gene sequence btd (biotinidase) (eg, biotinidase deficiency), full gene sequence c10orf2 (chromosome 10 open reading frame 2) (eg, mitochondrial dna depletion syndrome), full gene sequence cav3 (caveolin 3) (eg, cav3-related distal myopathy, limb-girdle muscular dystrophy type 1c), full gene sequence cd40lg (cd40 ligand) (eg, x-linked hyper igm syndrome), full gene sequence cdkn2a (cyclin-dependent kinase inhibitor 2a) (eg, cdkn2a-related cutaneous malignant melanoma, familial atypical mole-malignant melanoma syndrome), full gene sequence clrn1 (clarin 1) (eg, usher syndrome, type 3), full gene sequence cox6b1 (cytochrome c oxidase subunit vib polypeptide 1) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cpt2 (carnitine palmitoyltransferase 2) (eg, carnitine palmitoyltransferase ii deficiency), full gene sequence crx (cone-rod homeobox) (eg, cone-rod dystrophy 2, leber congenital amaurosis), full gene sequence cyp1b1 (cytochrome p450, family 1, subfamily b, polypeptide 1) (eg, primary congenital glaucoma), full gene sequence egr2 (early growth response 2) (eg, charcot-marie-tooth), full gene sequence emd (emerin) (eg, emery-dreifuss	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	muscular dystrophy), duplication/deletion analysis epm2a (epilepsy, progressive myoclonus type 2a, lafora disease [laforin]) (eg, progressive myoclonus epilepsy), full gene sequence fgf23 (fibroblast growth factor 23) (eg, hypophosphatemic rickets), full gene sequence fgfr2 (fibroblast growth factor receptor 2) (eg, craniosynostosis, apert syndrome, crouzon syndrome), targeted sequence analysis (eg, exons 8, 10) fgfr3 (fibroblast growth factor receptor 3) (eg, achondroplasia, hypochondroplasia), targeted sequence analysis (eg, exons 8, 11, 12, 13) fhl1 (four and a half lim domains 1) (eg, emery-dreifuss muscular dystrophy), full gene sequence fkrp (fukutin related protein) (eg, congenital muscular dystrophy type 1c [mdc1c], limb-girdle muscular dystrophy [lgmd] type 2i), full gene sequence foxg1 (forkhead box g1) (eg, rett syndrome), full gene sequence fshmd1a (facioscapulohumeral muscular dystrophy 1a) (eg, facioscapulohumeral muscular dystrophy), evaluation to detect abnormal (eg, deleted) alleles fshmd1a (facioscapulohumeral muscular dystrophy 1a) (eg, facioscapulohumeral muscular dystrophy), characterization of haplotype(s) (ie, chromosome 4a and 4b haplotypes) gh1 (growth hormone 1) (eg, growth hormone deficiency), full gene sequence gp1bb (glycoprotein ib [platelet], beta polypeptide) (eg, bernard-soulier syndrome type b), full gene sequence (for common deletion variants of alpha globin 1 and alpha globin 2 genes, use 81257) hnf1b (hnf1 homeobox b) (eg, maturity-onset diabetes of the young [mody]), duplication/deletion analysis hras (v-ha-ras harvey rat sarcoma viral oncogene homolog) (eg, costello syndrome), full gene sequence hsd3b2 (hydroxy-delta-5-steroid dehydrogenase, 3 beta- and steroid delta-isomerase 2) (eg, 3-beta-hydroxysteroid dehydrogenase type ii deficiency), full gene sequence hsd11b2 (hydroxysteroid [11-beta] dehydrogenase 2) (eg, mineralocorticoid excess syndrome), full gene sequence hspb1 (heat shock 27kda protein 1) (eg, charcot-marie-tooth disease),							

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	full gene sequence ins (insulin) (eg, diabetes mellitus), full gene sequence kcnj1 (potassium inwardly-rectifying channel, subfamily j, member 1) (eg, bartter syndrome), full gene sequence kcnj10 (potassium inwardly-rectifying channel, subfamily j, member 10) (eg, sesame syndrome, east syndrome, sensorineural hearing loss), full gene sequence litaf (lipopolysaccharide-induced tnf factor) (eg, charcot-marie-tooth), full gene sequence mefv (mediterranean fever) (eg, familial mediterranean fever), full gene sequence men1 (multiple endocrine neoplasia i) (eg, multiple endocrine neoplasia type 1, wermer syndrome), duplication/deletion analysis mmachc (methylmalonic aciduria [cobalamin deficiency] cblc type, with homocystinuria) (eg, methylmalonic acidemia and homocystinuria), full gene sequence mpv17 (mpv17 mitochondrial inner membrane protein) (eg, mitochondrial dna depletion syndrome), duplication/deletion analysis ndp (norrie disease [pseudoglioma]) (eg, norrie disease), full gene sequence ndufa1 (nadh dehydrogenase [ubiquinone] 1 alpha subcomplex, 1, 7.5kda) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufaf2 (nadh dehydrogenase [ubiquinone] 1 alpha subcomplex, assembly factor 2) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufs4 (nadh dehydrogenase [ubiquinone] fe-s protein 4, 18kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence nipa1 (non-imprinted in prader-willi/angelman syndrome 1) (eg, spastic paraplegia), full gene sequence nlgn4x (neuroligin 4, x-linked) (eg, autism spectrum disorders), duplication/deletion analysis npc2 (niemann-pick disease, type c2 [epididymal secretory protein e1]) (eg, niemann-pick disease type c2), full gene sequence nr0b1 (nuclear receptor subfamily 0, group b, member 1) (eg, congenital adrenal hypoplasia), full gene sequence pdx1 (pancreatic and duodenal homeobox 1) (eg, maturity-onset diabetes of the							

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	young [mody]), full gene sequence phox2b (paired-like homeobox 2b) (eg, congenital central hypoventilation syndrome), full gene sequence plp1 (proteolipid protein 1) (eg, pelizaeus-merzbacher disease, spastic paraplegia), duplication/deletion analysis pqbp1 (polyglutamine binding protein 1) (eg, renpenning syndrome), duplication/deletion analysis prnp (prion protein) (eg, genetic prion disease), full gene sequence prop1 (prop paired-like homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence prph2 (peripherin 2 [retinal degeneration, slow]) (eg, retinitis pigmentosa), full gene sequence prss1 (protease, serine, 1 [trypsin 1]) (eg, hereditary pancreatitis), full gene sequence raf1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, leopard syndrome), targeted sequence analysis (eg, exons 7, 12, 14, 17) ret (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2b and familial medullary thyroid carcinoma), common variants (eg, m918t, 2647_2648delinstt, a883f) rho (rhodopsin) (eg, retinitis pigmentosa), full gene sequence rp1 (retinitis pigmentosa 1) (eg, retinitis pigmentosa), full gene sequence scn1b (sodium channel, voltage-gated, type i, beta) (eg, brugada syndrome), full gene sequence sco2 (sco cytochrome oxidase deficient homolog 2 [sco1l]) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence sdhc (succinate dehydrogenase complex, subunit c, integral membrane protein, 15kda) (eg, hereditary paraganglioma-pheochromocytoma syndrome), duplication/deletion analysis sdhd (succinate dehydrogenase complex, subunit d, integral membrane protein) (eg, hereditary paraganglioma), full gene sequence sgcg (sarcoglycan, gamma [35kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), duplication/deletion analysis sh2d1a (sh2 domain containing 1a) (eg, x-linked lymphoproliferative syndrome), full gene sequence slc16a2 (solute carrier family 16, member 2							

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	[thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter deficiency, allan-herndon-dudley syndrome), duplication/deletion analysis slc25a20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), duplication/deletion analysis slc25a4 (solute carrier family 25 [mitochondrial carrier; adenine nucleotide translocator], member 4) (eg, progressive external ophthalmoplegia), full gene sequence sod1 (superoxide dismutase 1, soluble) (eg, amyotrophic lateral sclerosis), full gene sequence spink1 (serine peptidase inhibitor, kazal type 1) (eg, hereditary pancreatitis), full gene sequence stk11 (serine/threonine kinase 11) (eg, peutz-jeghers syndrome), duplication/deletion analysis taco1 (translational activator of mitochondrial encoded cytochrome c oxidase i) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence thap1 (thap domain containing, apoptosis associated protein 1) (eg, torsion dystonia), full gene sequence tor1a (torsin family 1, member a [torsin a]) (eg, torsion dystonia), full gene sequence ttpa (tocopherol [alpha] transfer protein) (eg, ataxia), full gene sequence ttr (transthyretin) (eg, familial transthyretin amyloidosis), full gene sequence twist1 (twist homolog 1 [drosophila]) (eg, saethre-chotzen syndrome), full gene sequence tyr (tyrosinase [oculocutaneous albinism ia]) (eg, oculocutaneous albinism ia), full gene sequence ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, hereditary unconjugated hyperbilirubinemia [crigler-najjar syndrome]) full gene sequence ush1g (usher syndrome 1g [autosomal recessive]) (eg, usher syndrome, type 1), full gene sequence vhl (von hippel-lindau tumor suppressor) (eg, von hippel-lindau familial cancer syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease type 1c), targeted sequence analysis (eg, exons 26, 27, 37) zeb2 (zinc finger e-box binding homeobox 2) (eg, mowat-wilson syndrome), duplication/deletion							

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	analysis znf41 (zinc finger protein 41) (eg, x-linked mental retardation 89), full gene sequence							

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81405	Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons, regionally targeted cytogenomic array analysis) abcd1 (atp-binding cassette, sub-family d [ald], member 1) (eg, adrenoleukodystrophy), full gene sequence acads (acyl-coa dehydrogenase, c-2 to c-3 short chain) (eg, short chain acyl-coa dehydrogenase deficiency), full gene sequence acta2 (actin, alpha 2, smooth muscle, aorta) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence actc1 (actin, alpha, cardiac muscle 1) (eg, familial hypertrophic cardiomyopathy), full gene sequence ankrd1 (ankyrin repeat domain 1) (eg, dilated cardiomyopathy), full gene sequence aptx (aprataxin) (eg, ataxia with oculomotor apraxia 1), full gene sequence arsa (arylsulfatase a) (eg, arylsulfatase a deficiency), full gene sequence bckdha (branched chain keto acid dehydrogenase e1, alpha polypeptide) (eg, maple syrup urine disease, type 1a), full gene sequence bcs1l (bcs1-like [s. cerevisiae]) (eg, leigh syndrome, mitochondrial complex iii deficiency, gracile syndrome), full gene sequence bmpr2 (bone morphogenetic protein receptor, type ii [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), duplication/deletion analysis casq2 (calsequestrin 2 [cardiac muscle]) (eg, catecholaminergic polymorphic ventricular tachycardia), full gene sequence casr (calcium-sensing receptor) (eg, hypocalcemia), full gene sequence cdkl5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), duplication/deletion analysis chrna4 (cholinergic receptor, nicotinic, alpha 4) (eg, nocturnal frontal lobe epilepsy), full gene sequence chrnb2 (cholinergic receptor, nicotinic, beta 2 [neuronal]) (eg, nocturnal frontal lobe epilepsy), full gene sequence cox10 (cox10 homolog, cytochrome c oxidase assembly protein) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cox15 (cox15 homolog, cytochrome c	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	oxidase assembly protein) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence cpox (coproporphyrinogen oxidase) (eg, hereditary coproporphyria), full gene sequence ctrc (chymotrypsin c) (eg, hereditary pancreatitis), full gene sequence cyp11b1 (cytochrome p450, family 11, subfamily b, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence cyp17a1 (cytochrome p450, family 17, subfamily a, polypeptide 1) (eg, congenital adrenal hyperplasia), full gene sequence cyp21a2 (cytochrome p450, family 21, subfamily a, polypeptide2) (eg, steroid 21-hydroxylase isoform, congenital adrenal hyperplasia), full gene sequence cytogenomic constitutional targeted microarray analysis of chromosome 22q13 by interrogation of genomic regions for copy number and single nucleotide polymorphism (snp) variants for chromosomal abnormalities (when performing cytogenomic [genome-wide] analysis for constitutional chromosomal abnormalities, see 81228, 81229, 81349) (do not report analyte-specific molecular pathology procedures separately when the specific analytes are included as part of the microarray analysis of chromosome 22q13) (do not report 88271 when performing cytogenomic microarray analysis) dbt (dihydrolipoamide branched chain transacylase e2) (eg, maple syrup urine disease, type 2), duplication/deletion analysis dcx (doublecortin) (eg, x-linked lissencephaly), full gene sequence des (desmin) (eg, myofibrillar myopathy), full gene sequence dfnb59 (deafness, autosomal recessive 59) (eg, autosomal recessive nonsyndromic hearing impairment), full gene sequence dguok (deoxyguanosine kinase) (eg, hepatocerebral mitochondrial dna depletion syndrome), full gene sequence dhcr7 (7-dehydrocholesterol reductase) (eg, smith-lemli-opitz syndrome), full gene sequence eif2b2 (eukaryotic translation initiation factor 2b, subunit 2 beta, 39kda) (eg, leukoencephalopathy with vanishing white matter), full gene sequence emd (emerin) (eg, emery-							

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	dreifuss muscular dystrophy), full gene sequence eng (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), duplication/deletion analysis eya1 (eyes absent homolog 1 [drosophila]) (eg, branchio-oto-renal [bor] spectrum disorders), duplication/deletion analysis fgfr1 (fibroblast growth factor receptor 1) (eg, kallmann syndrome 2), full gene sequence fh (fumarate hydratase) (eg, fumarate hydratase deficiency, hereditary leiomyomatosis with renal cell cancer), full gene sequence fktn (fukutin) (eg, limb-girdle muscular dystrophy [lgmd] type 2m or 2l), full gene sequence ftsj1 (ftsj rna methyltransferase homolog 1 [e. coli]) (eg, x-linked mental retardation 9), duplication/deletion analysis gabrg2 (gamma-aminobutyric acid [gaba] a receptor, gamma 2) (eg, generalized epilepsy with febrile seizures), full gene sequence gch1 (gtp cyclohydrolase 1) (eg, autosomal dominant dopa-responsive dystonia), full gene sequence gdap1 (ganglioside-induced differentiation-associated protein 1) (eg, charcot-marie-tooth disease), full gene sequence gfap (glial fibrillary acidic protein) (eg, alexander disease), full gene sequence ghr (growth hormone receptor) (eg, laron syndrome), full gene sequence ghrhr (growth hormone releasing hormone receptor) (eg, growth hormone deficiency), full gene sequence gla (galactosidase, alpha) (eg, fabry disease), full gene sequence hnf1a (hnf1 homeobox a) (eg, maturity-onset diabetes of the young [mody]), full gene sequence hnf1b (hnf1 homeobox b) (eg, maturity-onset diabetes of the young [mody]), full gene sequence htra1 (htra serine peptidase 1) (eg, macular degeneration), full gene sequence ids (iduronate 2-sulfatase) (eg, mucopolysacchridosis, type ii), full gene sequence il2rg (interleukin 2 receptor, gamma) (eg, x-linked severe combined immunodeficiency), full gene sequence ispd (isoprenoid synthase domain containing) (eg, muscle-eye-brain disease, walker-warburg syndrome), full gene sequence kras (kirsten rat sarcoma viral oncogene homolog) (eg, noonan							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	syndrome), full gene sequence lamp2 (lysosomal-associated membrane protein 2) (eg, danon disease), full gene sequence ldlr (low density lipoprotein receptor) (eg, familial hypercholesterolemia), duplication/deletion analysis men1 (multiple endocrine neoplasia i) (eg, multiple endocrine neoplasia type 1, wermer syndrome), full gene sequence mmaa (methylmalonic aciduria [cobalamine deficiency] type a) (eg, mmaa-related methylmalonic acidemia), full gene sequence mmab (methylmalonic aciduria [cobalamine deficiency] type b) (eg, mmaa-related methylmalonic acidemia), full gene sequence mpi (mannose phosphate isomerase) (eg, congenital disorder of glycosylation 1b), full gene sequence mpv17 (mpv17 mitochondrial inner membrane protein) (eg, mitochondrial dna depletion syndrome), full gene sequence mpz (myelin protein zero) (eg, charcot-marie-tooth), full gene sequence mtm1 (myotubularin 1) (eg, x-linked centronuclear myopathy), duplication/deletion analysis myl2 (myosin, light chain 2, regulatory, cardiac, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence myl3 (myosin, light chain 3, alkali, ventricular, skeletal, slow) (eg, familial hypertrophic cardiomyopathy), full gene sequence myot (myotilin) (eg, limb-girdle muscular dystrophy), full gene sequence ndufs7 (nadh dehydrogenase [ubiquinone] fe-s protein 7, 20kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufs8 (nadh dehydrogenase [ubiquinone] fe-s protein 8, 23kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence ndufv1 (nadh dehydrogenase [ubiquinone] flavoprotein 1, 51kda) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence nefl (neurofilament, light polypeptide) (eg, charcot-marie-tooth), full gene sequence nf2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), duplication/deletion analysis nlgn3							

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	(neuroligin 3) (eg, autism spectrum disorders), full gene sequence nlgn4x (neuroligin 4, x-linked) (eg, autism spectrum disorders), full gene sequence nphp1 (nephronophthisis 1 [juvenile]) (eg, joubert syndrome), deletion analysis, and duplication analysis, if performed nphs2 (nephrosis 2, idiopathic, steroid-resistant [podocin]) (eg, steroid-resistant nephrotic syndrome), full gene sequence nsd1 (nuclear receptor binding set domain protein 1) (eg, sotos syndrome), duplication/deletion analysis otc (ornithine carbamoyltransferase) (eg, ornithine transcarbamylase deficiency), full gene sequence pafah1b1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kda]) (eg, lissencephaly, miller-dieker syndrome), duplication/deletion analysis park2 (parkinson protein 2, e3 ubiquitin protein ligase [parkin]) (eg, parkinson disease), duplication/deletion analysis pcca (propionyl coa carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), duplication/deletion analysis pcdh19 (protocadherin 19) (eg, epileptic encephalopathy), full gene sequence pdha1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), duplication/deletion analysis pdhb (pyruvate dehydrogenase [lipoamide] beta) (eg, lactic acidosis), full gene sequence pink1 (pten induced putative kinase 1) (eg, parkinson disease), full gene sequence pklr (pyruvate kinase, liver and rbc) (eg, pyruvate kinase deficiency), full gene sequence plp1 (proteolipid protein 1) (eg, pelizaeus-merzbacher disease, spastic paraplegia), full gene sequence pou1f1 (pou class 1 homeobox 1) (eg, combined pituitary hormone deficiency), full gene sequence prx (periaxin) (eg, charcot-marie-tooth disease), full gene sequence pqbp1 (polyglutamine binding protein 1) (eg, renpenning syndrome), full gene sequence psen1 (presenilin 1) (eg, alzheimer disease), full gene sequence rab7a (rab7a, member ras oncogene family) (eg, charcot-marie-tooth disease), full gene sequence rai1 (retinoic acid induced 1) (eg, smith-magenis syndrome), full							

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	gene sequence reep1 (receptor accessory protein 1) (eg, spastic paraplegia), full gene sequence ret (ret proto-oncogene) (eg, multiple endocrine neoplasia, type 2a and familial medullary thyroid carcinoma), targeted sequence analysis (eg, exons 10, 11, 13-16) rps19 (ribosomal protein s19) (eg, diamond-blackfan anemia), full gene sequence rrm2b (ribonucleotide reductase m2 b [tp53 inducible]) (eg, mitochondrial dna depletion), full gene sequence sco1 (sco cytochrome oxidase deficient homolog 1) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence sdhb (succinate dehydrogenase complex, subunit b, iron sulfur) (eg, hereditary paraganglioma), full gene sequence sdhc (succinate dehydrogenase complex, subunit c, integral membrane protein, 15kda) (eg, hereditary paraganglioma-pheochromocytoma syndrome), full gene sequence sgca (sarcoglycan, alpha [50kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence sgcb (sarcoglycan, beta [43kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence sgcd (sarcoglycan, delta [35kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence sgce (sarcoglycan, epsilon) (eg, myoclonic dystonia), duplication/deletion analysis sgcg (sarcoglycan, gamma [35kda dystrophin-associated glycoprotein]) (eg, limb-girdle muscular dystrophy), full gene sequence shoc2 (soc-2 suppressor of clear homolog) (eg, noonan-like syndrome with loose anagen hair), full gene sequence shox (short stature homeobox) (eg, langer mesomelic dysplasia), full gene sequence sil1 (sil1 homolog, endoplasmic reticulum chaperone [s. cerevisiae]) (eg, ataxia), full gene sequence slc2a1 (solute carrier family 2 [facilitated glucose transporter], member 1) (eg, glucose transporter type 1 [glut 1] deficiency syndrome), full gene sequence slc16a2 (solute carrier family 16, member 2 [thyroid hormone transporter]) (eg, specific thyroid hormone cell transporter							

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	deficiency, allan-herndon-dudley syndrome), full gene sequence slc22a5 (solute carrier family 22 [organic cation/carnitine transporter], member 5) (eg, systemic primary carnitine deficiency), full gene sequence slc25a20 (solute carrier family 25 [carnitine/acylcarnitine translocase], member 20) (eg, carnitine-acylcarnitine translocase deficiency), full gene sequence smad4 (smad family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), duplication/deletion analysis spast (spastin) (eg, spastic paraplegia), duplication/deletion analysis spg7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), duplication/deletion analysis spred1 (sprouty-related, evh1 domain containing 1) (eg, legius syndrome), full gene sequence stat3 (signal transducer and activator of transcription 3 [acute-phase response factor]) (eg, autosomal dominant hyper-ige syndrome), targeted sequence analysis (eg, exons 12, 13, 14, 16, 17, 20, 21) stk11 (serine/threonine kinase 11) (eg, peutz-jeghers syndrome), full gene sequence surf1 (surfeit 1) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence tardbp (tar dna binding protein) (eg, amyotrophic lateral sclerosis), full gene sequence tbx5 (t-box 5) (eg, holt-oram syndrome), full gene sequence tcf4 (transcription factor 4) (eg, pitt-hopkins syndrome), duplication/deletion analysis tgfbr1 (transforming growth factor, beta receptor 1) (eg, marfan syndrome), full gene sequence tgfbr2 (transforming growth factor, beta receptor 2) (eg, marfan syndrome), full gene sequence thrb (thyroid hormone receptor, beta) (eg, thyroid hormone resistance, thyroid hormone beta receptor deficiency), full gene sequence or targeted sequence analysis of >5 exons tk2 (thymidine kinase 2, mitochondrial) (eg, mitochondrial dna depletion syndrome), full gene sequence tnnc1 (troponin c type 1 [slow]) (eg, hypertrophic cardiomyopathy or dilated cardiomyopathy), full gene sequence tnni3							

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	(troponin i, type 3 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence tpm1 (tropomyosin 1 [alpha]) (eg, familial hypertrophic cardiomyopathy), full gene sequence tsc1 (tuberous sclerosis 1) (eg, tuberous sclerosis), duplication/deletion analysis tymp (thymidine phosphorylase) (eg, mitochondrial dna depletion syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease type 2n), targeted sequence analysis (eg, exons 18-20, 23-25) wt1 (wilms tumor 1) (eg, denys-drash syndrome, familial wilms tumor), full gene sequence zeb2 (zinc finger e-box binding homeobox 2) (eg, mowat-wilson syndrome), full gene sequence							

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81406	Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons) acadvl (acyl-coa dehydrogenase, very long chain) (eg, very long chain acyl-coenzyme a dehydrogenase deficiency), full gene sequence actn4 (actinin, alpha 4) (eg, focal segmental glomerulosclerosis), full gene sequence afg3l2 (afg3 atpase family gene 3-like 2 [s. cerevisiae]) (eg, spinocerebellar ataxia), full gene sequence aire (autoimmune regulator) (eg, autoimmune polyendocrinopathy syndrome type 1), full gene sequence aldh7a1 (aldehyde dehydrogenase 7 family, member a1) (eg, pyridoxine-dependent epilepsy), full gene sequence ano5 (anoctamin 5) (eg, limb-girdle muscular dystrophy), full gene sequence anos1 (anosmin-1) (eg, kallmann syndrome 1), full gene sequence app (amyloid beta [a4] precursor protein) (eg, alzheimer disease), full gene sequence ass1 (argininosuccinate synthase 1) (eg, citrullinemia type i), full gene sequence atl1 (atlastin gtpase 1) (eg, spastic paraplegia), full gene sequence atp1a2 (atpase, na+/k+ transporting, alpha 2 polypeptide) (eg, familial hemiplegic migraine), full gene sequence atp7b (atpase, cu++ transporting, beta polypeptide) (eg, wilson disease), full gene sequence bbs1 (bardet-biedl syndrome 1) (eg, bardet-biedl syndrome), full gene sequence bbs2 (bardet-biedl syndrome 2) (eg, bardet-biedl syndrome), full gene sequence bckdhb (branched-chain keto acid dehydrogenase e1, beta polypeptide) (eg, maple syrup urine disease, type 1b), full gene sequence best1 (bestrophin 1) (eg, vitelliform macular dystrophy), full gene sequence bmpr2 (bone morphogenetic protein receptor, type ii [serine/threonine kinase]) (eg, heritable pulmonary arterial hypertension), full gene sequence braf (b-raf proto-oncogene, serine/threonine kinase) (eg, noonan syndrome), full gene sequence bscl2 (berardinelli-seip congenital lipodystrophy 2 [seipin]) (eg, berardinelli-seip congenital lipodystrophy), full	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

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	gene sequence btk (bruton agammaglobulinemia tyrosine kinase) (eg, x-linked agammaglobulinemia), full gene sequence cacnb2 (calcium channel, voltage-dependent, beta 2 subunit) (eg, brugada syndrome), full gene sequence capn3 (calpain 3) (eg, limb-girdle muscular dystrophy [lgmd] type 2a, calpainopathy), full gene sequence cbs (cystathionine-beta-synthase) (eg, homocystinuria, cystathionine beta-synthase deficiency), full gene sequence cdh1 (cadherin 1, type 1, e-cadherin [epithelial]) (eg, hereditary diffuse gastric cancer), full gene sequence cdkl5 (cyclin-dependent kinase-like 5) (eg, early infantile epileptic encephalopathy), full gene sequence clcn1 (chloride channel 1, skeletal muscle) (eg, myotonia congenita), full gene sequence clcnkb (chloride channel, voltage-sensitive kb) (eg, bartter syndrome 3 and 4b), full gene sequence cntnap2 (contactin-associated protein-like 2) (eg, pitt-hopkins-like syndrome 1), full gene sequence col6a2 (collagen, type vi, alpha 2) (eg, collagen type vi-related disorders), duplication/deletion analysis cpt1a (carnitine palmitoyltransferase 1a [liver]) (eg, carnitine palmitoyltransferase 1a [cpt1a] deficiency), full gene sequence crb1 (crumbs homolog 1 [drosophila]) (eg, leber congenital amaurosis), full gene sequence crebbp (creb binding protein) (eg, rubinstein-taybi syndrome), duplication/deletion analysis dbt (dihydrolipoamide branched chain transacylase e2) (eg, maple syrup urine disease, type 2), full gene sequence dlat (dihydrolipoamide s-acetyltransferase) (eg, pyruvate dehydrogenase e2 deficiency), full gene sequence dld (dihydrolipoamide dehydrogenase) (eg, maple syrup urine disease, type iii), full gene sequence dsc2 (desmocollin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence dsg2 (desmoglein 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 10), full gene sequence dsp (desmoplakin) (eg, arrhythmogenic right							

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	ventricular dysplasia/cardiomyopathy 8), full gene sequence efhc1 (ef-hand domain [c-terminal] containing 1) (eg, juvenile myoclonic epilepsy), full gene sequence eif2b3 (eukaryotic translation initiation factor 2b, subunit 3 gamma, 58kda) (eg, leukoencephalopathy with vanishing white matter), full gene sequence eif2b4 (eukaryotic translation initiation factor 2b, subunit 4 delta, 67kda) (eg, leukoencephalopathy with vanishing white matter), full gene sequence eif2b5 (eukaryotic translation initiation factor 2b, subunit 5 epsilon, 82kda) (eg, childhood ataxia with central nervous system hypomyelination/vanishing white matter), full gene sequence eng (endoglin) (eg, hereditary hemorrhagic telangiectasia, type 1), full gene sequence eya1 (eyes absent homolog 1 [drosophila]) (eg, branchio-oto-renal [bor] spectrum disorders), full gene sequence f8 (coagulation factor viii) (eg, hemophilia a), duplication/deletion analysis fah (fumarylacetoacetate hydrolase [fumarylacetoacetase]) (eg, tyrosinemia, type 1), full gene sequence fastkd2 (fast kinase domains 2) (eg, mitochondrial respiratory chain complex iv deficiency), full gene sequence fig4 (fig4 homolog, sac1 lipid phosphatase domain containing [s. cerevisiae]) (eg, charcot-marie-tooth disease), full gene sequence ftsj1 (ftsj rna methyltransferase homolog 1 [e. coli]) (eg, x-linked mental retardation 9), full gene sequence fus (fused in sarcoma) (eg, amyotrophic lateral sclerosis), full gene sequence gaa (glucosidase, alpha; acid) (eg, glycogen storage disease type ii [pompe disease]), full gene sequence galc (galactosylceramidase) (eg, krabbe disease), full gene sequence galt (galactose-1-phosphate uridylyltransferase) (eg, galactosemia), full gene sequence gars (glycyl-trna synthetase) (eg, charcot-marie-tooth disease), full gene sequence gcdh (glutaryl-coa dehydrogenase) (eg, glutaricacidemia type 1), full gene sequence gck (glucokinase [hexokinase 4]) (eg, maturity-onset diabetes of the young [mody]), full gene sequence glud1 (glutamate dehydrogenase 1) (eg, familial							

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	hyperinsulinism), full gene sequence gne (glucosamine [udp-n-acetyl]-2-epimerase/n-acetylmannosamine kinase) (eg, inclusion body myopathy 2 [ibm2], nonaka myopathy), full gene sequence grn (granulin) (eg, frontotemporal dementia), full gene sequence hadha (hydroxyacyl-coa dehydrogenase/3-ketoacyl-coa thiolase/enoyl-coa hydratase [trifunctional protein] alpha subunit) (eg, long chain acyl-coenzyme a dehydrogenase deficiency), full gene sequence hadhb (hydroxyacyl-coa dehydrogenase/3-ketoacyl-coa thiolase/enoyl-coa hydratase [trifunctional protein], beta subunit) (eg, trifunctional protein deficiency), full gene sequence hexa (hexosaminidase a, alpha polypeptide) (eg, tay-sachs disease), full gene sequence hlcs (hlcs holocarboxylase synthetase) (eg, holocarboxylase synthetase deficiency), full gene sequence hmbs (hydroxymethylbilane synthase) (eg, acute intermittent porphyria), full gene sequence hnf4a (hepatocyte nuclear factor 4, alpha) (eg, maturity-onset diabetes of the young [mody]), full gene sequence idua (iduronidase, alpha-l-) (eg, mucopolysaccharidosis type i), full gene sequence inf2 (inverted formin, fh2 and wh2 domain containing) (eg, focal segmental glomerulosclerosis), full gene sequence ivd (isovaleryl-coa dehydrogenase) (eg, isovaleric acidemia), full gene sequence jag1 (jagged 1) (eg, alagille syndrome), duplication/deletion analysis jup (junction plakoglobin) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 11), full gene sequence kcnh2 (potassium voltage-gated channel, subfamily h [eag-related], member 2) (eg, short qt syndrome, long qt syndrome), full gene sequence kcnq1 (potassium voltage-gated channel, kqt-like subfamily, member 1) (eg, short qt syndrome, long qt syndrome), full gene sequence kcnq2 (potassium voltage-gated channel, kqt-like subfamily, member 2) (eg, epileptic encephalopathy), full gene sequence ldb3 (lim domain binding 3) (eg, familial dilated cardiomyopathy, myofibrillar myopathy), full gene							

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	sequence ldlr (low density lipoprotein receptor) (eg, familial hypercholesterolemia), full gene sequence lepr (leptin receptor) (eg, obesity with hypogonadism), full gene sequence lhcgr (luteinizing hormone/choriogonadotropin receptor) (eg, precocious male puberty), full gene sequence lmna (lamin a/c) (eg, emery-dreifuss muscular dystrophy [edmd1, 2 and 3] limb-girdle muscular dystrophy [lgmd] type 1b, dilated cardiomyopathy [cmd1a], familial partial lipodystrophy [fpld2]), full gene sequence lrp5 (low density lipoprotein receptor-related protein 5) (eg, osteopetrosis), full gene sequence map2k1 (mitogen-activated protein kinase 1) (eg, cardiofaciocutaneous syndrome), full gene sequence map2k2 (mitogen-activated protein kinase 2) (eg, cardiofaciocutaneous syndrome), full gene sequence mapt (microtubule-associated protein tau) (eg, frontotemporal dementia), full gene sequence mccc1 (methylcrotonoyl-coa carboxylase 1 [alpha]) (eg, 3-methylcrotonyl-coa carboxylase deficiency), full gene sequence mccc2 (methylcrotonoyl-coa carboxylase 2 [beta]) (eg, 3-methylcrotonyl carboxylase deficiency), full gene sequence mfn2 (mitofusin 2) (eg, charcot-marie-tooth disease), full gene sequence mtm1 (myotubularin 1) (eg, x-linked centronuclear myopathy), full gene sequence mut (methylmalonyl coa mutase) (eg, methylmalonic acidemia), full gene sequence mutyh (muty homolog [e. coli]) (eg, myh-associated polyposis), full gene sequence ndufs1 (nadh dehydrogenase [ubiquinone] fe-s protein 1, 75kda [nadh-coenzyme q reductase]) (eg, leigh syndrome, mitochondrial complex i deficiency), full gene sequence nf2 (neurofibromin 2 [merlin]) (eg, neurofibromatosis, type 2), full gene sequence notch3 (notch 3) (eg, cerebral autosomal dominant arteriopathy with subcortical infarcts and leukoencephalopathy [cadasil]), targeted sequence analysis (eg, exons 1-23) npc1 (niemann-pick disease, type c1) (eg, niemann-pick disease), full gene sequence nphp1 (nephronophthisis 1 [juvenile]) (eg, joubert							

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	syndrome), full gene sequence nsd1 (nuclear receptor binding set domain protein 1) (eg, sotos syndrome), full gene sequence opa1 (optic atrophy 1) (eg, optic atrophy), duplication/deletion analysis optn (optineurin) (eg, amyotrophic lateral sclerosis), full gene sequence pafah1b1 (platelet-activating factor acetylhydrolase 1b, regulatory subunit 1 [45kda]) (eg, lissencephaly, miller-dieker syndrome), full gene sequence pah (phenylalanine hydroxylase) (eg, phenylketonuria), full gene sequence park2 (parkinson protein 2, e3 ubiquitin protein ligase [parkin]) (eg, parkinson disease), full gene sequence pax2 (paired box 2) (eg, renal coloboma syndrome), full gene sequence pc (pyruvate carboxylase) (eg, pyruvate carboxylase deficiency), full gene sequence pcca (propionyl coa carboxylase, alpha polypeptide) (eg, propionic acidemia, type 1), full gene sequence pccb (propionyl coa carboxylase, beta polypeptide) (eg, propionic acidemia), full gene sequence pcdh15 (protocadherin-related 15) (eg, usher syndrome type 1f), duplication/deletion analysis pcsk9 (proprotein convertase subtilisin/kexin type 9) (eg, familial hypercholesterolemia), full gene sequence pdha1 (pyruvate dehydrogenase [lipoamide] alpha 1) (eg, lactic acidosis), full gene sequence pdhx (pyruvate dehydrogenase complex, component x) (eg, lactic acidosis), full gene sequence phex (phosphate-regulating endopeptidase homolog, x-linked) (eg, hypophosphatemic rickets), full gene sequence pkd2 (polycystic kidney disease 2 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence pkp2 (plakophilin 2) (eg, arrhythmogenic right ventricular dysplasia/cardiomyopathy 9), full gene sequence pnkd (paroxysmal nonkinesigenic dyskinesia) (eg, paroxysmal nonkinesigenic dyskinesia), full gene sequence polg (polymerase [dna directed], gamma) (eg, alpers-huttenlocher syndrome, autosomal dominant progressive external ophthalmoplegia), full gene sequence pomgnt1 (protein o-linked mannose beta1,2-n acetylglucosaminyltransferase) (eg, muscle-eye-							

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	brain disease, walker-warburg syndrome), full gene sequence pomt1 (protein-o-mannosyltransferase 1) (eg, limb-girdle muscular dystrophy [lgmd] type 2k, walker-warburg syndrome), full gene sequence pomt2 (protein-o-mannosyltransferase 2) (eg, limb-girdle muscular dystrophy [lgmd] type 2n, walker-warburg syndrome), full gene sequence ppox (protoporphyrinogen oxidase) (eg, variegate porphyria), full gene sequence prkag2 (protein kinase, amp-activated, gamma 2 non-catalytic subunit) (eg, familial hypertrophic cardiomyopathy with wolff-parkinson-white syndrome, lethal congenital glycogen storage disease of heart), full gene sequence prkcg (protein kinase c, gamma) (eg, spinocerebellar ataxia), full gene sequence psen2 (presenilin 2 [alzheimer disease 4]) (eg, alzheimer disease), full gene sequence ptpn11 (protein tyrosine phosphatase, non-receptor type 11) (eg, noonan syndrome, leopard syndrome), full gene sequence pygm (phosphorylase, glycogen, muscle) (eg, glycogen storage disease type v, mcardle disease), full gene sequence raf1 (v-raf-1 murine leukemia viral oncogene homolog 1) (eg, leopard syndrome), full gene sequence ret (ret proto-oncogene) (eg, hirschsprung disease), full gene sequence rpe65 (retinal pigment epithelium-specific protein 65kda) (eg, retinitis pigmentosa, leber congenital amaurosis), full gene sequence ryr1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), targeted sequence analysis of exons with functionally-confirmed mutations scn4a (sodium channel, voltage-gated, type iv, alpha subunit) (eg, hyperkalemic periodic paralysis), full gene sequence scnn1a (sodium channel, nonvoltage-gated 1 alpha) (eg, pseudohypoaldosteronism), full gene sequence scnn1b (sodium channel, nonvoltage-gated 1, beta) (eg, liddle syndrome, pseudohypoaldosteronism), full gene sequence scnn1g (sodium channel, nonvoltage-gated 1, gamma) (eg, liddle syndrome, pseudohypoaldosteronism), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	sdha (succinate dehydrogenase complex, subunit a, flavoprotein [fp]) (eg, leigh syndrome, mitochondrial complex ii deficiency), full gene sequence setx (senataxin) (eg, ataxia), full gene sequence sgce (sarcoglycan, epsilon) (eg, myoclonic dystonia), full gene sequence sh3tc2 (sh3 domain and tetratricopeptide repeats 2) (eg, charcot-marie-tooth disease), full gene sequence slc9a6 (solute carrier family 9 [sodium/hydrogen exchanger], member 6) (eg, christianson syndrome), full gene sequence slc26a4 (solute carrier family 26, member 4) (eg, pendred syndrome), full gene sequence slc37a4 (solute carrier family 37 [glucose-6-phosphate transporter], member 4) (eg, glycogen storage disease type ib), full gene sequence smad4 (smad family member 4) (eg, hemorrhagic telangiectasia syndrome, juvenile polyposis), full gene sequence sos1 (son of sevenless homolog 1) (eg, noonan syndrome, gingival fibromatosis), full gene sequence spast (spastin) (eg, spastic paraplegia), full gene sequence spg7 (spastic paraplegia 7 [pure and complicated autosomal recessive]) (eg, spastic paraplegia), full gene sequence stxbp1 (syntaxin-binding protein 1) (eg, epileptic encephalopathy), full gene sequence taz (tafazzin) (eg, methylglutaconic aciduria type 2, barth syndrome), full gene sequence tcf4 (transcription factor 4) (eg, pitt-hopkins syndrome), full gene sequence th (tyrosine hydroxylase) (eg, segawa syndrome), full gene sequence tmem43 (transmembrane protein 43) (eg, arrhythmogenic right ventricular cardiomyopathy), full gene sequence tnnt2 (troponin t, type 2 [cardiac]) (eg, familial hypertrophic cardiomyopathy), full gene sequence trpc6 (transient receptor potential cation channel, subfamily c, member 6) (eg, focal segmental glomerulosclerosis), full gene sequence tsc1 (tuberous sclerosis 1) (eg, tuberous sclerosis), full gene sequence tsc2 (tuberous sclerosis 2) (eg, tuberous sclerosis), duplication/deletion analysis ube3a (ubiquitin protein ligase e3a) (eg, angelman syndrome), full							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	gene sequence umod (uromodulin) (eg, glomerulocystic kidney disease with hyperuricemia and isosthenuria), full gene sequence vwf (von willebrand factor) (von willebrand disease type 2a), extended targeted sequence analysis (eg, exons 11-16, 24-26, 51, 52) was (wiskott-aldrich syndrome [eczema-thrombocytopenia]) (eg, wiskott-aldrich syndrome), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81407	Molecular pathology procedure, level 8 (eg, analysis of 26-50 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysis of multiple genes on one platform) abcc8 (atp-binding cassette, sub-family c [cftr/mrp], member 8) (eg, familial hyperinsulinism), full gene sequence agl (amylo-alpha-1, 6-glucosidase, 4-alpha-glucanotransferase) (eg, glycogen storage disease type iii), full gene sequence ahi1 (abelson helper integration site 1) (eg, joubert syndrome), full gene sequence apob (apolipoprotein b) (eg, familial hypercholesterolemia type b) full gene sequence aspm (asp [abnormal spindle] homolog, microcephaly associated [drosophila]) (eg, primary microcephaly), full gene sequence chd7 (chromodomain helicase dna binding protein 7) (eg, charge syndrome), full gene sequence col4a4 (collagen, type iv, alpha 4) (eg, alport syndrome), full gene sequence col4a5 (collagen, type iv, alpha 5) (eg, alport syndrome), duplication/deletion analysis col6a1 (collagen, type vi, alpha 1) (eg, collagen type vi-related disorders), full gene sequence col6a2 (collagen, type vi, alpha 2) (eg, collagen type vi-related disorders), full gene sequence col6a3 (collagen, type vi, alpha 3) (eg, collagen type vi-related disorders), full gene sequence crebbp (creb binding protein) (eg, rubinstein-taybi syndrome), full gene sequence f8 (coagulation factor viii) (eg, hemophilia a), full gene sequence jag1 (jagged 1) (eg, alagille syndrome), full gene sequence kdm5c (lysine [k]-specific demethylase 5c) (eg, x-linked mental retardation), full gene sequence kiaa0196 (kiaa0196) (eg, spastic paraplegia), full gene sequence l1cam (l1 cell adhesion molecule) (eg, masa syndrome, x-linked hydrocephaly), full gene sequence lamb2 (laminin, beta 2 [laminin s]) (eg, pierson syndrome), full gene sequence mybpc3 (myosin binding protein c, cardiac) (eg, familial hypertrophic cardiomyopathy), full gene sequence myh6 (myosin, heavy chain 6, cardiac muscle, alpha) (eg, familial dilated cardiomyopathy), full	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	gene sequence myh7 (myosin, heavy chain 7, cardiac muscle, beta) (eg, familial hypertrophic cardiomyopathy, liang distal myopathy), full gene sequence myo7a (myosin viia) (eg, usher syndrome, type 1), full gene sequence notch1 (notch 1) (eg, aortic valve disease), full gene sequence nphs1 (nephrosis 1, congenital, finnish type [nephrin]) (eg, congenital finnish nephrosis), full gene sequence opa1 (optic atrophy 1) (eg, optic atrophy), full gene sequence pcdh15 (protocadherin-related 15) (eg, usher syndrome, type 1), full gene sequence pkd1 (polycystic kidney disease 1 [autosomal dominant]) (eg, polycystic kidney disease), full gene sequence plce1 (phospholipase c, epsilon 1) (eg, nephrotic syndrome type 3), full gene sequence scn1a (sodium channel, voltage-gated, type 1, alpha subunit) (eg, generalized epilepsy with febrile seizures), full gene sequence scn5a (sodium channel, voltage-gated, type v, alpha subunit) (eg, familial dilated cardiomyopathy), full gene sequence slc12a1 (solute carrier family 12 [sodium/potassium/chloride transporters], member 1) (eg, bartter syndrome), full gene sequence slc12a3 (solute carrier family 12 [sodium/chloride transporters], member 3) (eg, gitelman syndrome), full gene sequence spg11 (spastic paraplegia 11 [autosomal recessive]) (eg, spastic paraplegia), full gene sequence sptbn2 (spectrin, beta, non-erythrocytic 2) (eg, spinocerebellar ataxia), full gene sequence tmem67 (transmembrane protein 67) (eg, joubert syndrome), full gene sequence tsc2 (tuberous sclerosis 2) (eg, tuberous sclerosis), full gene sequence ush1c (usher syndrome 1c [autosomal recessive, severe]) (eg, usher syndrome, type 1), full gene sequence vps13b (vacuolar protein sorting 13 homolog b [yeast]) (eg, cohen syndrome), duplication/deletion analysis wdr62 (wd repeat domain 62) (eg, primary autosomal recessive microcephaly), full gene sequence							

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
81408	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) abca4 (atp-binding cassette, sub-family a [abc1], member 4) (eg, stargardt disease, age-related macular degeneration), full gene sequence atm (ataxia telangiectasia mutated) (eg, ataxia telangiectasia), full gene sequence cdh23 (cadherin-related 23) (eg, usher syndrome, type 1), full gene sequence cep290 (centrosomal protein 290kda) (eg, joubert syndrome), full gene sequence col1a1 (collagen, type i, alpha 1) (eg, osteogenesis imperfecta, type i), full gene sequence col1a2 (collagen, type i, alpha 2) (eg, osteogenesis imperfecta, type i), full gene sequence col4a1 (collagen, type iv, alpha 1) (eg, brain small-vessel disease with hemorrhage), full gene sequence col4a3 (collagen, type iv, alpha 3 [goodpasture antigen]) (eg, alport syndrome), full gene sequence col4a5 (collagen, type iv, alpha 5) (eg, alport syndrome), full gene sequence dmd (dystrophin) (eg, duchenne/becker muscular dystrophy), full gene sequence dysf (dysferlin, limb girdle muscular dystrophy 2b [autosomal recessive]) (eg, limb-girdle muscular dystrophy), full gene sequence fbn1 (fibrillin 1) (eg, marfan syndrome), full gene sequence itpr1 (inositol 1,4,5-trisphosphate receptor, type 1) (eg, spinocerebellar ataxia), full gene sequence lama2 (laminin, alpha 2) (eg, congenital muscular dystrophy), full gene sequence lrrk2 (leucine-rich repeat kinase 2) (eg, parkinson disease), full gene sequence myh11 (myosin, heavy chain 11, smooth muscle) (eg, thoracic aortic aneurysms and aortic dissections), full gene sequence neb (nebulin) (eg, nemaline myopathy 2), full gene sequence nf1 (neurofibromin 1) (eg, neurofibromatosis, type 1), full gene sequence pkhd1 (polycystic kidney and hepatic disease 1) (eg, autosomal recessive polycystic kidney disease), full gene sequence ryr1 (ryanodine receptor 1, skeletal) (eg, malignant hyperthermia), full gene sequence ryr2 (ryanodine receptor 2 [cardiac]) (eg, catecholaminergic polymorphic ventricular tachycardia,	Apr 2011	Molecular Pathology - Tier 2	16	CPT 2012		Removed. Final Rule for 2013 stated molecular pathology services will be paid for under CLFS not MFS.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
	arrhythmogenic right ventricular dysplasia), full gene sequence or targeted sequence analysis of > 50 exons ush2a (usher syndrome 2a [autosomal recessive, mild]) (eg, usher syndrome, type 2), full gene sequence vps13b (vacuolar protein sorting 13 homolog b [yeast]) (eg, cohen syndrome), full gene sequence vwf (von willebrand factor) (eg, von willebrand disease types 1 and 3), full gene sequence							
86152	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood);	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, part of CLFS.	☑
86153	Cell enumeration using immunologic selection and identification in fluid specimen (eg, circulating tumor cells in blood); physician interpretation and report, when required	Apr 2012	Cell Enumeration Circulating Tumor Cells	25	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, kras mutational analysis)	Feb 2010	Archival Retrieval for Mutational Analysis	17	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session	Jan 2013	Optical Endomicroscopy	15	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑
88380	Microdissection (ie, sample preparation of microscopically identified target); laser capture	Feb 2007	Manual Microdisection	12	CPT 2008	September 2011	Survey for January 2014 (added 88380 as part of the family).	☑
88381	Microdissection (ie, sample preparation of microscopically identified target); manual	Feb 2007	Manual Microdisection	12	CPT 2008	September 2013	Survey for January 2014 (added 88380 as part of the family).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
88384	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated. Code Deleted	☑
88385	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated. Code Deleted	☑
88386	Code Deleted	Apr 2005	Multiple Molecular Marker Array-Based Evaluation	30	CPT 2006	September 2010	Remove, code does not need to be re-evaluated. Code Deleted	☑
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (list separately in addition to code for primary procedure)	Apr 2009	Tissue Examination for Molecular Studies	21	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	Sept 2023	SARS-CoV-2-Immunization Administration	18	CPT 2023	April 2028		☐
90769	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑
90770	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90771	Code Deleted CPT 2009	Apr 2007	Immune Globulin Subcutaneous Infusion	H	CPT 2008	September 2011	Code Deleted CPT 2009	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90867	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; initial, including cortical mapping, motor threshold determination, delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	Sept 2025	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies should also consider	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							any Category III codes that are related to these services when drafting their CCA. In September 2024, the specialty societies submitted an action plan requesting that codes 90867-90879 be referred to CPT Editorial Panel to modify the existing codes as well as develop a technology agnostic code or set of codes for the May 2025 CPT meeting/September 2025 RUC meeting. The RUC recommended that 90867-90869 be referred to CPT May 2025 meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90868	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent delivery and management, per session	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	Sept 2025	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies should also consider	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							any Category III codes that are related to these services when drafting their CCA. In September 2024, the specialty societies submitted an action plan requesting that codes 90867-90879 be referred to CPT Editorial Panel to modify the existing codes as well as develop a technology agnostic code or set of codes for the May 2025 CPT meeting/September 2025 RUC meeting. The RUC recommended that 90867-90869 be referred to CPT May 2025 meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
90869	Therapeutic repetitive transcranial magnetic stimulation (tms) treatment; subsequent motor threshold re-determination with delivery and management	Feb 2011	Transcranial Magnetic Stimulation	15	CPT 2012	Sept 2025	Remain on the screens in which they were identified (Contractor Priced High Volume and New Technology/New Services) and the Workgroup will review again in 3 years (April 2024). When these codes are moved from contractor priced to the assignment to RVUs the issues around the direct to indirect practice expense ratio specific to codes 90867-90869 should be addressed. In April 2024, the Workgroup recommended to review in September 2024 with an update from the specialty society. The specialties indicated that there are changes in protocol for these services and coding changes are necessary. These codes are also contractor priced. The Workgroup questioned what specific coding changes would be included in a CCA. The specialty society will return at the next meeting to elaborate on the coding changes necessary. The specialty societies should also consider	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							any Category III codes that are related to these services when drafting their CCA. In September 2024, the specialty societies submitted an action plan requesting that codes 90867-90879 be referred to CPT Editorial Panel to modify the existing codes as well as develop a technology agnostic code or set of codes for the May 2025 CPT meeting/September 2025 RUC meeting. The RUC recommended that 90867-90869 be referred to CPT May 2025 meeting.	
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Apr 2012	Wireless Motility Capsule	27	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Jan 2021	Colon Capsule Endoscopy	21	CPT 2022	April 2026		☐
91117	Colon motility (manometric) study, minimum 6 hours continuous recording (including provocation tests, eg, meal, intracolonic balloon distension, pharmacologic agents, if performed), with interpretation and report	Apr 2010	Colon Motility	21	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	April 2015	Liver Elastography	19	CPT 2016		Surveyed for January 2020. Decreased.	☑
92065	Orthoptic training; performed by a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		☐
92066	Orthoptic training; under supervision of a physician or other qualified health care professional	Apr 2021	Orthoptic Training	10	CPT 2023	April 2027		☐
92132	Scanning computerized ophthalmic diagnostic imaging, anterior segment, with interpretation and report, unilateral or bilateral	Apr 2010	Anterior Segment Imaging	22	CPT 2011		Survey for October 2015. The RUC noted that it is the specialty societies decision whether 92133 and 92134 need to be surveyed with this service.	☑
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina	Apr 2010	Computerized Scanning Ophthalmology Diagnostic Imaging	23	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
92137	Computerized ophthalmic diagnostic imaging (eg, optical coherence tomography [OCT]), posterior segment, with interpretation and report, unilateral or bilateral; retina, including OCT angiography	Sep 2023	Optical Coherence Tomography (OCT)	08	CPT 2025	April 2029		☐
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Apr 2014	Corneal Hysteresis Determination	23	CPT 2015	October 2018	Survey for January 2019.	☑
92227	Imaging of retina for detection or monitoring of disease; with remote clinical staff review and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
92228	Imaging of retina for detection or monitoring of disease; with remote physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2011	April 2025	Was reviewed in Sept 2014, Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☐
92229	Imaging of retina for detection or monitoring of disease; point-of-care autonomous analysis and report, unilateral or bilateral	Oct 2019	Remote Retinal Imaging	09	CPT 2021	April 2025		☐
92284	Diagnostic dark adaptation examination with interpretation and report	Apr 2024	Dark Adaptation Diagnostic Screening and Services	05	CPT 2026	April 2030	This service was revised for CPT 2023 and reviewed at the April 2021 RUC meeting when it was first placed on the new technology list. It was reviewed at the RAW in September 2023 and was referred to CPT and CPT Assistant. The RUC reviewed the typical technology used to perform this service when it was re-evaluated, acknowledging that the device included in proposed direct practice costs recently was very recently replaced with a newer technology. This service was reviewed at the April 2024 meeting along with 922X1 and placed back on the new technology list for review after 3 years of data.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
922X1		Apr 2024	Dark Adaptation Diagnostic Screening and Services	05	CPT 2026	April 2030		☐
92517	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; cervical (cvemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		☐
92518	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; ocular (ovemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		☐
92519	Vestibular evoked myogenic potential (vemp) testing, with interpretation and report; cervical (cvemp) and ocular (ovemp)	Apr 2019	Vestibular Evoked Myogenic Potential (VEMP) Testing	07	CPT 2021	April 2025		☐
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	Apr 2024	Coronary Therapeutic Services and Procedures	06	CPT 2026	April 2030		☐
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transformations to determine central arterial pressures and augmentation index, with interpretation and report, upper extremity artery, non-invasive	Apr 2015	Arterial Pressure Waveform Analysis	20	CPT 2016	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
93153	Interrogation without programming of implanted phrenic nerve stimulator system	Jan 2023	Phrenic Nerve Stimulation System	06	CPT 2024	April 2028	In January 2023, these services were placed on the new technology list and flagged for review by the RAW in three years since the survey responses were below 30. At that time the specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code.	☐
93241	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93242	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93243	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93244	External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93245	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93246	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; recording (includes connection and initial recording)	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93247	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; scanning analysis with report	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93248	External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; review and interpretation	Jan 2020	External Extended ECG Monitoring	18	CPT 2021	April 2025		☐
93260	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	Review in 2 years (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93261	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable subcutaneous lead defibrillator system	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Jan 2018	Pulmonary Wireless Pressure Sensor Services	08	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93279	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93280	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93281	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93282	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93283	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93284	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead transvenous implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93286	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93287	Peri-procedural device evaluation (in person) and programming of device system parameters before or after a surgery, procedure, or test with analysis, review and report by a physician or other qualified health care professional; single, dual, or multiple lead implantable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93288	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead pacemaker system, or leadless pacemaker system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93289	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; single, dual, or multiple lead transvenous implantable defibrillator system, including analysis of heart rhythm derived data elements	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93290	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93291	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; subcutaneous cardiac rhythm monitor system, including heart rhythm derived data analysis	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93292	Interrogation device evaluation (in person) with analysis, review and report by a physician or other qualified health care professional, includes connection, recording and disconnection per patient encounter; wearable defibrillator system	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93293	Transtelephonic rhythm strip pacemaker evaluation(s) single, dual, or multiple lead pacemaker system, includes recording with and without magnet application with analysis, review and report(s) by a physician or other qualified health care professional, up to 90 days	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93294	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, or leadless pacemaker system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93295	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead implantable defibrillator system with interim analysis, review(s) and report(s) by a physician or other qualified health care professional	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93296	Interrogation device evaluation(s) (remote), up to 90 days; single, dual, or multiple lead pacemaker system, leadless pacemaker system, or implantable defibrillator system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93297	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20	CPT 2020	April 2027	This service was first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutralilty. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20	CPT 2020	April 2027	This service was first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutralilty. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93299	Code Deleted CPT 2020	Apr 2008	Cardiac Device Monitoring	23	CPT 2009	September 2012	Ad Hoc Workgroup developed to determine how to address the work neutrality failure and estabhis guidelines for further RAW review of retrospective work neutralilty.	☑
93319	3d echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (list separately in addition to code for echocardiographic imaging)	Oct 2020	3D Imaging of Cardiac Structures	09	CPT 2022	April 2026		☐
93462	Left heart catheterization by transseptal puncture through intact septum or by transapical puncture (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93463	Pharmacologic agent administration (eg, inhaled nitric oxide, intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic measurements before, during, after and repeat pharmacologic agent administration, when performed (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑
93464	Physiologic exercise study (eg, bicycle or arm ergometry) including assessing hemodynamic measurements before and after (list separately in addition to code for primary procedure)	Apr 2010	Diagnostic Cardiac Catheterization	26	CPT 2011	September 2014	Remove from list, no demonstrated technology diffusions that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (mapcas) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (list separately in addition to code for primary procedure)	Oct 2021	Pulmonary Angiography	08	CPT 2023	April 2027		☐
93583	Percutaneous transcatheter septal reduction therapy (eg, alcohol septal ablation) including temporary pacemaker insertion when performed	Jan 2013	Percutaneous Alcohol Ablation of Septum	17	CPT 2014	October 2017	Remove from list, no demonstrated techology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93584	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; anomalous or persistent superior vena cava when it exists as a second contralateral superior vena cava, with native drainage to heart (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93585	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; azygos/hemiazygos venous system (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93586	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; coronary sinus (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93587	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating at or above the heart (eg, from innominate vein) (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93588	Venography for congenital heart defect(s), including catheter placement, and radiological supervision and interpretation; venovenous collaterals originating below the heart (eg, from the inferior vena cava) (List separately in addition to code for primary procedure)	Jan 2023	Venography Services	14	CPT 2024	April 2026	In January 2023, the RUC recommended that these codes be placed on the New Technology list and will be re-reviewed on the same timeline as the family of codes 93593-93598 from October 2020 to ensure correct valuation and utilization assumptions (April 2026).	☐
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (list separately in addition to code for primary procedure)	Jan 2016	Closure of Paravalvular Leak	22	CPT 2017	October 2020	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (list separately in addition to code for primary procedure)	Oct 2020	Cardiac Catheterization for Congenital Defects	10	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
93644	Electrophysiologic evaluation of subcutaneous implantable defibrillator (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters)	Apr 2014	Subcutaneous Implantable Defibrillator Procedures	09	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
93982	Code Deleted	Apr 2007	Wireless Pressure Sensor Implantation	25	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
93XX4		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
93XX5		Jan 2025	Baroreflex Activation Therapy	12	CPT 2026	April 2030		☐
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
94013	Measurement of lung volumes (ie, functional residual capacity [frc], forced vital capacity [fvc], and expiratory reserve volume [erv]) in an infant or child through 2 years of age	Apr 2009	Infant Pulmonary Function Testing	23	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2026		☐
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	Jan 2021	Outpatient Pulmonary Rehabilitation Services	23	CPT 2022	April 2026		☐
95700	Electroencephalogram (eeg) continuous recording, with video when performed, setup, patient education, and takedown when performed, administered in person by eeg technologist, minimum of 8 channels	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95705	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95706	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95707	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95708	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95709	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95710	Electroencephalogram (eeg), without video, review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95711	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95712	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95713	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, 2-12 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95714	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; unmonitored	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95715	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with intermittent monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95716	Electroencephalogram with video (veeg), review of data, technical description by eeg technologist, each increment of 12-26 hours; with continuous, real-time monitoring and maintenance	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95717	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of eeg recording; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95718	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation and report, 2-12 hours of eeg recording; with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95719	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95720	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, each increment of greater than 12 hours, up to 26 hours of eeg recording, interpretation and report after each 24-hour period; with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95721	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95722	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 36 hours, up to 60 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95723	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95724	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 60 hours, up to 84 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95725	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of eeg recording, without video	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95726	Electroencephalogram (eeg), continuous recording, physician or other qualified health care professional review of recorded events, analysis of spike and seizure detection, interpretation, and summary report, complete study; greater than 84 hours of eeg recording, with video (veeg)	Oct 2018	Long-Term EEG Monitoring	13	CPT 2020	April 2027	Review in 3 years (April 2027).	☐
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recording)	Apr 2008	Actigraphy Sleep Assessment	25	CPT 2009	September 2012	Remove, code does not need to be re-evaluated	☑
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)	Apr 2010	Sleep Testing	28	CPT 2011	October 2016	Survey for physician work and review direct practice expense inputs for April 2017. These services have continued to grow and the inclusion of the PACS workstation equipment was questioned.	☑
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report, up to 30 days	Jan 2018	Electrocorticography	18	CPT 2019	April 2023	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes f-wave study when performed, with interpretation and report	Feb 2009	Nerve Conduction Tests	18	CPT 2010	September 2013	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95919	Quantitative pupillometry with physician or other qualified health care professional interpretation and report, unilateral or bilateral	Oct 2021	Quantitative Pupillometry Services	09	CPT 2023	April 2027		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
95940	Continuous intraoperative neurophysiology monitoring in the operating room, one on one monitoring requiring personal attendance, each 15 minutes (list separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95941	Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby) or for monitoring of more than one case while in the operating room, per hour (list separately in addition to code for primary procedure)	Jan 2012	Intraoperative Neurophysiology Monitoring	12	CPT 2013	October 2016	Remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; intraoperative, with programming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, without reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration of wave form, battery status, electrode selectability, output modulation, cycling, impedance and patient measurements) gastric neurostimulator pulse generator/transmitter; subsequent, with reprogramming	Apr 2007	Electronic Analysis of Implanted Neurostimulator Pulse Generator System	I	CPT 2008	September 2011	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or other qualified health care professional (ie, psychologist), with review of test results and report	Feb 2006	Functional MRI	15	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	Apr 2024	Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration	07	CPT 2026	April 2030	CPT codes 96380 and 96381 were be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions. The RUC noted at that time, the Relativity Assessment Workgroup may want to examine the typical patient, since the specialty societies and RUC believe the typical patient receiving the RSV monoclonal antibody to be much younger than 6 months old.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	Apr 2024	Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration	07	CPT 2026	April 2030	CPT codes 96380 and 96381 were be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions. The RUC noted at that time, the Relativity Assessment Workgroup may want to examine the typical patient, since the specialty societies and RUC believe the typical patient receiving the RSV monoclonal antibody to be much younger than 6 months old.	☐
96547	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)	Sep 2023	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	10	CPT 2024	April 2029		☐
96548	Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; each additional 30 minutes (List separately in addition to code for primary procedure)	Sep 2023	Hyperthermic Intraperitoneal Chemotherapy (HIPEC)	10	CPT 2024	April 2029		☐
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of dysplastic nevi, or patients with a personal or familial history of melanoma	Feb 2006	Whole Body Integumentary Photography	19	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96931	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96932	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96933	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96934	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (list separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
96935	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
96936	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (list separately in addition to code for primary procedure)	Oct 2015	Reflectance Confocal Microscopy	06	CPT 2017	April 2024	Review in 3 years (April 2024). In April 2024, the Workgroup recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	Sep 2022	Post Operative Low-Level Laser Therapy	06	CPT 2024	April 2028	The RUC recommends that CPT code 9X022 be placed on the New Technology list to review when utilization is available, identifying who is performing the service.	☐
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service)	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	Sep 2022	Caregiver Training Services	14	CPT 2024	April 2028		☐
97605	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97606	Negative pressure wound therapy (eg, vacuum assisted drainage collection), utilizing durable medical equipment (dme), including topical application(s), wound assessment, and instruction(s) for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
97607	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area less than or equal to 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97608	Negative pressure wound therapy, (eg, vacuum assisted drainage collection), utilizing disposable, non-durable medical equipment including provision of exudate management collection system, topical application(s), wound assessment, and instructions for ongoing care, per session; total wound(s) surface area greater than 50 square centimeters	Jan 2014	Negative Wound Pressure Therapy	17	CPT 2015	April 2022	In October 2018, RUC recommended to review again after 3 more years of data (2022). In April 2022, recommended to remove from list, no demonstrated technology diffusion that impacts work or practice expense.	☑
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Oct 2013	HCPAC - Ultrasonic Wound Assessment	17	CPT 2015	October 2018	Survey for January 2019.	☑
98966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98968	Telephone assessment and management service provided by a qualified nonphysician health care professional to an established patient, parent, or guardian not originating from a related assessment and management service provided within the previous 7 days nor leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Apr 2007	Non Face-to-Face Qualified Healthcare Professional Services	U	CPT 2008	September 2011	Remove, not covered by Medicare	☑
98970	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98971	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐
98972	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	41	CPT 2020	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐
98975		Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	PE reviewed January 2025. Review again April 2030.	☐
98976		Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	PE reviewed January 2025 recommended contractor-price. Review again April 2030.	☐
98977		Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	PE reviewed January 2025. Review again April 2030.	☐
98978		Jan 2025	Remote Monitoring	28 H	CPT 2023	April 2030	PE reviewed January 2025. Review again April 2030.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
98980		Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	Resurveyed January 2025 (CPT 2026). Review again April 2030.	☐
98981		Jan 2025	Remote Monitoring (RTM)	20	CPT 2022	April 2030	Resurveyed January 2025 (CPT 2026). Review again April 2030.	☐
98XX4		Jan 2025	Remote Monitoring (RTM)	20	CPT 2026	April 2030		☐
98XX5		Jan 2025	Remote Monitoring (RTM)	20	CPT 2026	April 2030		☐
98XX6		Jan 2025	Remote Monitoring	28 H	CPT 2026	April 2030		☐
98XX7		Jan 2025	Remote Monitoring (RTM)	20	CPT 2026	April 2030		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99091			Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. when using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. when using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. when using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. when using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. when using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. when using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. when using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. when using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐
99363	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99364	Code Deleted	Apr 2006	Anticoagulant Management Services	I	CPT 2007	September 2010	Remove, code does not need to be re-evaluated	☑
99417	Prolonged outpatient evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (list separately in addition to the code of the outpatient evaluation and management service)	Apr 2019	Office Visits	09	CPT 2021	April 2025		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99421	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐
99422	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐
99423	Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	Jan 2019	Online Digital Evaluation Service (e-Visit)	21	CPT 2020	April 2025	Review again in 1 year (April 2025). The Workgroup noted that only two years of data was available for codes 98970-97972 and the Workgroup should review when an additional year of data is available.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99424	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐
99425	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes provided personally by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99426	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; first 30 minutes of clinical staff time directed by physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐
99427	Principal care management services, for a single high-risk disease, with the following required elements: one complex chronic condition expected to last at least 3 months, and that places the patient at significant risk of hospitalization, acute exacerbation/decompensation, functional decline, or death, the condition requires development, monitoring, or revision of disease-specific care plan, the condition requires frequent adjustments in the medication regimen and/or the management of the condition is unusually complex due to comorbidities, ongoing communication and care coordination between relevant practitioners furnishing care; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99437	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026		☐
99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐
99441	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99442	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99443	Telephone evaluation and management service by a physician or other qualified health care professional who may report evaluation and management services provided to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion	Feb 2007	Non Face-to-Face Services	16	CPT 2008	September 2011	Remove, not covered by Medicare	☑
99446	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99447	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 11-20 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99448	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 21-30 minutes of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99449	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 31 minutes or more of medical consultative discussion and review	Oct 2012	Interprofessional Telephone Consultative Services	14	CPT 2014	October 2016	Reaffirmed RUC recommendation	☑
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	April 2025	Review in 2 years (April 2025).	☐
99452	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Jan 2018	Interprofessional Internet Consultation	21	CPT 2019	April 2025	Review in 2 years (April 2025).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99453			Remote Monitoring (RPM)	20	CPT 2019	January 2028	PE reviewed January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							January 2028 RUC meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99454			Remote Monitoring (RPM)	20	CPT 2019	January 2028	PE reviewed January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							January 2028 RUC meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99457			Remote Monitoring (RPM)	20	CPT 2019	January 2028	Resurveyed in January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							January 2028 RUC meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99458			Remote Monitoring (RPM)	20	CPT 2020	January 2028	Resurveyed in January 2025 (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							January 2028 RUC meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99473			Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99474			Remote Monitoring (RPM)	20	CPT 2020	January 2028	In April 2024 Remove from list, no demonstrated technology diffusion that impacts work or practice expense. However, resurveyed in January 2025 with RPM family (CPT 2026). Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month, with the following required elements: initial assessment or follow-up monitoring, including the use of applicable validated rating scales, behavioral health care planning in relation to behavioral/psychiatric health problems, including revision for patients who are not progressing or whose status changes, facilitating and coordinating treatment such as psychotherapy, pharmacotherapy, counseling and/or psychiatric consultation, and continuity of care with a designated member of the care team.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	September 2022	Surveyed for September 2022 and recommended an increase.	☑
99487	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99488	Code Deleted	Oct 2012	Complex Chronic Care Coordination Services	09	CPT 2013	October 2017	Code Deleted	☑
99489	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (list separately in addition to code for primary procedure)	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2013	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐
99490	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2015	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99491	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 30 minutes provided personally by a physician or other qualified health care professional, per calendar month.	Jan 2021	Principal Care Management (PCM) & Chronic Care Management (CCM)	25	CPT 2022	April 2026	Was surveyed for January 2021 with the principal care management codes. The RUC noted that the CCM codes should also be re-reviewed at that time, primarily because the clinical staff time survey responses were not obtained for the 2021 review.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: outreach to and engagement in treatment of a patient directed by the treating physician or other qualified health care professional, initial assessment of the patient, including administration of validated rating scales, with the development of an individualized treatment plan, review by the psychiatric consultant with modifications of the plan if recommended, entering patient in a registry and tracking patient follow-up and progress using the registry, with appropriate documentation, and participation in weekly caseload consultation with the psychiatric consultant, and provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommended that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is scheduled for review at the April 2023	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							Relativity Assessment Workgroup meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional, with the following required elements: tracking patient follow-up and progress using the registry, with appropriate documentation, participation in weekly caseload consultation with the psychiatric consultant, ongoing collaboration with and coordination of the patient's mental health care with the treating physician or other qualified health care professional and any other treating mental health providers, additional review of progress and recommendations for changes in treatment, as indicated, including medications, based on recommendations provided by the psychiatric consultant, provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies, monitoring of patient outcomes using validated rating scales, and relapse prevention planning with patients as they achieve remission of symptoms and/or other treatment goals and are prepared for discharge from active treatment.	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified health care professional (list separately in addition to code for primary procedure)	Jan 2017	Psychiatric Collaborative Care Management Services	20	CPT 2018	April 2023	In January 2020, the RUC identified Psychiatric Collaborative Care Management Services (CPT codes 99492, 99493 and 99494) via the work neutrality process. These codes show a 468% increase in work RVUs for 2018. In reviewing the utilization data for these services, it appears one independent clinic is performing most of these services in the pediatric population. The Workgroup recommends that CMS investigate the reporting of services by this specific independent clinic. The specialty society indicated, and the Workgroup agreed, that a new CPT Assistant article on the appropriate usage of these codes be developed in 2020. However, due to the incorrect reporting of these services by one specific provider, the referral for a CPT Assistant article was removed. This family is on the new technology/new services screen and is	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
							scheduled for review at the April 2023 Relativity Assessment Workgroup meeting.	
99495	Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge at least moderate level of medical decision making during the service period face-to-face visit, within 14 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	☑
99496	Transitional care management services with the following required elements: communication (direct contact, telephone, electronic) with the patient and/or caregiver within 2 business days of discharge high level of medical decision making during the service period face-to-face visit, within 7 calendar days of discharge	Oct 2012	Transitional Care Management Services	08	CPT 2013	October 2017	Survey for October 2018	☑
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate	Jan 2014	Advance Care Planning	19	CPT 2015	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	☑
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified health care professional; each additional 30 minutes (list separately in addition to code for primary procedure)	Jan 2014	Advance Care Planning	19	CPT 2015	April 2022	Review in 2 years (October 2019). In Oct 2019, indicated to review in another 2 years (January 2022).	☑

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99XX4			Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
99XX5			Remote Monitoring (RPM)	20	CPT 2026	January 2028	Resurvey in January 2028. In January 2025, the RUC noted that the use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting to ensure correct valuation, patient population, and utilization assumptions. Additionally, the RUC flagged the RPM codes as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
9XX01		Jan 2025	Scalp Cooling Services	19	CPT 2026	April 2030		☐
9XX02		Jan 2025	Scalp Cooling Services	19	CPT 2026	April 2030		☐
9XX03		Jan 2025	Scalp Cooling Services	19	CPT 2026	April 2030		☐
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes		Fecal Bacteriotherapy		CPT 2013	October 2018		☑

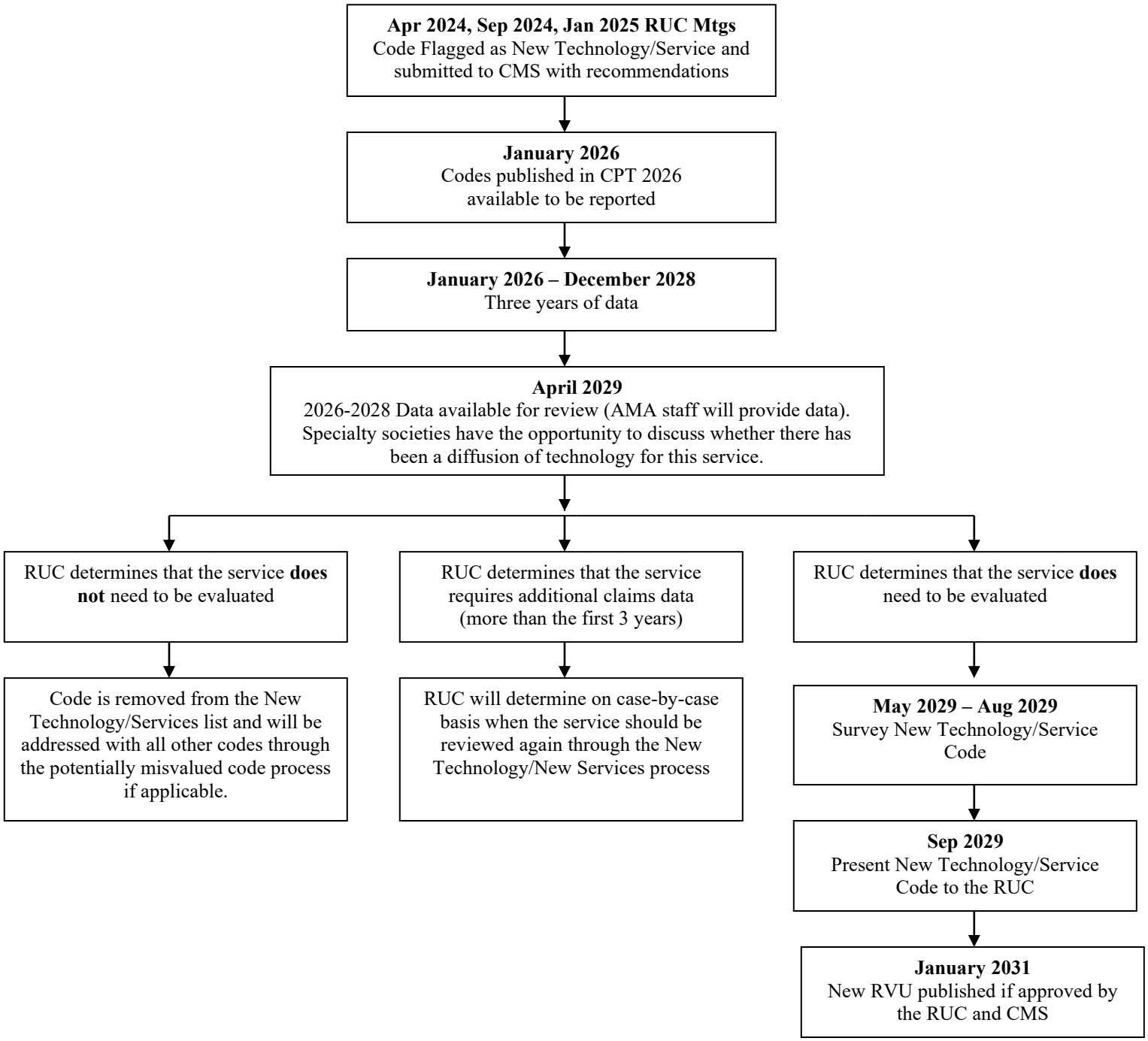
CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete
G2066	Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, implantable loop recorder system, or subcutaneous cardiac rhythm monitor system, remote data acquisition(s), receipt of transmissions and technician review, technical support and distribution of results	Jan 2023	Remote Interrogation Device Evaluation - Cardiovascular (PE Only)	20		April 2027	Codes 93297 and 93298 were first flagged at the April 2008 meeting, Tab 23 Cardiac Device Monitoring, for CPT 2009 and reviewed at the RAW in September 2012. An Ad Hoc Workgroup was developed to determine how to address the work neutrality failure and establish guidelines for further RAW review of retrospective work neutralilty. In October 2018, 93297 and 93298 were reviewed and placed on the new technology/new services list for April 2024. CMS did not accept the practice expense for these services and instead created G2066 to report the practice expense associated with these services. In January 2023, the RUC affirmed the work RVUs and recommended direct PE inputs for 93297, 93298 and G2066. These services were placed back on the new technology/new services list to assess the work and PE in 3 years (April 2027).	☐

CPT Code	Long Descriptor	RUC Meeting	Issue	Tab	CPT Year	Date to Re-Review	RUC Rec	Complete

New Technology/Services Timeline

1. Code is identified as a new technology/service at the RUC meeting in which it is initially reviewed.
2. Code is flagged in the next version of the RUC database with date to be reviewed
3. Code will be reviewed in 5 years (depending on what meeting in the CPT/RUC cycle it is initially reviewed) after at least three years of data are available.

Example



Revised January 2024

Specialty Society Acronym List – January 2025

Society	Acronym
Aerospace Medical Association	AsMA
AMDA-The Society for Post-Acute and Long-Term Care Medicine	AMDA
American Academy of Allergy, Asthma & Immunology	AAAAI
American Academy of Child and Adolescent Psychiatry	AACAP
American Academy of Cosmetic Surgery	AACS
American Academy of Dermatology Association	AADA
American Academy of Family Physicians	AAFP
American Academy of Hospice and Palliative Medicine	AAHPM
American Academy of Neurology	AAN
American Academy of Ophthalmology	AAO
American Academy of Orthopaedic Surgeons	AAOS
American Academy of Otolaryngic Allergy	AAOA
American Academy of Otolaryngology - Head and Neck Surgery	AAO-HNS
American Academy of Pain Medicine	AAPM
American Academy of Pediatrics	AAP
American Academy of Physical Medicine and Rehabilitation	AAPMR
American Academy of Sleep Medicine	AASM
American Association for Thoracic Surgery	AATS
American Association of Clinical Endocrinology	AACE
American Association of Clinical Urologist, Inc.	AACU
American Association of Neurological Surgeons	AANS
American Association of Neuromuscular & Electrodiagnostic Medicine	AANEM
American Association of Public Health Physicians	AAPHP
American Burn Association	ABA

Society	Acronym
American Clinical Neurophysiology Society	ACNS
American College of Allergy, Asthma & Immunology	ACAAI
American College of Cardiology	ACC
American College of Chest Physicians	CHEST
American College of Emergency Physicians	ACEP
American College of Gastroenterology	ACG
American College of Medical Genetics	ACMG
American College of Mohs Surgery	ACMS
American College of Nuclear Medicine	ACNM
American College of Obstetricians and Gynecologists	ACOG
American College of Physicians	ACP
American College of Radiation Oncology	ACRO
American College of Radiology	ACR
American College of Rheumatology	ACRh
American College of Surgeons	ACS
American Dental Association	ADA
American Gastroenterological Association	AGA
American Geriatrics Society	AGS
American Medical Group Association	AMGA
American Medical Women's Association	AMWA
American Orthopaedic Foot and Ankle Society	AOFAS
American Osteopathic Association	AOA
American Pediatric Surgical Association	APSA
American Psychiatric Association	APA(psychiatry)
American Rhinologic Society	ARS
American Roentgen Ray Society	ARRS

Society	Acronym
American Society for Clinical Pathology	ASCP
American Society for Dermatologic Surgery	ASDS
American Society for Gastrointestinal Endoscopy	ASGE
American Society for Metabolic and Bariatric Surgery	ASMBS
American Society for Radiation Oncology	ASTRO
American Society for Reproductive Medicine	ASRM
American Society for Surgery of the Hand	ASSH
American Society for Transplantation and Cellular Therapy	ASTCT
American Society of Addiction Medicine	ASAM
American Society of Anesthesiologists	ASA
American Society of Breast Surgeons	ASBS
American Society of Cataract and Refractive Surgery	ASCRS(cat)
American Society of Clinical Oncology	ASCO
American Society of Colon and Rectal Surgeons	ASCRS(col)
American Society of Cytopathology	ASC
American Society of Dermatopathology	ASDP
American Society of Echocardiography	ASE
American Society of General Surgeons	ASGS
American Society of Hematology	ASH
American Society of Interventional Pain Physicians	ASIPP
American Society of Neuroradiology	ASNR
American Society of Nuclear Cardiology	ASNC
American Society of Ophthalmic Plastic and Reconstructive Surgery	ASOPRS
American Society of Plastic Surgeons	ASPS
American Society of Regional Anesthesia and Pain Medicine	ASRA
American Society of Retina Specialists	ASRS

Society	Acronym
American Society of Transplant Surgeons	ASTS
American Thoracic Society	ATS
American Urological Association	AUA
American Venous Forum	AVF
Association of Academic Radiology	AAR
College of American Pathologists	CAP
Congress of Neurological Surgeons	CNS
Endocrine Society	ES
Heart Rhythm Society	HRS
Infectious Diseases Society of America	IDSA
International Pain and Spine Intervention Society	IPSIS
International Society for the Advancement of Spine Surgery	ISASS
National Association of Medical Examiners	NAME
North American Neuromodulation Society	NANS
North American Neuro-Ophthalmology Society	NANOS
North American Spine Society	NASS
Obesity Medicine Association	OMA
Outpatient Endovascular and Interventional Society	OEIS
Radiological Society of North America	RSNA
Renal Physicians Association	RPA
Society for Cardiovascular Magnetic Resonance	SCMR
Society for Investigative Dermatology	SID
Society for Vascular Surgery	SVS
Society of American Gastrointestinal and Endoscopic Surgeons	SAGES
Society of Cardiovascular Computed Tomography	SCCT
Society of Critical Care Medicine	SCCM

Society	Acronym
Society of Hospital Medicine	SHM
Society of Interventional Radiology	SIR
Society of Laparoscopic & Robotic Surgeons	SLS
Society of Nuclear Medicine and Molecular Imaging	SNMMI
Society of Thoracic Surgeons	STS
The Society for Cardiovascular Angiography and Interventions	SCAI
The Society for Pediatric Dermatology	SPD
Underseas and Hyperbaric Medical Society	UHMS

CPT Code	Global	Total CY2026 Physician Time - before applying post-op visit increase	Total CY2026 Physician Time with RUC Recommended Office Visit, Hospital Visit and Discharge Visit Times	Change in Total Physician Time	Percent Change - Total Time	CY2026 RUC Recommended Work RVU before applying post-op visit increase	Surgical Global Work RVU After Incorporating RUC Recommendation for Bundled Office, Hospital and Discharge Visits	Change in Work RVU	Percent Change - Work RVU	Change in Clinical Staff Time	_99204	_99211	_99212	_99213	_99214	_99215	_99231	_99232	_99233	_99238	_99239	_99291	_99292
28750	090	249	274	25	10%	8.75	10.16	1.41	16%	-2			1	2	1					0.5			
28755	090	234	259	25	11%	7.50	8.91	1.41	19%	-2			1	2	1					0.5			
33880	090	546	555	9	2%	30.00	31.57	1.57	5%	-2				1	1			1	1	1		1	
33881	090	506	514	8	2%	26.75	28.12	1.37	5%	-2				1	1			2		1		1	
33883	090	486	494	8	2%	24.25	25.62	1.37	6%	-2				1	1			2		1		1	
33886	090	486	494	8	2%	23.50	24.87	1.37	6%	-2				1	1			2		1		1	
63030	090	305	328	23	8%	13.18	14.37	1.19	9%	-2				2	1					0.5			
33882	090	621	630	9	1%	39.00	40.57	1.57	4%	-2				1	1			1	1	1		1	
35602	090	486	491	5	1%	27.40	29.17	1.77	6%	-2				1	1			2	1	1			
43889	090	276	297	21	8%	13.50	14.60	1.10	8%	0				3						0.5			
55877	090	254	270	16	6%	13.50	14.36	0.86	6%	-2				1	1					0.5			
62330	090	208	229	21	10%	8.00	9.10	1.10	14%	0				3						0.5			
64659	090	192	199	7	4%	8.23	8.67	0.44	5%	0				1						0.5			
64654	090	252	259	7	3%	11.00	11.44	0.44	4%	0				1						0.5			
64655	090	242	249	7	3%	11.30	11.74	0.44	4%	0				1						0.5			
64656	090	187	194	7	4%	8.01	8.45	0.44	5%	0				1						0.5			
64657	090	277	284	7	3%	12.13	12.57	0.44	4%	0				1						0.5			
64658	090	242	249	7	3%	8.95	9.39	0.44	5%	0				1						0.5			

CPT Code	Short Descriptor	Global	Total CY2025 CMS Physician Time - Current	Total CY2025 CMS Physician Time with RUC Recommended Office Visit, Hospital Visit and Discharge Visit Times	Change in Total Physician Time	Percent Change - Total Time	Total CY2025 CMS Surgical Global wRVU	CMS Surgical Global wRVU After Incorporating RUC Proposal for Bundled Office, Hospital and Discharge Visits	Change in Work RVU	Percent Change - Work RVU	Change in Clinical Staff Time	_99204	_99211	_99212	_99213	_99214	_99215	_99231	_99232	_99233	_99238	_99239	_99291	_99292
10040	ACNE SURGERY	010	34	36	2	6%	0.91	1.13	0.22	24%	0			1.0										
10060	I&D ABSCESS SIMPLE/SINGLE	010	57	59	2	4%	1.22	1.44	0.22	18%	0			1.0										
10061	I&D ABSCESS COMP/MULTIPLE	010	83	87	4	5%	2.45	2.89	0.44	18%	0			2.0										
10080	I&D PILONIDAL CYST SIMPLE	010	47	49	2	4%	1.22	1.44	0.22	18%	0			1.0										
10081	I&D PILONIDAL CYST COMP	010	61	63	2	3%	2.5	2.72	0.22	9%	0			1.0										
10120	INC&RMVL FB SUBQ TISS SMPL	010	48	50	2	4%	1.22	1.44	0.22	18%	0			1.0										
10121	INC&RMVL FB SUBQ TISS COMP	010	88	90	2	2%	2.74	2.96	0.22	8%	0			1.0										
10140	I&D HMTMA SEROMA/FLUID COL	010	66	68	2	3%	1.58	1.80	0.22	14%	0			1.0										
10160	PNXR ASPIR ABSC HMTMA BULLA	010	61	63	2	3%	1.25	1.47	0.22	18%	0			1.0										
10180	I&D COMPLEX PO WOUND INFCT	010	52	54	2	4%	2.3	2.52	0.22	10%	0			1.0										
11004	DBRDMT SKIN XTRNL GENT&PER	000	240	237	-3	-1%	10.8	11.20	0.40	4%	0									1.0				
11005	DBRDMT SKIN ABDOMINAL WALL	000	265	262	-3	-1%	14.24	14.64	0.40	3%	0									1.0				
11006	DBRDMT SKIN XTRNL GENT PER	000	270	267	-3	-1%	13.1	13.50	0.40	3%	0									1.0				
11200	RMVL SKIN TAGS UP TO&INC 15	010	29	31	2	7%	0.82	1.04	0.22	27%	0			1.0										
11400	EXC TR-EXT B9+MARG 0.5 CM<	010	36	38	2	6%	0.9	1.12	0.22	24%	0			1.0										
11401	EXC TR-EXT B9+MARG 0.6-1 CM	010	51	53	2	4%	1.28	1.50	0.22	17%	0			1.0										
11402	EXC TR-EXT B9+MARG 1.1-2 CM	010	56	58	2	4%	1.45	1.67	0.22	15%	0			1.0										
11403	EXC TR-EXT B9+MARG 2.1-3CM	010	76	78	2	3%	1.84	2.06	0.22	12%	0			1.0										
11404	EXC TR-EXT B9+MARG 3.1-4 CM	010	86	88	2	2%	2.11	2.33	0.22	10%	0			1.0										
11406	EXC TR-EXT B9+MARG >4.0 CM	010	113	120	7	6%	3.52	3.85	0.33	9%	0				1.0									
11420	EXC H-F-NK-SP B9+MARG 0.5/<	010	36	38	2	6%	1.03	1.25	0.22	21%	0			1.0										
11421	EXC H-F-NK-SP B9+MARG 0.6-1	010	51	53	2	4%	1.47	1.69	0.22	15%	0			1.0										
11422	EXC H-F-NK-SP B9+MARG 1.1-2	010	56	58	2	4%	1.68	1.90	0.22	13%	0			1.0										
11423	EXC H-F-NK-SP B9+MARG 2.1-3	010	76	78	2	3%	2.06	2.28	0.22	11%	0			1.0										
11424	EXC H-F-NK-SP B9+MARG 3.1-4	010	86	88	2	2%	2.48	2.70	0.22	9%	0			1.0										
11426	EXC H-F-NK-SP B9+MARG >4 CM	010	113	120	7	6%	4.09	4.42	0.33	8%	0				1.0									
11440	EXC FACE-MM B9+MARG 0.5 CM/	010	36	38	2	6%	1.05	1.27	0.22	21%	0			1.0										
11441	EXC FACE-MM B9+MARG 0.6-1 CM	010	51	53	2	4%	1.53	1.75	0.22	14%	0			1.0										
11442	EXC FACE-MM B9+MARG 1.1-2 CM	010	56	58	2	4%	1.77	1.99	0.22	12%	0			1.0										
11443	EXC FACE-MM B9+MARG 2.1-3 CM	010	76	78	2	3%	2.34	2.56	0.22	9%	0			1.0										
11444	EXC FACE-MM B9+MARG 3.1-4 CM	010	86	88	2	2%	3.19	3.41	0.22	7%	0			1.0										
11446	EXC FACE-MM B9+MARG >4 CM	010	113	120	7	6%	4.8	5.13	0.33	7%	0				1.0									
11450	EXC SKN HDRDNT AX SMPL/NTRM	090	93.5	104	10.5	11%	3.22	3.72	0.50	15%	0				1.5									
11451	EXC SKN HDRDNT AX COMPLEX	090	99.5	110	10.5	11%	4.43	4.93	0.50	11%	0				1.5									
11462	EXC SKN HDRDNT ING SMPL/NTR	090	98.5	109	10.5	11%	3	3.50	0.50	17%	0				1.5									
11463	EXC SKN HDRDNT ING COMPLEX	090	109.5	120	10.5	10%	4.43	4.93	0.50	11%	0				1.5									
11470	EXC SKN H/P/P/U SMPL/NTRM	090	100.5	111	10.5	10%	3.74	4.24	0.50	13%	0				1.5									
11471	EXC SKN H/P/P/U COMPLEX	090	107.5	118	10.5	10%	4.89	5.39	0.50	10%	0				1.5									
11600	EXC TR-EXT MAL+MARG 0.5 CM/<	010	48	55	7	15%	1.63	1.96	0.33	20%	0				1.0									
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	010	63	70	7	11%	2.07	2.40	0.33	16%	0				1.0									
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	010	68	75	7	10%	2.27	2.60	0.33	15%	0				1.0									
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	010	93	100	7	8%	2.82	3.15	0.33	12%	0				1.0									
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	010	103	110	7	7%	3.17	3.50	0.33	10%	0				1.0									
11606	EXC TR-EXT MAL+MARG >4 CM	010	153	160	7	5%	5.02	5.35	0.33	7%	0				1.0									
11620	EXC H-F-NK-SP MAL+MARG 0.5/<	010	48	55	7	15%	1.64	1.97	0.33	20%	0				1.0									
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	010	63	70	7	11%	2.08	2.41	0.33	16%	0				1.0									
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	010	68	75	7	10%	2.41	2.74	0.33	14%	0				1.0									
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	010	93	100	7	8%	3.11	3.44	0.33	11%	0				1.0									
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	010	103	110	7	7%	3.62	3.95	0.33	9%	0				1.0									
11626	EXC S/N/H/F/G MAL+MRG >4 CM	010	123	130	7	6%	4.61	4.94	0.33	7%	0				1.0									
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	010	48	55	7	15%	1.67	2.00	0.33	20%	0				1.0									
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	010	63	70	7	11%	2.17	2.50	0.33	15%	0				1.0									
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	010	68	75	7	10%	2.62	2.95	0.33	13%	0				1.0									
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	010	93	100	7	8%	3.42	3.75	0.33	10%	0				1.0									
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	010	108	115	7	6%	4.34	4.67	0.33	8%	0				1.0									
11646	EXC F/E/E/N/L MAL+MRG >4 CM	010	128	135	7	5%	6.26	6.59	0.33	5%	0				1.0									
11750	REMOVAL OF NAIL BED	010	63	65	2	3%	1.58	1.80	0.22	14%	0			1.0										
11760	REPAIR OF NAIL BED	010	63	65	2	3%	1.63	1.85	0.22	13%	0			1.0										
11762	RECONSTRUCTION OF NAIL BED	010	111	113	2	2%	2.94	3.16	0.22	7%	0			1.0										
11765	EXCISION OF NAIL FOLD TOE	010	59	61	2	3%	1.22	1.44	0.22	18%	0			1.0										
11770	REMOVE PILONIDAL CYST SIMPLE	010	71	73	2	3%	2.66	2.88	0.22	8%	0			1.0										
11771	REMOVE PILONIDAL CYST EXTEN	090	236	250.5	14.5	6%	6.09	7.44	1.35	22%	0			3.5				1.5			1.0			
11772	REMOVE PILONIDAL CYST COMPL	090	269	284.5	15.5	6%	7.35	8.81	1.46	20%	0			4.0				1.5			1.0			
11960	INSERT TISSUE EXPANDER(S)	090	357	408	51	14%	11.49	14.13	2.64	23%	0			1.0	7.0						0.5			
11970	RPLCMT TISS XPNDR PERM IMPLT	090	216	227	11	5%	7.49	8.37	0.88	12%	0			2.0	1.0						0.5			

11971	RMVL TIS XPNDR WO INSJ IMPLT	090	215	228	13	6%	7.02	8.12	1.10	16%	0			3.0	1.0						0.5			
12020	TX SUPFC WND DEHSN SMPL CLS	010	64	66	2	3%	2.67	2.89	0.22	8%	0			1.0										
12021	TX SUPFC WND DEHSN W/PACKIN	010	51	53	2	4%	1.89	2.11	0.22	12%	0			1.0										
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	010	56	58	2	4%	2	2.22	0.22	11%	0			1.0										
12032	INTMD RPR S/A/T/EXT 2.6-7.5	010	68	70	2	3%	2.52	2.74	0.22	9%	0			1.0										
12034	INTMD RPR S/TR/EXT 7.6-12.5	010	85	87	2	2%	2.97	3.19	0.22	7%	0			1.0										
12035	INTMD RPR S/A/T/EXT 12.6-20	010	124	126	2	2%	3.5	3.83	0.33	9%	0			1.0							0.5			
12036	INTMD RPR S/A/T/EXT 20.1-30	010	138	140	2	1%	4.23	4.56	0.33	8%	0			1.0							0.5			
12037	INTMD RPR S/TR/EXT >30.0 CM	010	158	160	2	1%	5	5.33	0.33	7%	0			1.0							0.5			
12041	INTMD RPR N-HF/GENIT 2.5CM/<	010	59	61	2	3%	2.1	2.32	0.22	10%	0			1.0										
12042	INTMD RPR N-HF/GENIT2.6-7.5	010	69	71	2	3%	2.79	3.01	0.22	8%	0			1.0										
12044	INTMD RPR N-HF/GENIT7.6-12.5	010	85	87	2	2%	3.19	3.41	0.22	7%	0			1.0										
12045	INTMD RPR N-HF/GENIT12.6-20	010	146	155	9	6%	3.75	4.41	0.66	18%	0			1.0	1.0						0.5			
12046	INTMD RPR N-HF/GENIT20.1-30	010	164	173	9	5%	4.3	4.96	0.66	15%	0			1.0	1.0						0.5			
12047	INTMD RPR N-HF/GENIT >30.0CM	010	185	194	9	5%	4.95	5.61	0.66	13%	0			1.0	1.0						0.5			
12051	INTMD RPR FACE/MM 2.5 CM/<	010	58	60	2	3%	2.33	2.55	0.22	9%	0			1.0										
12052	INTMD RPR FACE/MM 2.6-5.0 CM	010	70	72	2	3%	2.87	3.09	0.22	8%	0			1.0										
12053	INTMD RPR FACE/MM 5.1-7.5 CM	010	80	82	2	2%	3.17	3.39	0.22	7%	0			1.0										
12054	INTMD RPR FACE/MM 7.6-12.5CM	010	96	98	2	2%	3.5	3.72	0.22	6%	0			1.0										
12055	INTMD RPR FACE/MM 12.6-20 CM	010	152	161	9	6%	4.5	5.16	0.66	15%	0			1.0	1.0						0.5			
12056	INTMD RPR FACE/MM 20.1-30.0	010	162	171	9	6%	5.3	5.96	0.66	12%	0			1.0	1.0						0.5			
12057	INTMD RPR FACE/MM >30.0 CM	010	184	193	9	5%	6	6.66	0.66	11%	0			1.0	1.0						0.5			
13100	CMPLX RPR TRUNK 1.1-2.5 CM	010	69	71	2	3%	3	3.22	0.22	7%	0			1.0										
13101	CMPLX RPR TRUNK 2.6-7.5 CM	010	82	84	2	2%	3.5	3.72	0.22	6%	0			1.0										
13120	CMPLX RPR S/A/L 1.1-2.5 CM	010	74	76	2	3%	3.23	3.45	0.22	7%	0			1.0										
13121	CMPLX RPR S/A/L 2.6-7.5 CM	010	85	87	2	2%	4	4.22	0.22	5%	0			1.0										
13131	CMPLX RPR F/C/C/M/N/AX/G/H/	010	92	94	2	2%	3.73	3.95	0.22	6%	0			1.0										
13132	CMPLX RPR F/C/C/M/N/AX/G/H/	010	97	99	2	2%	4.78	5.00	0.22	5%	0			1.0										
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	010	95	97	2	2%	4.34	4.56	0.22	5%	0			1.0										
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	010	100	102	2	2%	5.34	5.56	0.22	4%	0			1.0										
13160	SEC CLSR SURG WND/DEHSN XTN	090	363	403.5	40.5	11%	12.04	14.18	2.14	18%	0				4.0			2.5			1.0			
14000	TIS TRNFR TRUNK 10 SQ CM/<	090	191.5	216	24.5	13%	6.37	7.53	1.16	18%	0				3.5									
14001	TIS TRNFR TRUNK 10.1-30SQCM	090	291	319	28	10%	8.78	10.21	1.43	16%	0				4.0						0.5			
14020	TIS TRNFR S/A/L 10 SQ CM/<	090	223	251	28	13%	7.22	8.54	1.32	18%	0				4.0									
14021	TIS TRNFR S/A/L 10.1-30 SQCM	090	288	316	28	10%	9.72	11.04	1.32	14%	0				4.0									
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	090	223	241	18	8%	8.6	9.70	1.10	13%	0			2.0	2.0									
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	090	303	331	28	9%	10.83	12.15	1.32	12%	0				4.0									
14060	TIS TRNFR E/N/E/L 10 SQ CM/<	090	183	201	18	10%	9.23	10.33	1.10	12%	0			2.0	2.0									
14061	TIS TRNFR E/N/E/L10.1-30SQCM	090	341.5	373	31.5	9%	11.48	12.97	1.49	13%	0				4.5									
14301	TIS TRNFR ANY 30.1-60 SQ CM	090	287	310	23	8%	12.65	13.97	1.32	10%	0			1.0	3.0						0.5			
14350	FILLETED FINGER/TOE FLAP	090	318.5	350	31.5	10%	11.05	12.65	1.60	14%	0				4.5						0.5			
15015	APP SKN CL SSP AGRFT T/A/L 1	090	403	415	12	3%	0	2.34	2.34	#DIV/0!	0				4.0				4.0		1.0			
15017	APP SKN CLL SSP F/N/G/HF 1ST	090	395	407	12	3%	0	2.34	2.34	#DIV/0!	0				4.0				4.0		1.0			
15050	PINCH GRAFT UP TO 2 CM DIAM	090	190	218	28	15%	5.57	6.89	1.32	24%	0				4.0									
15100	SPLT AGRFT T/A/L 1ST 100SQCM	090	281	304	23	8%	9.9	11.46	1.56	16%	0			2.0	2.0			1.0			1.0			
15110	EPIDRM AGRFT T/A/L 1ST 100	090	306	296	-10	-3%	10.97	12.43	1.46	13%	0			3.0					4.0					
15115	EPDRM AGRFT F/S/N/H/F/G/M 1	090	356	346	-10	-3%	11.28	12.96	1.68	15%	0			3.0					4.0		1.0			
15120	SPLT AGRFT F/S/N/H/F/G/M 1ST	090	258	274	16	6%	10.15	11.14	0.99	10%	0			1.0	2.0						0.5			
15130	DRM AGRFT T/A/L 1ST 100 SQCM	090	215	219	4	2%	7.53	8.83	1.30	17%	0			4.0					1.0		1.0			
15135	DRM AGRFT F/S/N/H/F/G/M 1ST	090	223	227	4	2%	11.03	12.33	1.30	12%	0			4.0					1.0		1.0			
15150	TIS CLTR SKN AGRFT T/A/L 1ST	090	326	320	-6	-2%	9.39	10.87	1.48	16%	0			3.0					3.0		1.0			
15155	TIS CLTR AGRFT F/S/N/H/F/G 1	090	336	330	-6	-2%	10.14	11.62	1.48	15%	0			3.0					3.0		1.0			
15200	FTH/GFT FR TRNK 20 SQ CM/<	090	287.5	312	24.5	9%	9.15	10.53	1.38	15%	0				3.5						1.0			
15220	FTH/GFT FR S/A/L 20 SQ CM/<	090	250	259	9	4%	8.09	9.19	1.10	14%	0			4.5							0.5			
15240	FTH/GFT F/C/C/M/N/AX/G/H/F20	090	288	320	32	11%	10.41	12.28	1.87	18%	0			2.0	4.0						0.5			
15260	FTH/GFT FR N/E/E/L 20 SQCM/<	090	273	308	35	13%	11.64	13.29	1.65	14%	0				5.0									
15570	SKIN PEDICLE FLAP TRUNK	090	363	393	30	8%	10.21	11.97	1.76	17%	-2			1.0	2.0	1.0		1.0			1.0			
15572	SKIN PEDICLE FLAP ARMS/LEGS	090	297	320	23	8%	10.12	11.44	1.32	13%	0			1.0	3.0						0.5			
15574	PEDCLE FH/CH/CH/M/N/AX/G/H/	090	314	337	23	7%	10.7	12.02	1.32	12%	0			1.0	3.0						0.5			
15576	PEDICLE E/N/E/L/NTRORAL	090	271	287	16	6%	9.37	10.36	0.99	11%	0			1.0	2.0						0.5			
15600	DELAY FLAP TRUNK	090	179	183	4	2%	2.01	2.56	0.55	27%	0			2.0							0.5			
15610	DELAY FLAP ARMS/LEGS	090	179	183	4	2%	2.52	3.07	0.55	22%	0			2.0							0.5			
15620	DELAY FLAP F/C/C/N/AX/G/H/F	090	175.5	193	17.5	10%	3.75	4.58	0.83	22%	0				2.5									
15630	DELAY FLAP EYE/NOS/EAR/LIP	090	181.5	199	17.5	10%	4.08	4.91	0.83	20%	0				2.5									
15650	TRANSFER SKIN PEDICLE FLAP	090	221.5	239	17.5	8%	4.77	5.71	0.94	20%	0				2.5						0.5			
15730	MDFC FLAP W/PRSRV VASC PEDC	090	255.5	268.5	13	5%	13.5	14.60	1.10	8%	0			3.0	1.0						0.5			
15731	FOREHEAD FLAP W/VASC PEDICLE	090	369	401	32	9%	14.38	16.12	1.74	12%	-2			1.0	3.0	1.0					0.5			
15733	MUSC MYOQ/FSCQ FLP H&N PED	090	305	323	18	6%	15.68	16.89	1.21	8%	0			2.0	2.0						0.5			
15734	MUSCLE-SKIN GRAFT TRUNK	090	596	617	21	4%	23	25.78	2.78	12%	-2			2.0	2.0	1.0		1.0	2.0	1.0	1.0			
15736	MUSCLE-SKIN GRAFT ARM	090	396	428	32	8%	17.04	18.78	1.74	10%	-2			1.0	3.0	1.0					0.5			
15738	MUSCLE-SKIN GRAFT LEG	090	516	548	32	6%	19.04	21.68	2.64	14%	0			1.0	4.0			2.0	2.0		1.0			
15740	ISLAND PEDICLE FLAP GRAFT	090	365.5	402	36.5	10%	11.8	13.75	1.95	16%	0				4.5			1.0			1.0			
15750	NEUROVASCULAR PEDICLE FLAP	090	400.5	437	36.5	9%	12.96	14.91	1.95	15%	0				4.5			1.0			1.0			

15756	FREE MYO/SKIN FLAP MICROVASC	090	809	869	60	7%	36.94	40.40	3.46	9%	-2		1.0	3.0	2.0			8.0			1.0			
15757	FREE SKIN FLAP MICROVASC	090	829	880	51	6%	37.15	40.57	3.42	9%	-2		1.0	3.0	2.0			7.0	1.0		1.0			
15758	FREE FASCIAL FLAP MICROVASC	090	809	855	46	6%	36.9	40.08	3.18	9%	-2		1.0	3.0	2.0			6.0	1.0		1.0			
15760	COMPOSITE SKIN GRAFT	090	278.5	303	24.5	9%	9.86	11.13	1.27	13%	0				3.5						0.5			
15769	GRFG AUTOL SOFT TISS DIR EXC	090	191	202	11	6%	6.68	7.67	0.99	15%	0			2.0	1.0						1.0			
15770	DERMA-FAT-FASCIA GRAFT	090	302.5	334	31.5	10%	8.96	10.56	1.60	18%	0				4.5						0.5			
15771	GRFG AUTOL FAT LIPO 50 CC/<	090	181	192	11	6%	6.73	7.50	0.77	11%	0			2.0	1.0									
15773	GRFG AUTOL FAT LIPO 25 CC/<	090	180	191	11	6%	6.83	7.60	0.77	11%	0			2.0	1.0									
15780	DERMABRASION TOTAL FACE	090	244.5	276	31.5	13%	8.73	10.33	1.60	18%	0				4.5						0.5			
15781	DERMABRASION SEGMENTAL FAC	090	144	151	7	5%	5.02	5.79	0.77	15%	0			3.5										
15782	DERMABRASION OTHER THAN FA	090	123	128	5	4%	4.44	4.99	0.55	12%	0			2.5										
15783	DERMABRASION SUPRFL ANY SITI	090	117	122	5	4%	4.41	4.96	0.55	12%	0			2.5										
15786	ABRASION LESION SINGLE	010	53	55	2	4%	2.08	2.30	0.22	11%	0			1.0										
15793	CHEMICAL PEEL NONFACIAL DRM	090	175	184	9	5%	3.96	4.95	0.99	25%	0			4.5										
15820	BLEPHAROPLASTY LOWER EYELID	090	178.5	203	24.5	14%	6.27	7.43	1.16	18%	0				3.5									
15821	BLEPHARP LWR EYELID FAT PAD	090	191.5	216	24.5	13%	6.84	8.00	1.16	17%	0				3.5									
15822	BLEPHAROPLASTY UPPER EYELID	090	151	158	7	5%	4.62	5.39	0.77	17%	0			3.5										
15823	BLEPHARP UPR EYELID XCSV SKN	090	161	174	13	8%	6.81	7.91	1.10	16%	0			3.0	1.0						0.5			
15830	EXC EXCESSIVE SKIN ABDOMEN	090	429	455	26	6%	17.11	19.20	2.09	12%	0			2.0	3.0			1.0	1.0		1.0			
15832	EXC EXCESSIVE SKIN THIGH	090	364	392	28	8%	12.85	14.39	1.54	12%	0				4.0						1.0			
15833	EXC EXCESSIVE SKIN LEG	090	342	370	28	8%	11.9	13.44	1.54	13%	0				4.0						1.0			
15834	EXC EXCESSIVE SKIN HIP	090	352	382.5	30.5	9%	12.17	13.83	1.66	14%	0				4.0			0.5			1.0			
15835	EXC EXCESSIVE SKIN BUTTOCK	090	344	374.5	30.5	9%	12.99	14.65	1.66	13%	0				4.0			0.5			1.0			
15836	EXC EXCESSIVE SKIN ARM	090	302	330	28	9%	10.61	12.04	1.43	13%	0				4.0						0.5			
15837	EXC EXCSV SKIN FOREARM/HAND	090	239.5	264	24.5	10%	9.55	10.71	1.16	12%	0				3.5									
15838	EXC EXCSV SUBMENTAL FAT PAD	090	205.5	230	24.5	12%	8.25	9.41	1.16	14%	0				3.5									
15839	EXC EXCESSIVE SKN OTHER AREA	090	274.5	299	24.5	9%	10.5	11.77	1.27	12%	0				3.5						0.5			
15840	NERVE PALSY FASCIAL GRAFT	090	443.5	487.5	44	10%	14.99	17.30	2.31	15%	0				4.5			2.5			1.0			
15841	NERVE PALSY MUSCLE GRAFT	090	769	846	77	10%	25.99	29.87	3.88	15%	0				6.0			7.0			1.0			
15842	NERVE PALSY MICROSURG GRAFT	090	963.5	1051.5	88	9%	41.01	45.42	4.41	11%	0				6.5			8.5			1.0			
15845	SKIN AND MUSCLE REPAIR FACE	090	460.5	499	38.5	8%	14.32	16.36	2.04	14%	0				5.5						1.0			
15920	EXC COCCYGL PR ULC PRIM SUTR	090	294	308	14	5%	8.29	9.74	1.45	17%	0			4.5				1.0			1.0			
15922	EXC COCCYGL PR ULC FLAP CLSR	090	354	374	20	6%	10.38	12.18	1.80	17%	0			5.0				2.0			1.0			
15931	EXC SACRAL PR ULC PRIM SUTR	090	334	368.5	34.5	10%	10.07	12.38	2.31	23%	0			3.5				5.5			1.0			
15933	EXC SAC PR ULC PRIM STR OSTC	090	403	441.5	38.5	10%	11.77	14.52	2.75	23%	0			5.5				5.5			1.0			
15934	EXC SACRAL PR ULC SKN FLAP	090	441	482.5	41.5	9%	13.68	16.45	2.77	20%	0			4.5				6.5			1.0			
15935	EXC SAC PR ULC SKN FLP OSTC	090	524	574.5	50.5	10%	15.78	19.23	3.45	22%	0			6.5				7.5			1.0			
15936	EXC SAC PR ULC PREP MUS FLAP	090	399	432	33	8%	13.16	15.46	2.30	17%	0			4.0				5.0			1.0			
15937	EXC SAC PR ULC PREP MUS OSTC	090	466	505	39	8%	15.14	17.79	2.65	18%	0			4.5				6.0			1.0			
15940	EXC ISCHIAL PR ULC PRIM SUTR	090	340	376	36	11%	10.2	12.52	2.32	23%	0			3.0				6.0			1.0			
15941	EXC ISCH PR ULC PRM SUT OSTC	090	418	459	41	10%	12.41	15.28	2.87	23%	0			5.5				6.0			1.0			
15944	EXC ISCH PR ULC SKN FLP CLSR	090	441	482	41	9%	12.44	15.31	2.87	23%	0			5.5				6.0			1.0			
15945	EXC ISCH PR ULC SKN FLP OSTC	090	473	517.5	44.5	9%	13.75	16.85	3.10	23%	0			6.0				6.5			1.0			
15946	EXC ISCH PR ULC PREP MUS FLP	090	650	723.5	73.5	11%	24.12	27.82	3.70	15%	-8					4.0		7.5			1.0			
15950	EXC TRCHNTR PR ULC PRIM SUTR	090	282	302.5	20.5	7%	8.03	9.73	1.70	21%	0			4.0				2.5			1.0			
15951	EXC TRCHNTR PR ULC OSTC	090	389	425	36	9%	11.58	14.21	2.63	23%	0			5.5				5.0			1.0			
15952	EXC TRCHNTR PR ULC FLP CLSR	090	430	468.5	38.5	9%	12.31	15.06	2.75	22%	0			5.5				5.5			1.0			
15953	EXC TRCHNTR PR ULC FLP OSTC	090	454	493.5	39.5	9%	13.57	16.43	2.86	21%	0			6.0				5.5			1.0			
15956	EXC TRCHNTR PR ULC PREP FLAP	090	568	621	53	9%	16.79	20.36	3.57	21%	0			6.5				8.0			1.0			
15958	EXC TRCHNTR PR ULC PREP OSTC	090	572	625	53	9%	16.75	20.32	3.57	21%	0			6.5				8.0			1.0			
17000	DESTRUCT PREMALG LESION	010	23	25	2	9%	0.61	0.83	0.22	36%	0			1.0										
17004	DESTROY PREMAL LESIONS 15/>	010	35	37	2	6%	1.37	1.59	0.22	16%	0			1.0										
17106	DESTRUCTION OF SKIN LESIONS	090	86	95	9	10%	3.69	4.24	0.55	15%	0			1.0	1.0									
17107	DESTRUCTION OF SKIN LESIONS	090	112	123	11	10%	4.79	5.56	0.77	16%	0			2.0	1.0									
17108	DESTRUCTION OF SKIN LESIONS	090	148	161	13	9%	7.49	8.48	0.99	13%	0			3.0	1.0									
17110	DESTRUCT B9 LESION 1-14	010	29	31	2	7%	0.7	0.92	0.22	31%	0			1.0										
17111	DESTRUCT LESION 15 OR MORE	010	31	33	2	6%	0.97	1.19	0.22	23%	0			1.0										
17260	DSTRJ MAL LES T/A/L 0.5 CM/<	010	46	48	2	4%	0.96	1.18	0.22	23%	0			1.0										
17261	DSTRJ MAL LES T/A/L .6-1.0CM	010	47	49	2	4%	1.22	1.44	0.22	18%	0			1.0										
17262	DSTRJ MAL LES T/A/L 1.1-2.0	010	50	52	2	4%	1.63	1.85	0.22	13%	0			1.0										
17263	DSTRJ MAL LES T/A/L 2.1-3.0	010	56	58	2	4%	1.84	2.06	0.22	12%	0			1.0										
17264	DSTRJ MAL LES T/A/L 3.1-4.0	010	64	66	2	3%	1.99	2.21	0.22	11%	0			1.0										
17266	DSTRJ MAL LES T/A/L >4.0 CM	010	67	69	2	3%	2.39	2.61	0.22	9%	0			1.0										
17270	DSTR MAL LES S/N/H/F/G .5 /<	010	45	47	2	4%	1.37	1.59	0.22	16%	0			1.0										
17271	DSTR MAL LES S/N/H/F/G 0.6-1	010	49	51	2	4%	1.54	1.76	0.22	14%	0			1.0										
17272	DSTR MAL LES S/N/H/F/G 1.1-2	010	52	54	2	4%	1.82	2.04	0.22	12%	0			1.0										
17273	DSTR MAL LES S/N/H/F/G 2.1-3	010	56	58	2	4%	2.1	2.32	0.22	10%	0			1.0										
17274	DSTR MAL LES S/N/H/F/G 3.1-4	010	62	64	2	3%	2.64	2.86	0.22	8%	0			1.0										
17276	DSTR MAL LES S/N/H/F/G >4.0	010	70	72	2	3%	3.25	3.47	0.22	7%	0			1.0										
17280	DSTR MAL LS F/E/E/N/L/M .5/<	010	45	47	2	4%	1.22	1.44	0.22	18%	0			1.0										
17281	DSTR MAL LS F/E/E/N/L/M .6-1	010	47	49	2	4%	1.77	1.99	0.22	12%	0			1.0										
17282	DSTR MAL LS F/E/E/N/L/M1.1-2	010	55	57	2	4%	2.09	2.31	0.22	11%	0			1.0										
17283	DSTR MAL LS F/E/E/N/L/M2.1-3	010	60	62	2	3%	2.69	2.91	0.22	8%	0			1.0										

17284	DSTR MAL LS F/E/E/N/L/M3.1-4	010	66	68	2	3%	3.2	3.42	0.22	7%	0			1.0										
17286	DSTR MAL LS F/E/E/N/L/M>4.0	010	78	80	2	3%	4.48	4.70	0.22	5%	0			1.0										
17340	CRYOTHERAPY FOR ACNE	010	16.5	16.5	0	0%	0.77	0.77	-	0%	-1		0.5											
17360	CHEMICAL EXFOLIATION ACNE	010	29	30	1	3%	1.46	1.57	0.11	8%	0			0.5										
19020	MASTOTOMY EXPL DRG ABSC DP	090	177	183	6	3%	3.83	4.60	0.77	20%	0			3.0								0.5		
19101	BIOPSY OF BREAST OPEN	010	116	118	2	2%	3.23	3.45	0.22	7%	0			1.0										
19110	NIPPLE EXPLORATION	090	144	150	6	4%	4.44	5.10	0.66	15%	0			3.0										
19112	EXCISE BREAST DUCT FISTULA	090	137	143	6	4%	3.81	4.47	0.66	17%	0			3.0										
19120	REMOVAL OF BREAST LESION	090	136	145	9	7%	5.92	6.47	0.55	9%	0			1.0	1.0									
19125	EXCISION BREAST LESION	090	196	210	14	7%	6.69	7.35	0.66	10%	0				2.0									
19296	PLACE PO BREAST CATH FOR RAD	000	119	119	0	0%	3.63	3.74	0.11	3%	0											0.5		
19298	PLACE BREAST RAD TUBE/CATHS	000	164	164	0	0%	5.75	5.86	0.11	2%	0											0.5		
19300	MASTECTOMY FOR GYNECOMAST	090	184	191	7	4%	5.31	6.19	0.88	17%	0			3.5								0.5		
19301	PARTIAL MASTECTOMY	090	216	232	16	7%	10.13	11.12	0.99	10%	0			1.0	2.0							0.5		
19302	P-MASTECTOMY W/LN REMOVAL	090	276	294	18	7%	13.99	15.07	1.08	8%	-2			1.0	1.0	1.0						0.5		
19303	MAST SIMPLE COMPLETE	090	283	306	23	8%	15	16.19	1.19	8%	-2				2.0	1.0						0.5		
19305	MAST RADICAL	090	463.5	517.5	54	12%	17.46	20.25	2.79	16%	0				4.5			4.5				1.0		
19306	MAST RAD URBAN TYPE	090	544.5	610.5	66	12%	18.13	21.49	3.36	19%	0				5.5			5.5				1.0		
19307	MAST MOD RAD	090	343	373	30	9%	17.99	19.51	1.52	8%	-2				3.0	1.0						0.5		
19316	MASTOPEXY	090	301	319	18	6%	11.09	12.30	1.21	11%	0			2.0	2.0							0.5		
19318	BREAST REDUCTION	090	367	385	18	5%	16.03	17.24	1.21	8%	0			2.0	2.0							0.5		
19325	BREAST AUGMENTATION W/IMPL	090	225	233	8	4%	8.12	9.11	0.99	12%	0			4.0								0.5		
19328	RMVL INTACT BREAST IMPLANT	090	199	210	11	6%	7.44	8.32	0.88	12%	0			2.0	1.0							0.5		
19330	RMVL RUPTURED BREAST IMPLAI	090	229	240	11	5%	9	9.88	0.88	10%	0			2.0	1.0							0.5		
19340	INSJ BREAST IMPLT SM D MAST	090	261	279	18	7%	10.48	11.69	1.21	12%	0			2.0	2.0							0.5		
19342	INSJ/RPLCMT BRST IMPLT SEP D	090	252	265	13	5%	10.48	11.58	1.10	10%	0			3.0	1.0							0.5		
19350	NIPPLE/AREOLA RECONSTRUCTIO	090	229	237	8	3%	9.11	9.99	0.88	10%	0			4.0										
19355	CORRECT INVERTED NIPPLE(S)	090	206	227	21	10%	8.52	9.51	0.99	12%	0				3.0									
19357	TISS XPNDR PLMT BRST RCNSTJ	090	344	383	39	11%	14.84	17.04	2.20	15%	0			2.0	5.0							0.5		
19361	BRST RCNSTJ LATSMS DRSI FLAP	090	552	578	26	5%	23.36	25.58	2.22	10%	0			3.0	2.0			2.0	1.0			1.0		
19364	BRST RCNSTJ FREE FLAP	090	767	775	8	1%	42.58	44.85	2.27	5%	-2		1.0	4.0	1.0			1.0	3.0			1.0		
19367	BRST RCNSTJ 1 PDCL TRAM FLAP	090	590	630	40	7%	26.8	29.04	2.24	8%	-2			1.0	2.0	1.0		3.0				1.0		
19368	BRST RCNSTJ 1PDCL TRAM ANAST	090	770	824	54	7%	33.9	36.80	2.90	9%	-4			1.0	2.0	2.0		4.0				1.0		
19369	BRST RCNSTJ 2 PDCL TRAM FLAP	090	690	739	49	7%	31.31	33.97	2.66	8%	-4			1.0	2.0	2.0		3.0				1.0		
19370	REVJ PERI-IMPLT CAPSULE BRST	090	255	276	21	8%	9.17	10.27	1.10	12%	0				3.0							0.5		
19371	PERI-IMPLT CAPSLC BRST COMPL	090	261	277	16	6%	9.98	10.97	0.99	10%	0			1.0	2.0							0.5		
19380	REVJ RECONSTRUCTED BREAST	090	307	325	18	6%	11.17	12.38	1.21	11%	0			2.0	2.0							0.5		
20100	EXPL PENTRG WOUND NECK	010	266	283	17	6%	10.38	11.41	1.03	10%	0				1.0			2.0				1.0		
20101	EXPL PENTRG WOUND CHEST	010	97	97	0	0%	3.23	3.23	-	0%	-2		1.0											
20102	EXPL PENTRG WND ABD/FLNK/BK	010	106	108	2	2%	3.98	4.20	0.22	6%	0			1.0										
20103	EXPL PENTRG WOUND EXTREMIT	010	136	138	2	1%	5.34	5.56	0.22	4%	0			1.0										
20150	EXCISION EPIPHYSEAL BAR	090	337	363	26	8%	14.75	16.20	1.45	10%	0				3.0			1.0				1.0		
20250	BIOPSY VRT BDY OPEN THORACIC	010	248	255	7	3%	5.19	5.87	0.68	13%	0			1.0				1.0				1.0		
20251	BIOPSY VRT BDY OPEN LMBR/CRV	010	238	245	7	3%	5.72	6.40	0.68	12%	0			1.0				1.0				1.0		
20500	INJECTION OF SINUS TRACT	010	56	58	2	4%	1.28	1.50	0.22	17%	0			1.0										
20520	REMOVAL OF FOREIGN BODY	010	65	67	2	3%	1.9	2.12	0.22	12%	0			1.0										
20525	REMOVAL OF FOREIGN BODY	010	136	138	2	1%	3.54	3.87	0.33	9%	0			1.0								0.5		
20615	TREATMENT OF BONE CYST	010	88	90	2	2%	2.33	2.55	0.22	9%	0			1.0										
20650	INSERT AND REMOVE BONE PIN	010	114	116	2	2%	2.28	2.61	0.33	14%	0			1.0								0.5		
20661	APPLICATION HALO CRANIAL	090	266	281.5	15.5	6%	5.26	6.72	1.46	28%	0			4.0				1.5				1.0		
20662	APPLICATION HALO PELVIC	090	285	298	13	5%	6.38	7.72	1.34	21%	0			4.0				1.0				1.0		
20663	APPLICATION HALO FEMORAL	090	264	277	13	5%	5.74	7.08	1.34	23%	0			4.0				1.0				1.0		
20664	APPL HALO CRANIAL 6+PINS	090	405	440	35	9%	10.06	12.48	2.42	24%	0				4.0			2.0		1.0		1.0		
20665	RMVL TONGS/HALO ANTHR INDIV	010	57	59	2	4%	1.36	1.58	0.22	16%	0			1.0										
20670	REMOVAL IMPLANT SUPERFICIAL	010	57	59	2	4%	1.79	2.01	0.22	12%	0			1.0										
20680	REMOVAL OF IMPLANT DEEP	090	181	185	4	2%	5.96	6.51	0.55	9%	0			2.0								0.5		
20690	APPL UNIPLN UNI EXT FIXJ SYS	090	300	317	17	6%	8.78	10.32	1.54	18%	0			1.0	2.0			1.0	1.0			1.0		
20692	APPL MLTPLN UNI EXT FIXJ SYS	090	474	518	44	9%	16.27	19.08	2.81	17%	0			4.0	3.0			3.0				1.0		
20693	ADJMT/REVJ EXT FIXJ SYS ANES	090	208	216.5	8.5	4%	6.06	7.06	1.00	17%	0			3.0				0.5				1.0		
20694	RMVL EXT FIXJ SYS UNDER ANES	090	140	145	5	4%	4.28	4.94	0.66	15%	0			2.5								0.5		
20696	APP MLTPLN UNI XTRNL FIX 1ST	090	468	505	37	8%	17.56	19.91	2.35	13%	0			3.0	3.0			2.0				1.0		
20802	REPLANTATION ARM COMPLETE	090	1041	1107	66	6%	42.62	46.35	3.73	9%	-2			3.0	3.0	1.0		6.0				1.0		
20805	REPLANT FOREARM COMPLETE	090	1012	1078	66	7%	51.46	55.19	3.73	7%	-2			3.0	3.0	1.0		6.0				1.0		
20808	REPLANTATION HAND COMPLETE	090	1112	1173	61	5%	63.09	66.58	3.49	6%	-2			3.0	3.0	1.0		5.0				1.0		
20816	REPLANTATION DIGIT COMPLETE	090	697	747	50	7%	31.95	34.80	2.85	9%	0			2.0	3.0			5.0				1.0		
20822	REPLANTATION DIGIT COMPLETE	090	590	632	42	7%	26.66	29.25	2.59	10%	0			3.0	3.0			3.0				1.0		
20824	REPLANTATION THUMB COMPLET	090	690	740	50	7%	31.95	34.80	2.85	9%	0			2.0	3.0			5.0				1.0		
20827	REPLANTATION THUMB COMPLET	090	625	672	47	8%	27.48	30.31	2.83	10%	0			3.0	3.0			4.0				1.0		
20838	REPLANTATION FOOT COMPLETE	090	986	1062	76	8%	42.88	47.09	4.21	10%	-2			3.0	3.0	1.0		8.0				1.0		
20910	REMOVE CARTILAGE FOR GRAFT	090	227	235	8	4%	5.53	6.52	0.99	18%	0			4.0								0.5		
20912	REMOVE CARTILAGE FOR GRAFT	090	256	264	8	3%	6.54	7.53	0.99	15%	0			4.0								0.5		
20920	REMOVAL OF FASCIA FOR GRAFT	090	195	203.5	8.5	4%	5.51	6.51	1.00	18%	0			3.0				0.5				1.0		
20922	REMOVAL OF FASCIA FOR GRAFT	090	224	237.5	13.5	6%	6.93	8.17	1.24	18%	0			3.0				1.5				1.0		

20924	REMOVAL OF TENDON FOR GRAF	090	194	202.5	8.5	4%	6.68	7.68	1.00	15%	0			3.0				0.5			1.0			
20955	FIBULA BONE GRAFT MICROVASC	090	957	1014	57	6%	40.26	43.57	3.31	8%	0			3.0	3.0			6.0			1.0		1.0	
20956	ILIAC BONE GRAFT MICROVASC	090	894	963	69	8%	41.18	45.32	4.14	10%	0			5.0	2.0			9.0			1.0			
20957	MT BONE GRAFT MICROVASC	090	930	1001	71	8%	42.61	46.97	4.36	10%	0			6.0	2.0			9.0			1.0			
20969	BONE/SKIN GRAFT MICROVASC	090	1048	1124	76	7%	45.43	49.51	4.08	9%	-4			2.0	2.0	2.0		8.0			1.0			
20970	BONE/SKIN GRAFT ILIAC CREST	090	988	1064	76	8%	44.58	48.66	4.08	9%	-4			2.0	2.0	2.0		8.0			1.0			
20972	BONE/SKIN GRAFT METATARSAL	090	898	959	61	7%	44.51	47.87	3.36	8%	-4			2.0	2.0	2.0		5.0			1.0			
20973	BONE/SKIN GRAFT GREAT TOE	090	988	1049	61	6%	47.27	50.63	3.36	7%	-4			2.0	2.0	2.0		5.0			1.0			
21010	INCISION OF JAW JOINT	090	337	351	14	4%	11.04	12.69	1.65	15%	0			3.0	1.0			1.0	1.0		1.0			
21011	EXC FACE LES SC	090	107	116	9	8%	2.99	3.54	0.55	18%	0			1.0	1.0									
21012	EXC FACE LES SBQ 2 CM/>	090	148	157	9	6%	4.45	5.11	0.66	15%	0			1.0	1.0						0.5			
21013	EXC FACE TUM DEEP < 2 CM	090	174	183	9	5%	5.42	6.08	0.66	12%	0			1.0	1.0						0.5			
21014	EXC FACE TUM DEEP 2 CM/>	090	217	233	16	7%	7.13	8.12	0.99	14%	0			1.0	2.0						0.5			
21015	RESECT FACE/SCALP TUM < 2 CM	090	277	300	23	8%	9.89	11.21	1.32	13%	0			1.0	3.0						0.5			
21016	RESECT FACE/SCALP TUM 2 CM/>	090	398	424	26	7%	15.26	17.22	1.96	13%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
21025	EXCISION OF BONE LOWER JAW	090	283	301	18	6%	10.03	11.13	1.10	11%	0			2.0	2.0									
21026	EXCISION OF FACIAL BONE(S)	090	261	284	23	9%	5.7	7.26	1.56	27%	0			2.0	2.0			1.0			1.0			
21029	CONTOUR OF FACE BONE LESION	090	196	212	16	8%	8.39	9.38	0.99	12%	0			1.0	2.0						0.5			
21030	EXCISE MAX/ZYGOMA B9 TUMOR	090	133	144	11	8%	4.91	5.68	0.77	16%	0			2.0	1.0									
21031	REMOVE EXOSTOSIS MANDIBLE	090	93	95	2	2%	3.3	3.52	0.22	7%	-2		1.0	1.0										
21032	REMOVE EXOSTOSIS MAXILLA	090	125	129	4	3%	3.34	3.78	0.44	13%	0			2.0										
21034	EXCISE MAX/ZYGOMA MAL TUMC	090	365	395	30	8%	17.38	19.14	1.76	10%	-2			1.0	2.0	1.0		1.0			1.0			
21040	EXCISE MANDIBLE LESION	090	137	148	11	8%	4.91	5.68	0.77	16%	0			2.0	1.0									
21044	REMOVAL OF JAW BONE LESION	090	325	350	25	8%	12.8	14.45	1.65	13%	-2			2.0	1.0	1.0		1.0			1.0			
21045	EXTENSIVE JAW SURGERY	090	599	629	30	5%	18.37	21.19	2.82	15%	-2			2.0	2.0	1.0		2.0	1.0	1.0	1.0			
21046	REMOVE MANDIBLE CYST COMPL	090	400	432	32	8%	14.21	16.32	2.11	15%	0			3.0	3.0			1.0			1.0			
21047	EXCISE LWR JAW CYST W/REPAIR	090	565	602	37	7%	20.07	22.42	2.35	12%	0			3.0	3.0			2.0			1.0			
21048	REMOVE MAXILLA CYST COMPLEX	090	400	432	32	8%	14.71	16.82	2.11	14%	0			3.0	3.0			1.0			1.0			
21049	EXCIS UPPR JAW CYST W/REPAIR	090	550	587	37	7%	19.32	21.67	2.35	12%	0			3.0	3.0			2.0			1.0			
21050	REMOVAL OF JAW JOINT	090	377	404	27	7%	11.76	13.63	1.87	16%	-2			3.0	1.0	1.0		1.0			1.0			
21060	REMOVE JAW JOINT CARTILAGE	090	334	357	23	7%	11.07	12.63	1.56	14%	0			2.0	2.0			1.0			1.0			
21070	REMOVE CORONOID PROCESS	090	246	257	11	4%	8.62	9.50	0.88	10%	-2		1.0	2.0	1.0						0.5			
21073	MNPJ OF TMJ W/ANESTH	090	134	142	8	6%	3.45	4.33	0.88	26%	0			4.0										
21100	MAXILLOFACIAL FIXATION	090	232	247	15	6%	4.73	6.05	1.32	28%	0			4.0	1.0						0.5			
21110	INTERDENTAL FIXATION	090	239	259	20	8%	5.99	7.31	1.32	22%	0			3.0	2.0									
21120	GENIOPLASTY AUGMENTATION	090	184	191	7	4%	5.1	5.87	0.77	15%	0			3.5										
21121	GENIOP SLDG OSTEOT 1	090	193	200	7	4%	7.81	8.58	0.77	10%	0			3.5										
21122	GENIOP SLDG OSTEOT 2/>	090	247	255	8	3%	8.71	9.70	0.99	11%	0			4.0							0.5			
21123	GENIOP SLDG AUGMENTATION	090	297	305	8	3%	11.34	12.44	1.10	10%	0			4.0							1.0			
21125	AUGMENTATION MNDBLR PROST	090	297	305	8	3%	10.8	11.90	1.10	10%	0			4.0							1.0			
21127	AUGMENTATION MNDBLR B1 GR	090	358	388.5	30.5	9%	12.44	14.10	1.66	13%	0				4.0			0.5			1.0			
21137	RDCTJ FOREHEAD CNTRG ONLY	090	310	321	11	4%	10.24	11.23	0.99	10%	-2		1.0	2.0	1.0						1.0			
21138	RDCTJ FOREHEAD CNTRG&PROST	090	400	416	16	4%	12.87	13.97	1.10	9%	-2		1.0	1.0	2.0						1.0			
21139	RDCTJ FOREHEAD CNTRG&SETBA	090	466	482	16	3%	15.02	16.25	1.23	8%	-2		1.0	2.0	1.0			1.0			1.0			
21141	LEFORT I-1 PIECE W/O GRAFT	090	474	515	41	9%	19.57	22.23	2.66	14%	-2			4.0	2.0	1.0		2.0			1.0			
21142	LEFORT I-2 PIECE W/O GRAFT	090	485	526	41	8%	20.28	22.94	2.66	13%	-2			4.0	2.0	1.0		2.0			1.0			
21143	LEFORT I-3/> PIECE W/O GRAFT	090	497	538	41	8%	21.05	23.71	2.66	13%	-2			4.0	2.0	1.0		2.0			1.0			
21145	LEFORT I-1 PIECE W/ GRAFT	090	515	564.5	49.5	10%	23.94	26.50	2.56	11%	0				6.0			1.5			1.0			
21146	LEFORT I-2 PIECE W/ GRAFT	090	567.5	623	55.5	10%	24.87	27.72	2.85	11%	0				6.5			2.0			1.0			
21147	LEFORT I-3/> PIECE W/ GRAFT	090	707.5	765.5	58	8%	26.47	29.44	2.97	11%	0				6.5			2.5			1.0		1.5	
21150	LEFORT II ANTERIOR INTRUSION	090	623	646	23	4%	25.96	27.52	1.56	6%	-4		2.0	2.0	2.0			1.0			1.0		1.0	
21151	LEFORT II W/BONE GRAFTS	090	686	714	28	4%	29.02	30.82	1.80	6%	-4		2.0	2.0	2.0			2.0			1.0		1.0	
21154	LEFORT III W/O LEFORT I	090	853	891.5	38.5	5%	31.29	33.57	2.28	7%	-5		2.0	2.0	1.0		1.0	2.5			1.0		1.5	
21155	LEFORT III W/ LEFORT I	090	939	975	36	4%	35.22	37.38	2.16	6%	-5		2.0	2.0	1.0		1.0	2.0			1.0		2.0	
21159	LEFORT III W/FHDW/O LEFORT I	090	986	1027	41	4%	43.14	45.54	2.40	6%	-5		2.0	2.0	1.0		1.0	3.0			1.0		2.0	
21160	LEFORT III W/FHD W/ LEFORT I	090	1121	1137	16	1%	47.19	49.37	2.18	5%	-5		2.0	2.0	1.0		1.0		2.5		1.0		2.5	
21172	RECONSTRUCT ORBIT/FOREHEAD	090	641	646	5	1%	28.2	29.49	1.29	5%	-4		2.0	2.0	1.0				1.5		1.0		1.5	
21175	RECONSTRUCT ORBIT/FOREHEAD	090	731	738	7	1%	33.56	34.75	1.19	4%	-4		2.0	2.0	1.0				1.0		1.0		2.0	
21179	RECONSTRUCT ENTIRE FOREHEAD	090	590	601	11	2%	22.65	23.64	0.99	4%	-2		1.0	2.0	1.0						1.0		2.0	
21180	RECONSTRUCT ENTIRE FOREHEAD	090	670	681	11	2%	25.58	26.57	0.99	4%	-2		1.0	2.0	1.0						1.0		2.0	
21181	CONTOUR CRANIAL BONE LESION	090	396	410	14	4%	10.28	11.29	1.01	10%	-4		2.0	1.0	1.0			1.0			1.0			
21182	RECONSTRUCT CRANIAL BONE	090	801	808	7	1%	32.58	33.77	1.19	4%	-4		2.0	2.0	1.0				1.0		1.0		2.0	
21183	RECONSTRUCT CRANIAL BONE	090	891	894	3	0%	35.7	37.09	1.39	4%	-4		2.0	2.0	1.0				2.0		1.0		2.0	
21184	RECONSTRUCT CRANIAL BONE	090	996	999	3	0%	38.62	40.01	1.39	4%	-4		2.0	2.0	1.0				2.0		1.0		2.0	
21188	RECONSTRUCTION OF MIDFACE	090	572	599	27	5%	23.15	24.63	1.48	6%	-5		2.0		1.0		1.0	1.0			1.0			
21193	RECONST LWR JAW W/O GRAFT	090	386	428.5	42.5	11%	18.9	21.13	2.23	12%	0				5.0			1.5			1.0			
21194	RECONST LWR JAW W/GRAFT	090	482.5	531	48.5	10%	21.82	24.34	2.52	12%	0				5.5			2.0			1.0			
21195	RECONST LWR JAW W/O FIXATIO	090	384.5	430.5	46	12%	19.16	21.56	2.40	13%	0				5.5			1.5			1.0			
21196	RECONST LWR JAW W/FIXATION	090	411.5	457.5	46	11%	20.83	23.23	2.40	11%	0				5.5			1.5			1.0			
21198	RECONSTR LWR JAW SEGMENT	090	359.5	396	36.5	10%	15.71	17.66	1.95	12%	0				4.5			1.0			1.0			
21199	RECONSTR LWR JAW W/ADVANC	090	283	290	7	2%	16.73	17.92	1.19	7%	0			2.0	1.0				1.0		1.0			
21206	RECONSTRUCT UPPER JAW BONE	090	361.5	395.5	34	9%	15.59	17.42	1.83	12%	0				4.5			0.5			1.0			
21208	AUGMENTATION OF FACIAL BONI	090	320	349	29	9%	11.42	13.27	1.85	16%	-2			3.0	2.0	1.0					0.5			

21209	REDUCTION OF FACIAL BONES	090	270	297	27	10%	7.82	9.58	1.76	23%	0			3.0	3.0						0.5			
21210	FACE BONE GRAFT	090	318	352	34	11%	11.69	13.54	1.85	16%	-2			2.0	3.0	1.0								
21215	LOWER JAW BONE GRAFT	090	334	368	34	10%	12.23	14.08	1.85	15%	-2			2.0	3.0	1.0								
21230	RIB CARTILAGE GRAFT	090	342	353	11	3%	11.17	12.16	0.99	9%	0			2.0	1.0						1.0			
21235	EAR CARTILAGE GRAFT	090	265	285	20	8%	7.5	8.93	1.43	19%	0			3.0	2.0						0.5			
21240	RECONSTRUCTION OF JAW JOINT	090	425	472	47	11%	16.07	18.51	2.44	15%	0				6.0			1.0			1.0			
21242	RECONSTRUCTION OF JAW JOINT	090	402	432	30	7%	14.59	16.99	2.40	16%	-2			3.0	2.0	1.0		1.0	1.0		1.0			
21243	RECONSTRUCTION OF JAW JOINT	090	751	827	76	10%	24.53	28.73	4.20	17%	0				10.0			2.0	1.0		1.0			
21244	RECONSTRUCTION OF LOWER JAV	090	387	422	35	9%	13.62	16.26	2.64	19%	-2			3.0	2.0	1.0		2.0	1.0		1.0			
21245	RECONSTRUCTION OF JAW	090	376	408	32	9%	13.12	15.10	1.98	15%	-2			2.0	2.0	1.0		1.0			1.0			
21246	RECONSTRUCTION OF JAW	090	369	382	13	4%	12.92	14.13	1.21	9%	0			3.0	1.0						1.0			
21247	RECONSTRUCT LOWER JAW BONE	090	544	590	46	8%	24.37	27.14	2.77	11%	-2			3.0	3.0	1.0		2.0			1.0			
21248	RECONSTRUCTION OF JAW	090	223	251	28	13%	12.74	14.06	1.32	10%	0				4.0									
21249	RECONSTRUCTION OF JAW	090	295	323	28	9%	18.77	20.09	1.32	7%	0				4.0									
21255	RECONSTRUCT LOWER JAW BONE	090	457	503	46	10%	18.46	21.23	2.77	15%	-2			3.0	3.0	1.0		2.0			1.0			
21256	RECONSTRUCTION OF ORBIT	090	444	467	23	5%	17.66	19.38	1.72	10%	-2			2.0	2.0	1.0			1.0					
21260	REVISE EYE SOCKETS	090	426	436	10	2%	17.9	19.62	1.72	10%	0			2.0	2.0				2.0		1.0			
21261	REVISE EYE SOCKETS	090	674	697	23	3%	34.07	36.94	2.87	8%	-2			2.0	3.0	1.0			2.0	1.0	1.0			
21263	REVISE EYE SOCKETS	090	639	662	23	4%	31.01	33.88	2.87	9%	-2			2.0	3.0	1.0			2.0	1.0	1.0			
21267	REVISE EYE SOCKETS	090	476	495	19	4%	20.69	22.83	2.14	10%	-2			2.0	2.0	1.0			2.0		1.0			
21268	REVISE EYE SOCKETS	090	614	637	23	4%	27.07	29.94	2.87	11%	-2			2.0	3.0	1.0			2.0	1.0	1.0			
21270	AUGMENTATION CHEEK BONE	090	362	373	11	3%	10.63	11.40	0.77	7%	0			2.0	1.0									
21275	REVISION ORBITOFACIAL BONES	090	360	376	16	4%	11.76	12.99	1.23	10%	0			2.0	1.0			1.0			1.0			
21280	MEDIAL CANTHOPEXY	090	251	276	25	10%	7.13	8.43	1.30	18%	-2			1.0	2.0	1.0								
21282	LATERAL CANTHOPEXY	090	209	227	18	9%	4.27	5.24	0.97	23%	-2			1.0	1.0	1.0								
21295	REVISION OF JAW MUSCLE/BONE	090	101	110	9	9%	1.9	2.45	0.55	29%	0			1.0	1.0									
21296	REVISION OF JAW MUSCLE/BONE	090	219	235	16	7%	4.78	6.01	1.23	26%	0			2.0	1.0			1.0			1.0			
21325	OPEN TX NOSE FX UNCOMPLICAT	090	217	228	11	5%	4.18	5.17	0.99	24%	0			2.0	1.0						1.0			
21330	OPEN TX NOSE FX W/SKELE FIXJ	090	251	262	11	4%	5.79	6.78	0.99	17%	0			2.0	1.0						1.0			
21335	OPEN TX NOSE & SEPTAL FX	090	293	304	11	4%	9.02	10.01	0.99	11%	0			2.0	1.0						1.0			
21336	OPEN TX SEPTAL FX W/WO STABJ	090	243	268	25	10%	6.77	8.20	1.43	21%	0			2.0	3.0									
21337	CLOSED TX SEPTAL&NOSE FX	090	154	170	16	10%	3.39	4.27	0.88	26%	0			1.0	2.0									
21338	OPEN NASOETHMOID FX W/O FIX	090	291	302	11	4%	6.87	7.86	0.99	14%	0			2.0	1.0						1.0			
21339	OPEN NASOETHMOID FX W/ FIXJ	090	315	326	11	3%	8.5	9.49	0.99	12%	0			2.0	1.0						1.0			
21340	PERQ TX NASOETHMOID FX	090	347	365	18	5%	11.49	12.81	1.32	11%	0			2.0	2.0						1.0			
21343	OPEN TX DPRSD FRONT SINUS FX	090	389	410	21	5%	14.32	16.17	1.85	13%	0			2.0	3.0				1.0		1.0			
21344	OPEN TX COMPL FRONT SINUS FX	090	519	537	18	3%	21.57	23.82	2.25	10%	0			2.0	3.0				1.0	1.0	1.0			
21345	CLOSED TX NOSE/JAW FX	090	312	337	25	8%	9.06	10.84	1.78	20%	0			3.0	2.0			1.0			1.0			
21346	OPN TX NASOMAX FX W/FIXJ	090	352	375	23	7%	11.45	13.01	1.56	14%	0			2.0	2.0			1.0			1.0			
21347	OPN TX NASOMAX FX MULTPLE	090	393	416	23	6%	13.53	15.09	1.56	12%	0			2.0	2.0			1.0			1.0			
21348	OPN TX NASOMAX FX W/GRAFT	090	452	475	23	5%	17.52	19.08	1.56	9%	0			2.0	2.0			1.0			1.0			
21355	PERQ TX MALAR FRACTURE	010	176	192	16	9%	4.45	5.33	0.88	20%	0			1.0	2.0									
21356	OPN TX DPRSD ZYGOMATIC ARCH	010	185	201	16	9%	4.83	5.71	0.88	18%	0			1.0	2.0									
21360	OPN TX DPRSD MALAR FRACTURE	090	273	291	18	7%	7.19	8.29	1.10	15%	0			2.0	2.0									
21365	OPN TX COMPLX MALAR FX	090	432	477	45	10%	16.77	19.12	2.35	14%	0				5.0			2.0			1.0			
21366	OPN TX COMPLX MALAR W/GRFT	090	467	490	23	5%	18.6	20.16	1.56	8%	0			2.0	2.0			1.0			1.0			
21385	OPN TX ORBIT FX TRANSANTRAL	090	324	335	11	3%	9.57	10.56	0.99	10%	0			2.0	1.0						1.0			
21386	OPN TX ORBIT FX PERIORBITAL	090	320	331	11	3%	9.57	10.56	0.99	10%	0			2.0	1.0						1.0			
21387	OPN TX ORBIT FX COMBINED	090	335	346	11	3%	10.11	11.10	0.99	10%	0			2.0	1.0						1.0			
21390	OPN TX ORBIT PERIORBTL IMPLT	090	346	360	14	4%	11.23	12.40	1.17	10%	-2			1.0	1.0	1.0			1.0					
21395	OPN TX ORBIT PERIORBT W/GRFT	090	347	357	10	3%	14.7	15.91	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
21400	CLOSED TX ORBIT W/O MANIPUL	090	102	106	4	4%	1.5	1.94	0.44	29%	0			2.0										
21401	CLOSED TX ORBIT W/MANIPULJ	090	204	215	11	5%	3.68	4.67	0.99	27%	0			2.0	1.0						1.0			
21406	OPN TX ORBIT FX W/O IMPLANT	090	284	295	11	4%	7.42	8.41	0.99	13%	0			2.0	1.0						1.0			
21407	OPN TX ORBIT FX W/IMPLANT	090	316	327	11	3%	9.02	10.01	0.99	11%	0			2.0	1.0						1.0			
21408	OPN TX ORBIT FX W/BONE GRFT	090	385	396	11	3%	12.78	13.77	0.99	8%	0			2.0	1.0						1.0			
21421	CLTX PALATAL/MAX FX WIRE FIX	090	256	278	22	9%	6.02	7.54	1.52	25%	-2			3.0	1.0	1.0					0.5			
21422	OPTX PALATAL/MAX FRACTURE	090	319	330	11	3%	8.73	9.72	0.99	11%	0			2.0	1.0						1.0			
21423	OPTX PALATAL/MAX FX COMP	090	359	372	13	4%	10.85	12.06	1.21	11%	0			3.0	1.0						1.0			
21431	CLTX CRANIOFACIAL SEPARATION	090	295	318	23	8%	7.9	9.46	1.56	20%	0			2.0	2.0			1.0			1.0			
21432	OPTX CRANFCL SEP W/WIRING	090	330	339	9	3%	8.82	9.72	0.90	10%	0			2.0				1.0			1.0			
21433	OPTX CRANFCL SEP COMP MLT	090	592	620	28	5%	26.29	28.09	1.80	7%	0			2.0	2.0			2.0			1.0			
21435	OPTX CRNFC SEP COMP INT&/XTF	090	1001	1024	23	2%	20.26	23.68	3.42	17%	-2			2.0	2.0	1.0		2.0	2.0	2.0	1.0			
21436	OPTX CRNFCL SEP COMP MLT INT	090	644	671	27	4%	30.3	32.97	2.67	9%	-2			2.0	3.0	1.0			1.0	1.0	1.0			
21440	CLTX MNDBLR/MAX ALV RIDGE F	090	162	180	18	11%	3.44	4.54	1.10	32%	0			2.0	2.0									
21445	OPTX MNDBLR/MAX ALV RIDGE F	090	252	274	22	9%	6.26	7.78	1.52	24%	-2			3.0	1.0	1.0					0.5			
21450	CLTX MNDBLR FX W/O MNPJ	090	162	180	18	11%	3.71	4.81	1.10	30%	0			2.0	2.0									
21451	CLTX MNDBLR FX W/MNPJ	090	252	272	20	8%	5.65	7.08	1.43	25%	0			3.0	2.0						0.5			
21452	PERQ TX MNDBLR FX XTRNL FIXJ	090	133	144	11	8%	2.4	3.28	0.88	37%	0			2.0	1.0						0.5			
21453	CLTX MNDBLR FX NTRDNTL FIXJ	090	261	288	27	10%	6.64	8.40	1.76	27%	0			3.0	3.0						0.5			
21454	OPTX MNDBLR FX XTRNL FIXJ	090	288	313	25	9%	7.36	9.14	1.78	24%	0			3.0	2.0			1.0			1.0			
21461	OPTX MNDBLR FX WO NTRDNTL	090	318	350	32	10%	9.31	11.42	2.11	23%	0			3.0	3.0			1.0			1.0			
21462	OPTX MNDBLR FX W/NTRDNTL	090	342	374	32	9%	11.01	13.12	2.11	19%	0			3.0	3.0			1.0			1.0			

21465	OPTX MNDBLR CNDYLR FX	090	373	405	32	9%	13.12	15.23	2.11	16%	0			3.0	3.0			1.0			1.0			
21470	OPTX COMPLICATED MNDBLR FX	090	469	523.5	54.5	12%	17.54	20.34	2.80	16%	0				6.0			2.5			1.0			
21485	CLTX TMPRMAND DISLC COMP	090	203	223	20	10%	4.77	6.09	1.32	28%	0			3.0	2.0									
21490	OPTX TMPRMAND DISLOCATION	090	368	395	27	7%	12.95	14.71	1.76	14%	0			3.0	3.0						0.5			
21497	INTERDENTAL WIRG OTH/THN FX	090	239	259	20	8%	4.64	6.07	1.43	31%	0			3.0	2.0						0.5			
21501	I&D DP ABSC/HMTMA SFT TS NCK	090	176	183	7	4%	3.98	4.86	0.88	22%	0			3.5							0.5			
21502	I&D DP ABS/HMTM NCK RIB OSTC	090	275	293	18	7%	7.55	9.13	1.58	21%	0			4.0				2.0			1.0			
21510	INC DEEP OPNG B1 CRTX THORAX	090	295	314	19	6%	6.2	7.89	1.69	27%	0			4.5				2.0			1.0			
21550	BIOPSY OF NECK/CHEST	010	89	91	2	2%	2.11	2.33	0.22	10%	0			1.0										
21552	EXC NECK LES SC 3 CM/>	090	194	203	9	5%	6.49	7.15	0.66	10%	0			1.0	1.0						0.5			
21554	EXC NECK TUM DEEP 5 CM/>	090	320	341	21	7%	11.13	12.47	1.34	12%	0			1.0	2.0			1.0			1.0			
21555	EXC NECK LES SC < 3 CM	090	138	147	9	7%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5			
21556	EXC NECK TUM DEEP < 5 CM	090	234	250	16	7%	7.66	8.65	0.99	13%	0			1.0	2.0						0.5			
21557	RESECT NECK THORAX TUMOR<5(	090	398	422	24	6%	14.75	16.62	1.87	13%	0			1.0	3.0			1.0	1.0		1.0			
21558	RESECT NECK TUMOR 5 CM/>	090	502	524	22	4%	21.58	23.74	2.16	10%	-2			1.0	2.0	1.0		1.0	2.0		1.0			
21600	PARTIAL REMOVAL OF RIB	090	251	266.5	15.5	6%	7.26	8.72	1.46	20%	0			4.0				1.5			1.0			
21601	EXC CHEST WALL TUMOR W/RIBS	090	510.5	565	54.5	11%	17.78	20.60	2.82	16%	0				3.5			6.0			1.0		1.0	
21602	EXC CH WAL TUM W/O LYMPHAD	090	669.5	745	75.5	11%	22.19	26.00	3.81	17%	0				6.5			6.0			1.0		1.0	
21603	EXC CH WAL TUM W/LYMPHADE(	090	760	846.5	86.5	11%	25.17	29.50	4.33	17%	0				7.0			7.5			1.0		1.0	
21610	PARTIAL REMOVAL OF RIB	090	440	476	36	8%	15.91	17.84	1.93	12%	0				3.0			3.0			1.0			
21615	REMOVAL OF RIB	090	334	358	24	7%	10.45	12.38	1.93	18%	0			4.5				3.0			1.0			
21616	REMOVAL OF RIB AND NERVES	090	393	420.5	27.5	7%	12.69	14.85	2.16	17%	0			5.0				3.5			1.0			
21620	PARTIAL REMOVAL OF STERNUM	090	285	305.5	20.5	7%	7.28	8.98	1.70	23%	0			4.0				2.5			1.0			
21627	STERNAL DEBRIDEMENT	090	264	284.5	20.5	8%	7.3	9.00	1.70	23%	0			4.0				2.5			1.0			
21630	RADICAL RESECTION STERNUM	090	597	640.5	43.5	7%	19.18	22.17	2.99	16%	0			5.5				6.5			1.0		1.5	
21685	HYOID MYOTOMY & SUSPENSION	090	440	479	39	9%	15.26	17.82	2.56	17%	-6			1.0	2.0	3.0			1.0		1.0			
21700	REVISION OF NECK MUSCLE	090	188	193	5	3%	6.31	7.08	0.77	12%	0			2.5							1.0			
21705	REVISION OF NECK MUSCLE/RIB	090	273	286.5	13.5	5%	9.92	11.16	1.24	13%	0			3.0				1.5			1.0			
21720	REVISION OF NECK MUSCLE	090	157	162	5	3%	5.8	6.46	0.66	11%	0			2.5							0.5			
21725	REVISION OF NECK MUSCLE	090	258	266.5	8.5	3%	7.19	8.19	1.00	14%	0			3.0				0.5			1.0			
21740	RECONSTRUCTION OF STERNUM	090	391	406	15	4%	17.57	18.89	1.32	8%	0				2.0			1.0	1.0		1.0			
21750	REPAIR OF STERNUM SEPARATIOI	090	306	309	3	1%	11.4	12.15	0.75	7%	0				1.0				1.0		1.0			
21820	TREAT STERNUM FRACTURE	090	59	62	3	5%	1.36	1.69	0.33	24%	0			1.5										
21825	TREAT STERNUM FRACTURE	090	253	267.5	14.5	6%	7.76	9.11	1.35	17%	0			3.5				1.5			1.0			
21920	BIOPSY SOFT TISSUE OF BACK	010	69	71	2	3%	2.11	2.33	0.22	10%	0			1.0										
21925	BIOPSY SOFT TISSUE OF BACK	090	145	151	6	4%	4.63	5.40	0.77	17%	0			3.0							0.5			
21930	EXC BACK LES SC < 3 CM	090	165	174	9	5%	4.94	5.60	0.66	13%	0			1.0	1.0						0.5			
21931	EXC BACK LES SC 3 CM/>	090	206	215	9	4%	6.88	7.54	0.66	10%	0			1.0	1.0						0.5			
21932	EXC BACK TUM DEEP < 5 CM	090	276	292	16	6%	9.82	11.05	1.23	13%	0			2.0	1.0			1.0			1.0			
21933	EXC BACK TUM DEEP 5 CM/>	090	315	336	21	7%	11.13	12.47	1.34	12%	0			1.0	2.0			1.0			1.0			
21935	RESECT BACK TUM < 5 CM	090	408	432	24	6%	15.72	17.59	1.87	12%	0			1.0	3.0			1.0	1.0		1.0			
21936	RESECT BACK TUM 5 CM/>	090	510	532	22	4%	22.55	24.71	2.16	10%	-2			1.0	2.0	1.0		1.0	2.0		1.0			
22010	I&D P-SPINE C/T/CERV-THOR	090	378	412	34	9%	12.75	15.10	2.35	18%	0			1.0	3.0			3.0	1.0		1.0			
22015	I&D ABSCESS P-SPINE L/S/LS	090	373	407	34	9%	12.64	14.99	2.35	19%	0			1.0	3.0			3.0	1.0		1.0			
22100	REMOVE PART OF NECK VERTEBR	090	372	410	38	10%	11	13.02	2.02	18%	0				4.0			2.0			1.0			
22101	REMOVE PART THORAX VERTEBR	090	387	430	43	11%	11.08	13.34	2.26	20%	0				4.0			3.0			1.0			
22102	REMOVE PART LUMBAR VERTEBR	090	387	430	43	11%	11.08	13.34	2.26	20%	0				4.0			3.0			1.0			
22110	REMOVE PART OF NECK VERTEBR	090	479	537	58	12%	14	16.98	2.98	21%	0				4.0			6.0			1.0			
22112	REMOVE PART THORAX VERTEBR	090	530	590.5	60.5	11%	14.07	17.17	3.10	22%	0				4.0			6.5			1.0			
22114	REMOVE PART LUMBAR VERTEBR	090	530	590.5	60.5	11%	14.07	17.17	3.10	22%	0				4.0			6.5			1.0			
22206	INCIS SPINE 3 COLUMN THORAC	090	758	779	21	3%	37.18	39.69	2.51	7%	0			1.0	3.0			2.0	3.0		1.0			
22207	INCIS SPINE 3 COLUMN LUMBAR	090	758	779	21	3%	36.68	39.19	2.51	7%	0			1.0	3.0			2.0	3.0		1.0			
22210	INCIS 1 VERTEBRAL SEG CERV	090	609	679	70	11%	25.38	28.93	3.55	14%	0				5.0			7.0			1.0			
22212	INCIS 1 VERTEBRAL SEG THORAC	090	640	710	70	11%	20.99	24.54	3.55	17%	0				5.0			7.0			1.0			
22214	INCIS 1 VERTEBRAL SEG LUMBAR	090	624	694	70	11%	21.02	24.57	3.55	17%	0				5.0			7.0			1.0			
22220	OSTEOT DSC ANT 1 VRT SGM CRV	090	585	652.5	67.5	12%	22.94	26.37	3.43	15%	0				5.0			6.5			1.0			
22222	OSTEOT DSC ANT 1VRT SGM THR(	090	651	723.5	72.5	11%	23.09	26.76	3.67	16%	0				5.0			7.5			1.0			
22224	OSTEOT DSC ANT 1VRT SGM LMB	090	666	738.5	72.5	11%	23.09	26.76	3.67	16%	0				5.0			7.5			1.0			
22310	CLOSED TX VERT FX W/O MANJ	090	131	137	6	5%	3.45	4.22	0.77	22%	0			3.0							0.5			
22315	CLOSED TX VERT FX W/MANJ	090	252	285	33	13%	10.11	11.89	1.78	18%	0				4.0			1.0			1.0			
22318	TREAT ODONTOID FX W/O GRAFT	090	451	484	33	7%	22.72	24.63	1.91	8%	0			1.0	3.0			2.0			1.0			
22319	TREAT ODONTOID FX W/GRAFT	090	483	521	38	8%	25.33	27.48	2.15	8%	0			1.0	3.0			3.0			1.0			
22325	TREAT SPINE FRACTURE	090	528	590.5	62.5	12%	19.87	23.06	3.19	16%	0				5.0			5.5			1.0			
22326	TREAT NECK SPINE FRACTURE	090	480	535.5	55.5	12%	20.84	23.70	2.86	14%	0				4.0			5.5			1.0			
22327	TREAT THORAX SPINE FRACTURE	090	604	684	80	13%	20.77	24.80	4.03	19%	0				5.0			9.0			1.0			
22510	PERQ CERVICOTHORACIC INJECT	010	150	157	7	5%	7.9	8.34	0.44	6%	0				1.0						0.5			
22511	PERQ LUMBOSACRAL INJECTION	010	150	157	7	5%	7.33	7.77	0.44	6%	0				1.0						0.5			
22513	PERQ VERTEBRAL AUGMENTATIO	010	155	162	7	5%	8.65	9.09	0.44	5%	0				1.0						0.5			
22514	PERQ VERTEBRAL AUGMENTATIO	010	150	157	7	5%	7.99	8.43	0.44	6%	0				1.0						0.5			
22526	IDET SINGLE LEVEL	010	145	147	2	1%	5.85	6.18	0.33	6%	0			1.0							0.5			
22532	ARTHRD LAT XTRCVTRY TQ THRC	090	583	613	30	5%	25.99	28.54	2.55	10%	0			1.0	3.0			3.0	2.0		1.0			
22533	ARTHRD LAT XTRCVTRY TQ LMBR	090	549	583	34	6%	24.79	27.14	2.35	9%	0			1.0	3.0			3.0	1.0		1.0			
22548	ARTHRD ANT TORAL/XORAL C1-C	090	673	741	68	10%	27.06	30.52	3.46	13%	0				4.0			8.0			1.0		1.0	

22551	ARTHRD ANT NTRBDY CERVICAL	090	395	412	17	4%	25	26.41	1.41	6%	0				3.0				1.0		1.0		
22554	ARTHRD ANT NTRBD MIN DSC CR	090	362	379	17	5%	17.69	19.10	1.41	8%	0				3.0				1.0		1.0		
22556	ARTHRD ANT NTRBD MIN DSC TH	090	557	600	43	8%	24.7	26.96	2.26	9%	0				4.0			3.0			1.0		1.0
22558	ARTHRD ANT NTRBD MIN DSC LU	090	525	563	38	7%	23.53	25.55	2.02	9%	0				4.0			2.0			1.0		1.0
22586	ARTHRD PRE-SAC NTRBDY L5-S1	090	500	534	34	7%	28.12	30.34	2.22	8%	0				4.0			2.0	1.0		1.0		
22590	ARTHRD PST TQ CRANIOCERVICAL	090	501	544	43	9%	21.76	24.02	2.26	10%	0				4.0			3.0			1.0		
22595	ARTHRD PST TQ ATLAS-AXIS	090	521	579	58	11%	20.64	23.62	2.98	14%	0				4.0			6.0			1.0		
22600	ARTHRD PST TQ 1NTRSPC CRV	090	490	548	58	12%	17.4	20.38	2.98	17%	0				4.0			6.0			1.0		
22610	ARTHRD PST TQ 1NTRSPC THRC	090	549	614.5	65.5	12%	17.28	20.62	3.34	19%	0				4.0			7.5			1.0		
22612	ARTHRD PST TQ 1NTRSPC LUMBA	090	482	500	18	4%	23.53	25.38	1.85	8%	0				3.0			1.0	2.0		1.0		
22630	ARTHRD PST TQ 1NTRSPC LUM	090	479	499	20	4%	22.09	24.03	1.94	9%	-2				2.0	1.0		1.0	2.0		1.0		
22633	ARTHRD CMBN 1NTRSPC LUMBAI	090	509	529	20	4%	26.8	28.74	1.94	7%	-2				2.0	1.0		1.0	2.0		1.0		
22800	ARTHRD PST DFRM	090	571	634	63	11%	19.5	22.72	3.22	17%	0				4.0			7.0			1.0		
22802	ARTHRD PST DFRM 7-12 VRT SGM	090	538	586	48	9%	32.11	34.61	2.50	8%	0				4.0			4.0			1.0		
22804	ARTHRD PST DFRM 13+ VRT SGM	090	595	648	53	9%	37.5	40.24	2.74	7%	0				4.0			5.0			1.0		
22808	ARTHRD ANT DFRM 2-3 VRT SGM	090	530	583	53	10%	27.51	30.25	2.74	10%	0				4.0			5.0			1.0		
22810	ARTHRD ANT DFRM 4-7 VRT SGM	090	595	648	53	9%	31.5	34.24	2.74	9%	0				4.0			5.0			1.0		
22812	ARTHRD ANT DFRM 8+ VRT SGM	090	700	772.5	72.5	10%	34.25	37.92	3.67	11%	0				5.0			7.5			1.0		
22818	KYPHECTOMY 1-2 SEGMENTS	090	747	781	34	5%	34.33	37.34	3.01	9%	0				3.0			5.0	3.0		1.0		
22819	KYPHECTOMY 3 OR MORE	090	795	841	46	6%	39.38	42.96	3.58	9%	0				4.0			6.0	3.0		1.0		
22830	EXPLORATION OF SPINAL FUSION	090	301	317	16	5%	11.22	12.58	1.36	12%	0			3.0				2.0			1.0		
22836	ANT THRC VRT BODY TETHRG <7	090	599	620	21	4%	32	34.14	2.14	7%	-2				2.0	1.0		1.0	1.0	1.0	1.0		
22837	ANT THRC VRT BODY TETHRG 8+	090	649	670	21	3%	35.5	37.64	2.14	6%	-2				2.0	1.0		1.0	1.0	1.0	1.0		
22838	REV RPLC/RMV THRC VRT TETHRC	090	649	670	21	3%	36	38.14	2.14	6%	-2				2.0	1.0		1.0	1.0	1.0	1.0		
22849	REINSERT SPINAL FIXATION	090	397	425.5	28.5	7%	19.17	21.13	1.96	10%	0			3.0				4.5			1.0		
22850	REMOVE SPINE FIXATION DEVICE	090	243	255.5	12.5	5%	9.82	10.95	1.13	12%	0			2.5				1.5			1.0		
22852	REMOVE SPINE FIXATION DEVICE	090	266	281	15	6%	9.37	10.62	1.25	13%	0			2.5				2.0			1.0		
22855	REMOVAL ANTERIOR INSTRMJ	090	418	449	31	7%	15.86	17.94	2.08	13%	0			3.0				5.0			1.0		
22856	TOT DISC ARTHRP 1NTRSPC CRV	090	367	393	26	7%	24.05	25.50	1.45	6%	0				3.0			1.0			1.0		
22857	TOT DISC ARTHRP 1NTRSPC LMBF	090	537	557	20	4%	27.13	29.07	1.94	7%	-2				2.0	1.0		1.0	2.0		1.0		
22861	REV RPLCM ARTHRP 1NTRSPC CR	090	477	490	13	3%	33.36	34.97	1.61	5%	0				3.0				2.0		1.0		
22862	REV RPLCM RTHRP 1NTRSPC LMB	090	620	645	25	4%	32.63	34.81	2.18	7%	0				4.0			1.0	2.0		1.0		
22864	RMVL TOT ARTHRP 1NTRSPC CRV	090	457	470	13	3%	29.4	31.01	1.61	5%	0				3.0				2.0		1.0		
22865	RMVL TOT ARTHRP 1NTRSPC LME	090	600	630	30	5%	31.75	34.17	2.42	8%	0				4.0			2.0	2.0		1.0		
22867	INSJ STABLJ DEV W/DCMPRN	090	271	292	21	8%	15	16.10	1.10	7%	0				3.0						0.5		
22869	INSJ STABLJ DEV W/O DCMPRN	090	175	184	9	5%	7.03	7.69	0.66	9%	0			1.0	1.0						0.5		
22900	EXC ABDL TUM DEEP < 5 CM	090	244	260	16	7%	8.32	9.55	1.23	15%	0			2.0	1.0			1.0			1.0		
22901	EXC ABDL TUM DEEP 5 CM/>	090	284	300	16	6%	10.11	11.34	1.23	12%	0			2.0	1.0			1.0			1.0		
22902	EXC ABD LES SC < 3 CM	090	148	157	9	6%	4.42	5.08	0.66	15%	0			1.0	1.0						0.5		
22903	EXC ABD LES SC 3 CM/>	090	179	188	9	5%	6.39	7.05	0.66	10%	0			1.0	1.0						0.5		
22904	RADICAL RESECT ABD TUMOR<5C	090	396	420	24	6%	16.69	18.56	1.87	11%	0			1.0	3.0			1.0	1.0		1.0		
22905	RAD RESECT ABD TUMOR 5 CM/>	090	463	494	31	7%	21.58	23.78	2.20	10%	-2			1.0	2.0	1.0		2.0	1.0		1.0		
23000	REMOVAL OF CALCIUM DEPOSITS	090	153	158	5	3%	4.48	5.14	0.66	15%	0			2.5							0.5		
23020	RELEASE SHOULDER JOINT	090	292	310	18	6%	9.36	10.94	1.58	17%	0			4.0				2.0			1.0		
23030	DRAIN SHOULDER LESION	010	152	154	2	1%	3.47	3.91	0.44	13%	0			1.0							1.0		
23031	DRAIN SHOULDER BURSA	010	94	96	2	2%	2.79	3.01	0.22	8%	0			1.0									
23035	DRAIN SHOULDER BONE LESION	090	300	323	23	8%	9.16	10.98	1.82	20%	0			4.0				3.0			1.0		
23040	EXPLORATORY SHOULDER SURGE	090	305	328	23	8%	9.75	11.57	1.82	19%	0			4.0				3.0			1.0		
23044	EXPLORATORY SHOULDER SURGE	090	253	272.5	19.5	8%	7.59	9.18	1.59	21%	0			3.5				2.5			1.0		
23065	BIOPSY SHOULDER TISSUES	010	64	65	1	2%	2.3	2.41	0.11	5%	0			0.5									
23066	BIOPSY SHOULDER TISSUES	090	133	139	6	5%	4.3	4.96	0.66	15%	0			3.0									
23071	EXC SHOULDER LES SC 3 CM/>	090	191	200	9	5%	5.91	6.57	0.66	11%	0			1.0	1.0						0.5		
23073	EXC SHOULDER TUM DEEP 5 CM/	090	285	306	21	7%	10.13	11.47	1.34	13%	0			1.0	2.0			1.0			1.0		
23075	EXC SHOULDER LES SC < 3 CM	090	142	151	9	6%	4.21	4.87	0.66	16%	0			1.0	1.0						0.5		
23076	EXC SHOULDER TUM DEEP < 5 CM	090	221	237	16	7%	7.41	8.40	0.99	13%	0			1.0	2.0						0.5		
23077	RESECT SHOULDER TUMOR < 5 CI	090	433	457	24	6%	17.66	19.53	1.87	11%	0			1.0	3.0			1.0	1.0		1.0		
23078	RESECT SHOULDER TUMOR 5 CM,	090	490	516	26	5%	22.55	24.51	1.96	9%	-2			1.0	2.0	1.0		1.0	1.0		1.0		
23100	BIOPSY OF SHOULDER JOINT	090	216	223	7	3%	6.2	7.19	0.99	16%	0			3.5							1.0		
23101	SHOULDER JOINT SURGERY	090	195	201	6	3%	5.72	6.60	0.88	15%	0			3.0							1.0		
23105	REMOVE SHOULDER JOINT LINING	090	276	286.5	10.5	4%	8.48	9.70	1.22	14%	0			4.0				0.5			1.0		
23106	INCISION OF COLLARBONE JOINT	090	214	221	7	3%	6.13	7.12	0.99	16%	0			3.5							1.0		
23107	EXPLORE TREAT SHOULDER JOINT	090	260	270.5	10.5	4%	8.87	10.09	1.22	14%	0			4.0				0.5			1.0		
23120	CLAVICULECTOMY PARTIAL	090	227	245	18	8%	7.39	8.60	1.21	16%	0			2.0	2.0						0.5		
23125	CLAVICULECTOMY TOTAL	090	279	289.5	10.5	4%	9.64	10.86	1.22	13%	0			4.0				0.5			1.0		
23130	ACROMP/ACROMIONECTOMY PR	090	231	240	9	4%	7.77	8.87	1.10	14%	0			4.5							0.5		
23140	REMOVAL OF BONE LESION	090	242	251.5	9.5	4%	7.12	8.23	1.11	16%	0			3.5				0.5			1.0		
23145	REMOVAL OF BONE LESION	090	307	320	13	4%	9.4	10.74	1.34	14%	0			4.0				1.0			1.0		
23146	REMOVAL OF BONE LESION	090	269	279.5	10.5	4%	8.08	9.30	1.22	15%	0			4.0				0.5			1.0		
23150	REMOVAL OF HUMERUS LESION	090	296	314	18	6%	8.91	10.49	1.58	18%	0			4.0				2.0			1.0		
23155	REMOVAL OF HUMERUS LESION	090	355	376.5	21.5	6%	10.86	12.67	1.81	17%	0			4.5				2.5			1.0		
23156	REMOVAL OF HUMERUS LESION	090	310	328	18	6%	9.11	10.69	1.58	17%	0			4.0				2.0			1.0		
23170	REMOVE COLLAR BONE LESION	090	247	261.5	14.5	6%	7.21	8.56	1.35	19%	0			3.5				1.5			1.0		
23172	REMOVE SHOULDER BLADE LESIC	090	277	294	17	6%	7.31	8.78	1.47	20%	0			3.5				2.0			1.0		

23174	REMOVE HUMERUS LESION	090	352	374.5	22.5	6%	10.05	11.97	1.92	19%	0			5.0				2.5			1.0			
23180	REMOVE COLLAR BONE LESION	090	299	318	19	6%	8.99	10.68	1.69	19%	0			4.5				2.0			1.0			
23182	REMOVE SHOULDER BLADE LESIO	090	314	333	19	6%	8.61	10.30	1.69	20%	0			4.5				2.0			1.0			
23184	REMOVE HUMERUS LESION	090	339	360.5	21.5	6%	9.9	11.71	1.81	18%	0			4.5				2.5			1.0			
23190	PARTIAL REMOVAL OF SCAPULA	090	249	258.5	9.5	4%	7.47	8.58	1.11	15%	0			3.5				0.5			1.0			
23195	REMOVAL OF HEAD OF HUMERUS	090	322	345	23	7%	10.36	12.18	1.82	18%	0			4.0				3.0			1.0			
23200	RESECT CLAVICLE TUMOR	090	497	519	22	4%	22.71	24.87	2.16	10%	-2			1.0	2.0	1.0		1.0	2.0		1.0			
23210	RESECT SCAPULA TUMOR	090	560	582	22	4%	27.21	29.37	2.16	8%	-2			1.0	2.0	1.0		1.0	2.0		1.0			
23220	RESECT PROX HUMERUS TUMOR	090	602	629	27	4%	30.21	32.61	2.40	8%	-2			1.0	2.0	1.0		2.0	2.0		1.0			
23330	REMOVE SHOULDER FOREIGN BO	010	70	72	2	3%	1.9	2.12	0.22	12%	0			1.0										
23333	REMOVE SHOULDER FB DEEP	090	178	187	9	5%	6	6.66	0.66	11%	0			1.0	1.0						0.5			
23334	SHOULDER PROSTHESIS REMOVA	090	418	433	15	4%	15.5	17.33	1.83	12%	0			1.0	3.0				2.0		1.0			
23335	SHOULDER PROSTHESIS REMOVA	090	448	463	15	3%	19	20.83	1.83	10%	0			1.0	3.0				2.0		1.0			
23395	MUSCLE TRANSFER SHOULDER/A	090	423	463	40	9%	18.54	20.65	2.11	11%	0				5.0			1.0			1.0			
23397	MUSCLE TRANSFERS	090	399	425.5	26.5	7%	16.76	18.81	2.05	12%	0			4.5				3.5			1.0			
23400	FIXATION OF SHOULDER BLADE	090	315	329	14	4%	13.87	15.32	1.45	10%	0			4.5				1.0			1.0			
23405	INCISION OF TENDON & MUSCLE	090	192	199	7	4%	8.54	9.42	0.88	10%	0			3.5							0.5			
23406	INCISE TENDON(S) & MUSCLE(S)	090	239	248.5	9.5	4%	11.01	12.12	1.11	10%	0			3.5				0.5			1.0			
23410	REPAIR ROTATOR CUFF ACUTE	090	277	295	18	6%	11.39	12.60	1.21	11%	0			2.0	2.0						0.5			
23412	REPAIR ROTATOR CUFF CHRONIC	090	287	305	18	6%	11.93	13.14	1.21	10%	0			2.0	2.0						0.5			
23415	RELEASE OF SHOULDER LIGAMEN	090	247	265	18	7%	9.23	10.44	1.21	13%	0			2.0	2.0						0.5			
23420	REPAIR OF SHOULDER	090	328	348	20	6%	13.54	14.97	1.43	11%	0			3.0	2.0						0.5			
23430	REPAIR BICEPS TENDON	090	237	255	18	8%	10.17	11.38	1.21	12%	0			2.0	2.0						0.5			
23440	REMOVE/TRANSPLANT TENDON	090	208	215	7	3%	10.64	11.52	0.88	8%	0			3.5							0.5			
23450	REPAIR SHOULDER CAPSULE	090	287	300	13	5%	13.7	15.04	1.34	10%	0			4.0				1.0			1.0			
23455	REPAIR SHOULDER CAPSULE	090	307	320	13	4%	14.67	16.01	1.34	9%	0			4.0				1.0			1.0			
23460	REPAIR SHOULDER CAPSULE	090	344	363	19	6%	15.82	17.51	1.69	11%	0			4.5				2.0			1.0			
23462	REPAIR SHOULDER CAPSULE	090	327	345	18	6%	15.72	17.30	1.58	10%	0			4.0				2.0			1.0			
23465	REPAIR SHOULDER CAPSULE	090	356	375	19	5%	16.3	17.99	1.69	10%	0			4.5				2.0			1.0			
23466	REPAIR SHOULDER CAPSULE	090	348	383	35	10%	15.8	17.67	1.87	12%	0				5.0						1.0			
23470	RECONSTRUCT SHOULDER JOINT	090	390	421.5	31.5	8%	17.89	20.18	2.29	13%	0			4.5				4.5			1.0			
23472	RECONSTRUCT SHOULDER JOINT	090	448	477	29	6%	22.13	24.24	2.11	10%	0			1.0	3.0			2.0	1.0		1.0			
23473	REVIS RECONST SHOULDER JOINT	090	488	517	29	6%	25	27.11	2.11	8%	0			1.0	3.0			2.0	1.0		1.0			
23474	REVIS RECONST SHOULDER JOINT	090	513	542	29	6%	27.21	29.32	2.11	8%	0			1.0	3.0			2.0	1.0		1.0			
23480	REVISION OF COLLAR BONE	090	275	290.5	15.5	6%	11.54	13.00	1.46	13%	0			4.0				1.5			1.0			
23485	REVISION OF COLLAR BONE	090	331	351.5	20.5	6%	13.91	15.61	1.70	12%	0			4.0				2.5			1.0			
23490	REINFORCE CLAVICLE	090	291	304	13	4%	12.16	13.50	1.34	11%	0			4.0				1.0			1.0			
23491	REINFORCE SHOULDER BONES	090	315	329	14	4%	14.54	15.99	1.45	10%	0			4.5				1.0			1.0			
23500	CLTX CLAVICULAR FX W/O MNPJ	090	79	84	5	6%	2.21	2.76	0.55	25%	0			2.5										
23505	CLTX CLAVICULAR FX W/MNPJ	090	121	127	6	5%	3.83	4.49	0.66	17%	0			3.0										
23515	OPTX CLAVICULAR FX W/INT FIX	090	287	305	18	6%	9.69	10.90	1.21	12%	0			2.0	2.0						0.5			
23520	CLTX STRNCLAV DISLC W/O MNPJ	090	82	87	5	6%	2.29	2.84	0.55	24%	0			2.5										
23525	CLTX STRNCLAV DISLC W/MNPJ	090	130	138	8	6%	3.79	4.67	0.88	23%	0			4.0										
23530	OPTX STRNCLAV DISLC AQT/CHRN	090	210	217	7	3%	7.48	8.36	0.88	12%	0			3.5							0.5			
23532	OPTX STRCLV DSLC AQ/CHRN GRF	090	280	288	8	3%	8.2	9.30	1.10	13%	0			4.0							1.0			
23540	CLTX ACROMCLAV DISLC WO MN	090	82	87	5	6%	2.36	2.91	0.55	23%	0			2.5										
23545	CLTX ACROMCLAV DISLC W/MNP	090	115	122	7	6%	3.43	4.20	0.77	22%	0			3.5										
23550	OPTX ACROMCLV DISLC AQT/CHR	090	267	281.5	14.5	5%	7.59	8.94	1.35	18%	0			3.5				1.5			1.0			
23552	OPTX ACRCLV DSLC AQ/CHRN GR	090	299	314.5	15.5	5%	8.82	10.28	1.46	17%	0			4.0				1.5			1.0			
23570	CLTX SCAPULAR FX W/O MNPJ	090	82	87	5	6%	2.36	2.91	0.55	23%	0			2.5										
23575	CLTX SCAP FX W/MNPJ +-TRACTJ	090	138	145	7	5%	4.23	5.00	0.77	18%	0			3.5										
23585	OPTX SCAPULAR FX W/INT FIXJ	090	407	435	28	7%	14.23	16.03	1.80	13%	0			2.0	2.0			2.0			1.0			
23600	CLTX PROX HUMRL FX W/O MNPJ	090	100	113	13	13%	3	3.99	0.99	33%	0			3.0	1.0									
23605	CLTX PRX HMRL FX MNPJ+-TRACT	090	172	180	8	5%	5.06	6.05	0.99	20%	0			4.0							0.5			
23615	OPTX PROX HUMRL FX W/INT FIX	090	338	366	28	8%	12.3	13.97	1.67	14%	0			1.0	3.0			1.0			1.0			
23616	OPTX PRX HMRL FX FIX RPR RPL	090	413	437	24	6%	18.37	20.24	1.87	10%	0			1.0	3.0			1.0	1.0		1.0			
23620	CLTX GR HMRL TBRS FX WO MNP	090	92	98	6	7%	2.55	3.21	0.66	26%	0			3.0										
23625	CLTX GR HMRL TBRS FX W/MNPJ	090	151	158	7	5%	4.1	4.98	0.88	21%	0			3.5							0.5			
23630	OPTX GR HMRL TBRS FX INT FIX	090	306	334	28	9%	10.57	12.24	1.67	16%	0			1.0	3.0			1.0			1.0			
23650	CLTX SHO DSLC W/MNPJ WO ANE	090	133	139	6	5%	3.53	4.19	0.66	19%	0			3.0										
23655	CLTX SHO DSLC W/MNPJ W/ANES	090	165	173	8	5%	4.76	5.75	0.99	21%	0			4.0							0.5			
23660	OPTX ACUTE SHOULDER DISLC	090	245	252	7	3%	7.66	8.65	0.99	13%	0			3.5							1.0			
23665	CLTX SHO DSLC FX GR HMRL TBR	090	165	173	8	5%	4.66	5.65	0.99	21%	0			4.0							0.5			
23670	OPTX SHO DISLC FX	090	326	349	23	7%	12.28	13.84	1.56	13%	0			2.0	2.0			1.0			1.0			
23675	CLTX SHO DISLC NECK FX MNPJ	090	222	231	9	4%	6.27	7.48	1.21	19%	0			4.5							1.0			
23680	OPTX SHO DISLC NECK FX FIXJ	090	361	384	23	6%	13.15	14.71	1.56	12%	0			2.0	2.0			1.0			1.0			
23700	MNPJ ANES SHO JT FIXJ APRATS	010	65	67	2	3%	2.57	2.79	0.22	9%	0			1.0										
23800	ARTHRODESIS GLENOHUMERAL JT	090	378	402	24	6%	14.73	16.66	1.93	13%	0			4.5				3.0			1.0			
23802	ARTHRD GLENOHUMERAL JT W/G	090	448	493	45	10%	18.42	20.77	2.35	13%	0				5.0			2.0			1.0			
23900	INTERTHORACOSCPLR AMPUTATI	090	537	579.5	42.5	8%	20.72	23.60	2.88	14%	0			5.0				6.5			1.0			
23920	DISARTICULATION SHOULDER	090	475	518	43	9%	16.23	18.49	2.26	14%	0				4.0			3.0			1.0			
23921	DISARTICULATION SHO SEC CLSR	090	241	250.5	9.5	4%	5.72	6.83	1.11	19%	0			3.5				0.5			1.0			
23930	I&D UPR A/E DP ABSC/HMTMA	010	92	94	2	2%	2.99	3.32	0.33	11%	0			1.0							0.5			

23931	I&D UPR A/E BURSA	010	75	77	2	3%	1.84	2.17	0.33	18%	0			1.0							0.5			
23935	INC DP OPN B1 CRTX HUM/ELBW	090	233	245	12	5%	6.38	7.61	1.23	19%	0			3.5				1.0			1.0			
24000	ARTHRT ELBW EXPL DRG/RMVL F	090	217	228	11	5%	6.08	7.20	1.12	18%	0			3.0				1.0			1.0			
24006	ARTHRT ELBW CAPSL EXC RLS	090	282	300	18	6%	9.74	11.32	1.58	16%	0			4.0				2.0			1.0			
24065	BIOPSY ARM/ELBOW SOFT TISSUE	010	80	82	2	2%	2.13	2.35	0.22	10%	0			1.0										
24066	BIOPSY ARM/ELBOW SOFT TISSUE	090	172	178	6	3%	5.35	6.12	0.77	14%	0			3.0							0.5			
24071	EXC ARM/ELBOW LES SC 3 CM/>	090	183	192	9	5%	5.7	6.36	0.66	12%	0			1.0	1.0						0.5			
24073	EX ARM/ELBOW TUM DEEP 5 CM	090	283	304	21	7%	10.13	11.47	1.34	13%	0			1.0	2.0			1.0			1.0			
24075	EXC ARM/ELBOW LES SC < 3 CM	090	142	151	9	6%	4.24	4.90	0.66	16%	0			1.0	1.0						0.5			
24076	EX ARM/ELBOW TUM DEEP < 5 CI	090	229	245	16	7%	7.41	8.40	0.99	13%	0			1.0	2.0						0.5			
24077	RAD RESCJ TUM TISS A/E <5CM	090	405	429	24	6%	15.72	17.59	1.87	12%	0			1.0	3.0			1.0	1.0		1.0			
24079	RAD RESCJ TUM TISS A/E 5 CM+	090	472	503	31	7%	20.61	22.81	2.20	11%	-2			1.0	2.0	1.0		2.0	1.0		1.0			
24100	ARTHRT ELBW SYNOVIAL BX ONL	090	157	163	6	4%	5.07	5.84	0.77	15%	0			3.0							0.5			
24101	ARTHRT ELBW JT EXPL BX RMVL	090	189	196	7	4%	6.3	7.18	0.88	14%	0			3.5							0.5			
24102	ARTHRT ELBOW W/SYNOVECTOM	090	251	260.5	9.5	4%	8.26	9.37	1.11	13%	0			3.5				0.5			1.0			
24105	EXCISION OLECRANON BURSA	090	143	150	7	5%	3.78	4.55	0.77	20%	0			3.5										
24110	EXC/CURTG B1 CST/B9 TUM HUM	090	224	232	8	4%	7.58	8.57	0.99	13%	0			4.0							0.5			
24115	EXC/CRTG B1 CST/TUM HUM AGR	090	339	359.5	20.5	6%	10.12	11.82	1.70	17%	0			4.0				2.5			1.0			
24116	EXC/CRTG B1 CST/TUM HUM ALG	090	326	344	18	6%	12.23	13.81	1.58	13%	0			4.0				2.0			1.0			
24120	EXC/CRTG B1 CST/B9 TUM RDS	090	195	202	7	4%	6.82	7.70	0.88	13%	0			3.5							0.5			
24125	EXC/CRTG B1 CST/TUM RDS AGRF	090	278	288.5	10.5	4%	8.14	9.36	1.22	15%	0			4.0				0.5			1.0			
24126	EXC/CRTG B1 CST/TUM RDS ALGR	090	272	285	13	5%	8.62	9.96	1.34	16%	0			4.0				1.0			1.0			
24130	EXCISION RADIAL HEAD	090	192	199	7	4%	6.42	7.30	0.88	14%	0			3.5							0.5			
24134	SEQUESTRECTOMY SHFT/DSTL HU	090	303	323.5	20.5	7%	10.22	11.92	1.70	17%	0			4.0				2.5			1.0			
24136	SEQUESTRECTOMY RADIAL H/N	090	263	280	17	6%	8.4	9.87	1.47	18%	0			3.5				2.0			1.0			
24138	SEQUESTRECTOMY OLECRN PROC	090	277	295.5	18.5	7%	8.5	10.29	1.79	21%	0			5.5				1.5			1.0			
24140	PARTIAL EXC BONE HUMERUS	090	284	299.5	15.5	5%	9.55	11.01	1.46	15%	0			4.0				1.5			1.0			
24145	PRTL EXC BONE RADIAL H/N	090	240	249.5	9.5	4%	7.81	8.92	1.11	14%	0			3.5				0.5			1.0			
24147	PRTL EXC BONE OLECRN PROCESS	090	252	264.5	12.5	5%	7.84	9.28	1.44	18%	0			5.0				0.5			1.0			
24149	RADICAL RESECTION OF ELBOW	090	456	503	47	10%	16.22	18.66	2.44	15%	0				6.0			1.0			1.0			
24150	RAD RESCJ TUM DSTL/SHFT HUM	090	502	533	31	6%	23.46	25.66	2.20	9%	-2			1.0	2.0	1.0		2.0	1.0		1.0			
24152	RAD RESECTION TUM RADIAL H/N	090	440	466	26	6%	19.99	21.95	1.96	10%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
24155	RESECTION OF ELBOW JOINT	090	322	337.5	15.5	5%	12.09	13.55	1.46	12%	0			4.0				1.5			1.0			
24160	RMVL PROSTHHUMRL&ULNAR CI	090	405	429	24	6%	18.63	20.50	1.87	10%	0			1.0	3.0			1.0	1.0		1.0			
24164	REMOVAL PROSTH RADIAL HEAD	090	228	249	21	9%	10	11.10	1.10	11%	0				3.0						0.5			
24200	RMVL FB UPPER ARM/ELBW SUB	010	68	70	2	3%	1.81	2.03	0.22	12%	0			1.0										
24201	RMVL FB UPPER ARM/ELBW DEE	090	164	170	6	4%	4.7	5.47	0.77	16%	0			3.0							0.5			
24300	MNPJ ELBOW UNDER ANES	090	205	217	12	6%	4.04	5.47	1.43	35%	0			6.0							0.5			
24301	MUSC/TDN TRANSFER UPR A/E 1	090	266	274	8	3%	10.38	11.48	1.10	11%	0			4.0							1.0			
24305	TENDON LNGTH UPR A/E EA TDN	090	209	216	7	3%	7.62	8.50	0.88	12%	0			3.5							0.5			
24310	TNOT OPN ELBW TO SHO EA TDN	090	171	177	6	4%	6.12	6.89	0.77	13%	0			3.0							0.5			
24320	TENOPLASTY ELBOW TO SHO 1	090	304	317	13	4%	10.86	12.20	1.34	12%	0			4.0				1.0			1.0			
24330	FLEXOR-PLASTY ELBOW	090	263	271	8	3%	9.79	10.89	1.10	11%	0			4.0							1.0			
24331	FLEXOR-PLASTY ELBW W/ADVMN	090	303	316	13	4%	10.95	12.29	1.34	12%	0			4.0				1.0			1.0			
24332	TENOLYSIS TRICEPS	090	230	243	13	6%	7.91	9.01	1.10	14%	0			3.0	1.0						0.5			
24340	TENODESIS BICEPS TDN AT ELBW	090	225	233	8	4%	8.08	9.07	0.99	12%	0			4.0							0.5			
24341	RPR TDN/MUSC UPR A/E EACH	090	318	353	35	11%	9.49	11.36	1.87	20%	0				5.0						1.0			
24342	REPAIR OF RUPTURED TENDON	090	290	300.5	10.5	4%	10.86	12.08	1.22	11%	0			4.0				0.5			1.0			
24343	REPR ELBOW LAT LIGMNT W/TISS	090	281	296	15	5%	9.16	10.48	1.32	14%	0			4.0	1.0						0.5			
24344	RECONSTRUCT ELBOW LAT LIGMI	090	385	417	32	8%	15.21	17.32	2.11	14%	0			3.0	3.0			1.0			1.0			
24345	REPR ELBW MED LIGMNT W/TISS	090	284	299	15	5%	9.16	10.48	1.32	14%	0			4.0	1.0						0.5			
24346	RECONSTRUCT ELBOW MED LIGM	090	385	417	32	8%	15.21	17.32	2.11	14%	0			3.0	3.0			1.0			1.0			
24357	REPAIR ELBOW PERC	090	168	176	8	5%	5.44	6.43	0.99	18%	0			4.0							0.5			
24358	REPAIR ELBOW W/DEB OPEN	090	193	201	8	4%	6.66	7.65	0.99	15%	0			4.0							0.5			
24359	REPAIR ELBOW DEB/ATTCH OPEN	090	213	221	8	4%	8.98	9.97	0.99	11%	0			4.0							0.5			
24360	RECONSTRUCT ELBOW JOINT	090	320	334	14	4%	12.67	14.12	1.45	11%	0			4.5				1.0			1.0			
24361	RECONSTRUCT ELBOW JOINT	090	322	336	14	4%	14.41	15.86	1.45	10%	0			4.5				1.0			1.0			
24362	RECONSTRUCT ELBOW JOINT	090	350	364	14	4%	15.32	16.77	1.45	9%	0			4.5				1.0			1.0			
24363	REPLACE ELBOW JOINT	090	435	464	29	7%	22	24.11	2.11	10%	0			1.0	3.0			2.0	1.0		1.0			
24365	RECONSTRUCT HEAD OF RADIUS	090	229	238.5	9.5	4%	8.62	9.73	1.11	13%	0			3.5				0.5			1.0			
24366	RECONSTRUCT HEAD OF RADIUS	090	243	252.5	9.5	4%	9.36	10.47	1.11	12%	0			3.5				0.5			1.0			
24370	REVISE RECONST ELBOW JOINT	090	470	499	29	6%	23.55	25.66	2.11	9%	0			1.0	3.0			2.0	1.0		1.0			
24371	REVISE RECONST ELBOW JOINT	090	505	534	29	6%	27.5	29.61	2.11	8%	0			1.0	3.0			2.0	1.0		1.0			
24400	REVISION OF HUMERUS	090	288	299.5	11.5	4%	11.33	12.66	1.33	12%	0			4.5				0.5			1.0			
24410	REVISION OF HUMERUS	090	344	356.5	12.5	4%	15.11	16.55	1.44	10%	0			5.0				0.5			1.0			
24420	REVISION OF HUMERUS	090	329	341.5	12.5	4%	13.73	15.17	1.44	10%	0			5.0				0.5			1.0			
24430	REPAIR OF HUMERUS	090	343	376	33	10%	15.25	17.16	1.91	13%	0			1.0	3.0			2.0			1.0			
24435	REPAIR HUMERUS WITH GRAFT	090	433	478	45	10%	14.99	17.34	2.35	16%	0				5.0			2.0			1.0			
24470	REVISION OF ELBOW JOINT	090	236	244	8	3%	8.93	10.03	1.10	12%	0			4.0							1.0			
24495	DECOMPRESSION OF FOREARM	090	255	267	12	5%	8.41	9.64	1.23	15%	0			3.5				1.0			1.0			
24498	REINFORCE HUMERUS	090	308	323.5	15.5	5%	12.28	13.74	1.46	12%	0			4.0				1.5			1.0			
24500	TREAT HUMERUS FRACTURE	090	121	129	8	7%	3.41	4.29	0.88	26%	0			4.0										
24505	TREAT HUMERUS FRACTURE	090	188	197	9	5%	5.39	6.49	1.10	20%	0			4.5							0.5			

24515	TREAT HUMERUS FRACTURE	090	340	360	20	6%	12.12	13.92	1.80	15%	0			5.0				2.0			1.0			
24516	TREAT HUMERUS FRACTURE	090	352	375	23	7%	12.19	14.01	1.82	15%	0			4.0				3.0			1.0			
24530	TREAT HUMERUS FRACTURE	090	136	144	8	6%	3.69	4.57	0.88	24%	0			4.0										
24535	TREAT HUMERUS FRACTURE	090	206	216	10	5%	7.11	8.32	1.21	17%	0			5.0							0.5			
24538	TREAT HUMERUS FRACTURE	090	284	298	14	5%	9.77	11.22	1.45	15%	0			4.5				1.0			1.0			
24545	TREAT HUMERUS FRACTURE	090	361	384	23	6%	13.15	14.71	1.56	12%	0			2.0	2.0			1.0			1.0			
24546	TREAT HUMERUS FRACTURE	090	448	472	24	5%	14.91	16.78	1.87	13%	0			1.0	3.0			1.0	1.0		1.0			
24560	TREAT HUMERUS FRACTURE	090	118	125	7	6%	2.98	3.75	0.77	26%	0			3.5										
24565	TREAT HUMERUS FRACTURE	090	190	199	9	5%	5.78	6.88	1.10	19%	0			4.5							0.5			
24566	TREAT HUMERUS FRACTURE	090	257	285	28	11%	9.06	10.38	1.32	15%	0				4.0									
24575	TREAT HUMERUS FRACTURE	090	308	336	28	9%	9.71	11.38	1.67	17%	0			1.0	3.0			1.0			1.0			
24576	TREAT HUMERUS FRACTURE	090	129	137	8	6%	3.06	3.94	0.88	29%	0			4.0										
24577	TREAT HUMERUS FRACTURE	090	192	201	9	5%	6.01	7.11	1.10	18%	0			4.5							0.5			
24579	TREAT HUMERUS FRACTURE	090	338	366	28	8%	11.44	13.11	1.67	15%	0			1.0	3.0			1.0			1.0			
24582	TREAT HUMERUS FRACTURE	090	295	330	35	12%	10.14	11.79	1.65	16%	0				5.0									
24586	TREAT ELBOW FRACTURE	090	375	399	24	6%	15.78	17.71	1.93	12%	0			4.5				3.0			1.0			
24587	TREAT ELBOW FRACTURE	090	415	441.5	26.5	6%	15.79	17.84	2.05	13%	0			4.5				3.5			1.0			
24600	TREAT ELBOW DISLOCATION	090	121	127	6	5%	4.37	5.03	0.66	15%	0			3.0										
24605	TREAT ELBOW DISLOCATION	090	179	188	9	5%	5.64	6.74	1.10	20%	0			4.5							0.5			
24615	TREAT ELBOW DISLOCATION	090	277	294	17	6%	9.83	11.30	1.47	15%	0			3.5				2.0			1.0			
24620	TREAT ELBOW FRACTURE	090	211	221	10	5%	7.22	8.43	1.21	17%	0			5.0							0.5			
24635	TREAT ELBOW FRACTURE	090	291	314	23	8%	8.8	10.36	1.56	18%	0			2.0	2.0			1.0			1.0			
24640	TREAT ELBOW DISLOCATION	010	39	41	2	5%	1.25	1.47	0.22	18%	0			1.0										
24650	TREAT RADIUS FRACTURE	090	87	93	6	7%	2.31	2.97	0.66	29%	0			3.0										
24655	TREAT RADIUS FRACTURE	090	142	151	9	6%	4.62	5.61	0.99	21%	0			4.5										
24665	TREAT RADIUS FRACTURE	090	256	265	9	4%	8.36	9.57	1.21	14%	0			4.5							1.0			
24666	TREAT RADIUS FRACTURE	090	286	301.5	15.5	5%	9.86	11.32	1.46	15%	0			4.0				1.5			1.0			
24670	TREAT ULNAR FRACTURE	090	102	108	6	6%	2.69	3.35	0.66	25%	0			3.0										
24675	TREAT ULNAR FRACTURE	090	153	161	8	5%	4.91	5.79	0.88	18%	0			4.0										
24685	TREAT ULNAR FRACTURE	090	252	270	18	7%	8.37	9.58	1.21	14%	0			2.0	2.0						0.5			
24800	FUSION OF ELBOW JOINT	090	290	299	9	3%	11.41	12.62	1.21	11%	0			4.5							1.0			
24802	FUSION/GRAFT OF ELBOW JOINT	090	399	425.5	26.5	7%	14.32	16.37	2.05	14%	0			4.5				3.5			1.0			
24900	AMPUTATION OF UPPER ARM	090	312	336	24	8%	10.18	12.11	1.93	19%	0			4.5				3.0			1.0			
24920	AMPUTATION OF UPPER ARM	090	282	306.5	24.5	9%	10.13	11.96	1.83	18%	0			3.5				3.5			1.0			
24925	AMPUTATION FOLLOW-UP SURG	090	221	230.5	9.5	4%	7.3	8.41	1.11	15%	0			3.5				0.5			1.0			
24930	AMPUTATION FOLLOW-UP SURG	090	294	318.5	24.5	8%	10.83	12.66	1.83	17%	0			3.5				3.5			1.0			
24931	AMPUTATE UPPER ARM & IMPLA	090	358	388.5	30.5	9%	13.44	15.62	2.18	16%	0			4.0				4.5			1.0			
24935	REVISION OF AMPUTATION	090	458	495.5	37.5	8%	16.45	19.09	2.64	16%	0			5.0				5.5			1.0			
25000	INCISION OF TENDON SHEATH	090	135	142	7	5%	3.55	4.32	0.77	22%	0			3.5										
25001	INCISE FLEXOR CARPI RADIALIS	090	154	165	11	7%	3.79	4.67	0.88	23%	0			2.0	1.0						0.5			
25020	DECOMPRESS FOREARM 1 SPACE	090	204	210	6	3%	6.06	6.94	0.88	15%	0			3.0							1.0			
25023	DECOMPRESS FOREARM 1 SPACE	090	400	436.5	36.5	9%	13.83	16.36	2.53	18%	0			4.5				5.5			1.0			
25024	DECOMPRESS FOREARM 2 SPACE	090	385	397	12	3%	10.79	12.86	2.07	19%	0			4.0	1.0			1.0	2.0		1.0			
25025	DECOMPRESS FOREARM 2 SPACE	090	460	477	17	4%	17.94	20.25	2.31	13%	0			4.0	1.0			2.0	2.0		1.0			
25028	DRAINAGE OF FOREARM LESION	090	181	187	6	3%	5.39	6.27	0.88	16%	0			3.0							1.0			
25031	DRAINAGE OF FOREARM BURSA	090	141	146	5	4%	4.26	4.92	0.66	15%	0			2.5							0.5			
25035	TREAT FOREARM BONE LESION	090	241	253	12	5%	7.65	8.88	1.23	16%	0			3.5				1.0			1.0			
25040	EXPLORE/TREAT WRIST JOINT	090	227	240.5	13.5	6%	7.5	8.74	1.24	17%	0			3.0				1.5			1.0			
25065	BIOPSY FOREARM SOFT TISSUES	010	64	66	2	3%	2.04	2.26	0.22	11%	0			1.0										
25066	BIOPSY FOREARM SOFT TISSUES	090	156	162	6	4%	4.27	5.04	0.77	18%	0			3.0							0.5			
25071	EXC FOREARM LES SC 3 CM/>	090	178	187	9	5%	5.91	6.57	0.66	11%	0			1.0	1.0						0.5			
25073	EXC FOREARM TUM DEEP 3 CM/>	090	221	237	16	7%	7.13	8.12	0.99	14%	0			1.0	2.0						0.5			
25075	EXC FOREARM LES SC < 3 CM	090	137	146	9	7%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5			
25076	EXC FOREARM TUM DEEP < 3 CM	090	206	222	16	8%	6.74	7.73	0.99	15%	0			1.0	2.0						0.5			
25077	RESECT FOREARM/WRIST TUM<3	090	345	373	28	8%	12.93	14.60	1.67	13%	0			1.0	3.0			1.0			1.0			
25078	RESECT FORARM/WRIST TUM 3CI	090	422	448	26	6%	17.69	19.65	1.96	11%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
25085	INCISION OF WRIST CAPSULE	090	197	203	6	3%	5.64	6.52	0.88	16%	0			3.0							1.0			
25100	BIOPSY OF WRIST JOINT	090	142	147	5	4%	4.02	4.68	0.66	16%	0			2.5							0.5			
25101	EXPLORE/TREAT WRIST JOINT	090	163	169	6	4%	4.83	5.60	0.77	16%	0			3.0							0.5			
25105	REMOVE WRIST JOINT LINING	090	201	208	7	3%	6.02	6.90	0.88	15%	0			3.5							0.5			
25107	REMOVE WRIST JOINT CARTILAGE	090	257	285	28	11%	7.7	9.02	1.32	17%	0				4.0									
25109	EXCISE TENDON FOREARM/WRIST	090	191	207	16	8%	6.94	7.93	0.99	14%	0			1.0	2.0						0.5			
25110	REMOVE WRIST TENDON LESION	090	132	137	5	4%	4.04	4.59	0.55	14%	0			2.5										
25111	REMOVE WRIST TENDON LESION	090	140	146	6	4%	3.53	4.19	0.66	19%	0			3.0										
25112	REREMOVE WRIST TENDON LESIC	090	148	154	6	4%	4.67	5.33	0.66	14%	0			3.0										
25115	REMOVE WRIST/FOREARM LESIO	090	257	285	28	11%	10.09	11.41	1.32	13%	0				4.0									
25116	REMOVE WRIST/FOREARM LESIO	090	249	272	23	9%	7.56	8.88	1.32	17%	0			1.0	3.0						0.5			
25118	EXCISE WRIST TENDON SHEATH	090	158	164	6	4%	4.51	5.28	0.77	17%	0			3.0							0.5			
25119	PARTIAL REMOVAL OF ULNA	090	214	221	7	3%	6.21	7.20	0.99	16%	0			3.5							1.0			
25120	REMOVAL OF FOREARM LESION	090	217	224	7	3%	6.27	7.26	0.99	16%	0			3.5							1.0			
25125	REMOVE/GRAFT FOREARM LESIO	090	270	278	8	3%	7.67	8.77	1.10	14%	0			4.0							1.0			
25126	REMOVE/GRAFT FOREARM LESIO	090	260	268	8	3%	7.74	8.84	1.10	14%	0			4.0							1.0			
25130	REMOVAL OF WRIST LESION	090	167	174	7	4%	5.43	6.20	0.77	14%	0			3.5										

25135	REMOVE & GRAFT WRIST LESION	090	234	242	8	3%	7.08	8.07	0.99	14%	0			4.0							0.5			
25136	REMOVE & GRAFT WRIST LESION	090	204	211	7	3%	6.14	7.02	0.88	14%	0			3.5							0.5			
25145	REMOVE FOREARM BONE LESION	090	225	232	7	3%	6.54	7.53	0.99	15%	0			3.5							1.0			
25150	PARTIAL REMOVAL OF ULNA	090	257	269	12	5%	7.38	8.61	1.23	17%	0			3.5				1.0			1.0			
25151	PARTIAL REMOVAL OF RADIUS	090	266	278	12	5%	7.68	8.91	1.23	16%	0			3.5				1.0			1.0			
25170	RESECT RADIUS/ULNAR TUMOR	090	470	496	26	6%	22.21	24.17	1.96	9%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
25210	REMOVAL OF WRIST BONE	090	194	201	7	4%	6.12	7.00	0.88	14%	0			3.5							0.5			
25215	REMOVAL OF WRIST BONES	090	269	279.5	10.5	4%	8.14	9.36	1.22	15%	0			4.0				0.5			1.0			
25230	PARTIAL REMOVAL OF RADIUS	090	190	196	6	3%	5.37	6.25	0.88	16%	0			3.0							1.0			
25240	PARTIAL REMOVAL OF ULNA	090	176	182	6	3%	5.31	6.08	0.77	15%	0			3.0							0.5			
25248	REMOVE FOREARM FOREIGN BOI	090	163	170	7	4%	5.31	6.08	0.77	15%	0			3.5										
25250	REMOVAL OF WRIST PROSTHESIS	090	205	212	7	3%	6.77	7.65	0.88	13%	0			3.5							0.5			
25251	REMOVAL OF WRIST PROSTHESIS	090	300	310.5	10.5	3%	9.82	11.04	1.22	12%	0			4.0				0.5			1.0			
25259	MANIPULATE WRIST W/ANESTHE	090	201	213	12	6%	4.04	5.47	1.43	35%	0			6.0							0.5			
25260	REPAIR FOREARM TENDON/MUS	090	215	225	10	5%	8.04	9.25	1.21	15%	0			5.0							0.5			
25263	REPAIR FOREARM TENDON/MUS	090	229	238	9	4%	8.04	9.25	1.21	15%	0			4.5							1.0			
25265	REPAIR FOREARM TENDON/MUS	090	259	268	9	3%	10.1	11.20	1.10	11%	0			4.5							0.5			
25270	REPAIR FOREARM TENDON/MUS	090	176	183	7	4%	6.17	7.05	0.88	14%	0			3.5							0.5			
25272	REPAIR FOREARM TENDON/MUS	090	189	196	7	4%	7.21	8.09	0.88	12%	0			3.5							0.5			
25274	REPAIR FOREARM TENDON/MUS	090	242	250	8	3%	8.94	9.93	0.99	11%	0			4.0							0.5			
25275	REPAIR FOREARM TENDON SHEA	090	223	236	13	6%	8.96	10.06	1.10	12%	0			3.0	1.0						0.5			
25280	REVISE WRIST/FOREARM TENDO	090	195	202	7	4%	7.39	8.27	0.88	12%	0			3.5							0.5			
25290	INCISE WRIST/FOREARM TENDON	090	164	170	6	4%	5.43	6.20	0.77	14%	0			3.0							0.5			
25295	RELEASE WRIST/FOREARM TEND	090	191	198	7	4%	6.72	7.60	0.88	13%	0			3.5							0.5			
25300	FUSION OF TENDONS AT WRIST	090	247	256	9	4%	9.02	10.12	1.10	12%	0			4.5							0.5			
25301	FUSION OF TENDONS AT WRIST	090	235	243	8	3%	8.59	9.58	0.99	12%	0			4.0							0.5			
25310	TRANSPLANT FOREARM TENDON	090	263	293	30	11%	9	10.52	1.52	17%	-2				3.0	1.0					0.5			
25312	TRANSPLANT FOREARM TENDON	090	284	294.5	10.5	4%	9.82	11.04	1.22	12%	0			4.0				0.5			1.0			
25315	REVISE PALSY HAND TENDON(S)	090	300	320.5	20.5	7%	10.68	12.38	1.70	16%	0			4.0				2.5			1.0			
25316	REVISE PALSY HAND TENDON(S)	090	356	380	24	7%	12.9	14.83	1.93	15%	0			4.5				3.0			1.0			
25320	REPAIR/REVISE WRIST JOINT	090	452	495	43	10%	12.75	14.76	2.01	16%	-8				1.0	4.0								
25332	REVISE WRIST JOINT	090	314	328	14	4%	11.74	13.19	1.45	12%	0			4.5				1.0			1.0			
25335	CENTRALIZATION WRIST ON ULN	090	370	391.5	21.5	6%	13.39	15.20	1.81	14%	0			4.5				2.5			1.0			
25337	RECONSTRUCT ULNA/RADIOULN	090	353	387	34	10%	11.73	13.32	1.59	14%	-6				1.0	3.0								
25350	REVISION OF RADIUS	090	266	279	13	5%	9.09	10.43	1.34	15%	0			4.0				1.0			1.0			
25355	REVISION OF RADIUS	090	289	304.5	15.5	5%	10.53	11.99	1.46	14%	0			4.0				1.5			1.0			
25360	REVISION OF ULNA	090	259	272	13	5%	8.74	10.08	1.34	15%	0			4.0				1.0			1.0			
25365	REVISE RADIUS & ULNA	090	354	375.5	21.5	6%	12.91	14.72	1.81	14%	0			4.5				2.5			1.0			
25370	REVISE RADIUS OR ULNA	090	424	455	31	7%	14.1	16.49	2.39	17%	0			5.5				4.0			1.0			
25375	REVISE RADIUS & ULNA	090	382	403.5	21.5	6%	13.55	15.36	1.81	13%	0			4.5				2.5			1.0			
25390	SHORTEN RADIUS OR ULNA	090	295	308	13	4%	10.7	12.04	1.34	13%	0			4.0				1.0			1.0			
25391	LENGTHEN RADIUS OR ULNA	090	383	409.5	26.5	7%	14.28	16.33	2.05	14%	0			4.5				3.5			1.0			
25392	SHORTEN RADIUS & ULNA	090	390	416.5	26.5	7%	14.58	16.63	2.05	14%	0			4.5				3.5			1.0			
25393	LENGTHEN RADIUS & ULNA	090	432	461	29	7%	16.56	18.73	2.17	13%	0			4.5				4.0			1.0			
25394	REPAIR CARPAL BONE SHORTEN	090	250	263	13	5%	10.85	11.95	1.10	10%	0			3.0	1.0						0.5			
25400	REPAIR RADIUS OR ULNA	090	308	323.5	15.5	5%	11.28	12.74	1.46	13%	0			4.0				1.5			1.0			
25405	REPAIR/GRAFT RADIUS OR ULNA	090	387	413.5	26.5	7%	15.01	17.06	2.05	14%	0			4.5				3.5			1.0			
25415	REPAIR RADIUS & ULNA	090	367	386	19	5%	13.8	15.49	1.69	12%	0			4.5				2.0			1.0			
25420	REPAIR/GRAFT RADIUS & ULNA	090	444	474	30	7%	17.04	19.32	2.28	13%	0			5.0				4.0			1.0			
25425	REPAIR/GRAFT RADIUS OR ULNA	090	343	364.5	21.5	6%	13.72	15.53	1.81	13%	0			4.5				2.5			1.0			
25426	REPAIR/GRAFT RADIUS & ULNA	090	411	437.5	26.5	6%	16.45	18.50	2.05	12%	0			4.5				3.5			1.0			
25430	VASC GRAFT INTO CARPAL BONE	090	270	283	13	5%	9.71	10.81	1.10	11%	0			3.0	1.0						0.5			
25431	REPAIR NONUNION CARPAL BON	090	278	291	13	5%	10.89	11.99	1.10	10%	0			3.0	1.0						0.5			
25440	REPAIR NONU SCPHD CARPL B1	090	278	288.5	10.5	4%	10.68	11.90	1.22	11%	0			4.0				0.5			1.0			
25441	ARTHRP W/PROSTC DSTL RDS	090	358	374.5	16.5	5%	13.29	14.86	1.57	12%	0			4.5				1.5			1.0			
25442	ARTHRP W/PROSTC DSTL ULNA	090	331	342.5	11.5	3%	11.12	12.45	1.33	12%	0			4.5				0.5			1.0			
25443	ARTHRP PROSTC DSTL SCPH CRPL	090	307	318.5	11.5	4%	10.66	11.99	1.33	12%	0			4.5				0.5			1.0			
25444	ARTHRP W/PROSTC LUNATE	090	304	315.5	11.5	4%	11.42	12.75	1.33	12%	0			4.5				0.5			1.0			
25445	ARTHRP W/PROSTC TRAPEZIUM	090	283	291	8	3%	9.88	10.98	1.10	11%	0			4.0							1.0			
25446	ARTHRP W/PROSTC DST RDS&CR	090	425	456.5	31.5	7%	17.3	19.59	2.29	13%	0			4.5				4.5			1.0			
25447	ARTHRP NTRCRP/CRP/MTCR NTR	090	281	311	30	11%	10.5	12.02	1.52	14%	-2				3.0	1.0					0.5			
25448	ARTHRP NTRCRPL/CRP/MTCRP SS	090	296	326	30	10%	11.85	13.37	1.52	13%	-2				3.0	1.0					0.5			
25449	REVJ ARTHRP WRIST JOINT	090	369	388	19	5%	14.94	16.63	1.69	11%	0			4.5				2.0			1.0			
25450	EPIPHYSL ARRST DSTL RDS/ULNA	090	203	211	8	4%	8.06	8.94	0.88	11%	0			4.0										
25455	EPIPHYSL ARRST DSTL RDS&ULNA	090	260	269	9	3%	9.71	10.81	1.10	11%	0			4.5							0.5			
25490	PROPHYLACTIC TX RADIUS	090	280	288	8	3%	9.73	10.83	1.10	11%	0			4.0							1.0			
25491	PROPHYLACTIC TX ULNA	090	271	279	8	3%	10.15	11.25	1.10	11%	0			4.0							1.0			
25492	PROPHYLACTIC TX RADIUS&ULNA	090	343	357	14	4%	12.66	14.11	1.45	11%	0			4.5				1.0			1.0			
25500	CLTX RDL SHFT FX W/O MNPJ	090	84	90	6	7%	2.6	3.26	0.66	25%	0			3.0										
25505	CLTX RDL SHFT FX W/MNPJ	090	171	181	10	6%	5.45	6.55	1.10	20%	0			5.0										
25515	OPTX RADIAL SHAFT FRACTURE	090	247	265	18	7%	8.8	10.01	1.21	14%	0			2.0	2.0						0.5			
25520	CLTX RDL SHFT FX&DISLC	090	219	229	10	5%	6.5	7.71	1.21	19%	0			5.0							0.5			
25525	OPTX RDL SHFT FX&CLTX RAD/UL	090	303	331	28	9%	10.55	12.22	1.67	16%	0			1.0	3.0			1.0			1.0			

25526	OPTX RDL SHFT FX&DSTL RAD/UL	090	367	392	25	7%	13.15	14.93	1.78	14%	0			3.0	2.0			1.0			1.0		
25530	CLTX ULNAR SHFT FX W/O MNPJ	090	88	94	6	7%	2.24	2.90	0.66	29%	0			3.0									
25535	CLTX ULNAR SHFT FX W/MNPJ	090	163	172	9	6%	5.36	6.35	0.99	18%	0			4.5									
25545	OPTX ULNAR SHFT FX INT FIXJ	090	286	309	23	8%	7.94	9.50	1.56	20%	0			2.0	2.0			1.0			1.0		
25560	CLTX RDL&ULN SHFT FX WO MNP	090	101	107	6	6%	2.59	3.25	0.66	25%	0			3.0									
25565	CLTX RDL&ULN SHFT FX W/MNPJ	090	182	191	9	5%	5.85	6.95	1.10	19%	0			4.5							0.5		
25574	OPTX RDL&ULN SHFT FX RDS/ULN	090	296	319	23	8%	8.8	10.36	1.56	18%	0			2.0	2.0			1.0			1.0		
25575	OPTX RDL&ULN SHFT FX RDS&UL	090	342	367	25	7%	12.29	14.07	1.78	14%	0			3.0	2.0			1.0			1.0		
25600	CLTX DST RDL FX/EPHYS SEP WO	090	108	118	10	9%	2.78	3.88	1.10	40%	0			5.0									
25605	CLTX DST RDL FX/EPHYS SEP W/	090	169	184	15	9%	6.25	7.57	1.32	21%	0			4.0	1.0						0.5		
25606	PERQ SKEL FIXJ DSTL RDL FX	090	260	285	25	10%	8.31	9.85	1.54	19%	0			2.0	3.0						0.5		
25607	OPTX DST RD XARTC FX/EPI SEP	090	275	300	25	9%	9.56	11.10	1.54	16%	0			2.0	3.0						0.5		
25608	OPTX DST RD XART FX/EPI SEP2	090	305	330	25	8%	11.07	12.61	1.54	14%	0			2.0	3.0						0.5		
25609	OPTX DST RD XART FX/EP SEP3+	090	358	390	32	9%	14.38	16.25	1.87	13%	0			2.0	4.0						0.5		
25622	CLTX CARPL SCPHD FX W/O MNP	090	101	108	7	7%	2.79	3.56	0.77	28%	0			3.5									
25624	CLTX CARPL SCPHD FX W/MNPJ	090	155	165	10	6%	4.77	5.87	1.10	23%	0			5.0									
25628	OPTX CARPL SCPHD FX INT FIXJ	090	277	295	18	6%	9.67	10.88	1.21	13%	0			2.0	2.0						0.5		
25630	CLTX CARPL FX W/O MNPJ EA B1	090	91	97	6	7%	3.03	3.69	0.66	22%	0			3.0									
25635	CLTX CARPL FX W/MNPJ EA B1	090	143	152	9	6%	4.61	5.60	0.99	21%	0			4.5									
25645	OPTX CRPL FX OTH/THN SCPH EA	090	222	229	7	3%	7.42	8.41	0.99	13%	0			3.5							1.0		
25650	CLTX ULNAR STYLOID FRACTURE	090	111	118	7	6%	3.23	4.00	0.77	24%	0			3.5									
25651	PERQ SKEL FIX ULNAR STYLD FX	090	190	203	13	7%	5.82	6.92	1.10	19%	0			3.0	1.0						0.5		
25652	OPTX ULNAR STYLOID FRACTURE	090	225	238	13	6%	8.06	9.16	1.10	14%	0			3.0	1.0						0.5		
25660	CLTX RDCRPL/NTRCRPL DISLC 1+	090	145	154	9	6%	4.98	5.97	0.99	20%	0			4.5									
25670	OPTX RDCRPL/NTRCRPL DISLC 1+	090	224	231	7	3%	8.09	9.08	0.99	12%	0			3.5							1.0		
25671	PERQ SKEL FIX RAD/ULN DISLC	090	210	223	13	6%	6.46	7.56	1.10	17%	0			3.0	1.0						0.5		
25675	CLTX DSTL RAD/ULN DISLC MNPJ	090	152	161	9	6%	4.89	5.88	0.99	20%	0			4.5									
25676	OPTX RAD/ULN DISLC AQT/CHRN	090	242	252.5	10.5	4%	8.29	9.51	1.22	15%	0			4.0				0.5			1.0		
25680	CLTX TRNS-SCPHPRLNR FX MNPJ	090	203	213	10	5%	6.23	7.44	1.21	19%	0			5.0							0.5		
25685	OPTX TRNS-SCPHPRLNR FX DISLC	090	279	292	13	5%	10.09	11.43	1.34	13%	0			4.0				1.0			1.0		
25690	CLTX LUNATE DISLC W/MNPJ	090	187	196	9	5%	5.72	6.82	1.10	19%	0			4.5							0.5		
25695	OPTX LUNATE DISLOCATION	090	244	251	7	3%	8.51	9.50	0.99	12%	0			3.5							1.0		
25800	ARTHRD WRIST COMPLETE WO G	090	298	311	13	4%	10.07	11.41	1.34	13%	0			4.0				1.0			1.0		
25805	ARTHRD WRIST W/SLIDING GRAF	090	351	370	19	5%	11.73	13.42	1.69	14%	0			4.5				2.0			1.0		
25810	ARTHRD WRST ILIAC/OTH AGRFT	090	370	403	33	9%	11.95	13.73	1.78	15%	0				4.0			1.0			1.0		
25820	ARTHRD WRIST LMTD W/O B1 GR	090	222	230	8	4%	7.64	8.63	0.99	13%	0			4.0							0.5		
25825	ARTHRD WRIST WITH AUTOGRAF	090	321	338.5	17.5	5%	9.69	11.37	1.68	17%	0			5.0				1.5			1.0		
25830	ARTHRD DST RAD/UL JT SGM RSC	090	310	330	20	6%	10.88	12.07	1.19	11%	-2			2.0	1.0	1.0							
25900	AMPUTATION OF FOREARM	090	345	370	25	7%	9.61	11.65	2.04	21%	0			5.0				3.0			1.0		
25905	AMPUTATION OF FOREARM	090	264	283.5	19.5	7%	9.59	11.18	1.59	17%	0			3.5				2.5			1.0		
25907	AMPUTATION FOLLOW-UP SURG	090	235	247	12	5%	8.09	9.32	1.23	15%	0			3.5				1.0			1.0		
25909	AMPUTATION FOLLOW-UP SURG	090	257	271.5	14.5	6%	9.31	10.66	1.35	15%	0			3.5				1.5			1.0		
25915	AMPUTATION OF FOREARM	090	431	444	13	3%	17.52	18.51	0.99	6%	0			3.0	1.0								
25920	AMPUTATE HAND AT WRIST	090	249	263.5	14.5	6%	9.03	10.38	1.35	15%	0			3.5				1.5			1.0		
25922	AMPUTATE HAND AT WRIST	090	224	233.5	9.5	4%	7.65	8.76	1.11	15%	0			3.5				0.5			1.0		
25924	AMPUTATION FOLLOW-UP SURG	090	242	256.5	14.5	6%	8.81	10.16	1.35	15%	0			3.5				1.5			1.0		
25927	AMPUTATION OF HAND	090	242	254	12	5%	9.09	10.32	1.23	14%	0			3.5				1.0			1.0		
25929	AMPUTATION FOLLOW-UP SURG	090	226	235.5	9.5	4%	7.82	8.93	1.11	14%	0			3.5				0.5			1.0		
25931	AMPUTATION FOLLOW-UP SURG	090	233	242.5	9.5	4%	8.04	9.15	1.11	14%	0			3.5				0.5			1.0		
26010	DRAINAGE OF FINGER ABSCESS	010	51	53	2	4%	1.59	1.81	0.22	14%	0			1.0									
26011	DRAINAGE OF FINGER ABSCESS	010	69	71	2	3%	2.24	2.46	0.22	10%	0			1.0									
26020	DRAIN HAND TENDON SHEATH	090	262	285	23	9%	6.84	8.53	1.69	25%	0			3.0	1.0			2.0			1.0		
26025	DRAINAGE OF PALM BURSA	090	200	211	11	5%	5.08	6.20	1.12	22%	0			3.0				1.0			1.0		
26030	DRAINAGE OF PALM BURSAS	090	226	239.5	13.5	6%	6.25	7.49	1.24	20%	0			3.0				1.5			1.0		
26034	TREAT HAND BONE LESION	090	250	266.5	16.5	7%	6.63	8.20	1.57	24%	0			4.5				1.5			1.0		
26035	DECOMPRESS FINGERS/HAND	090	351.5	400.5	49	14%	11.37	13.92	2.55	22%	0				4.5			3.5			1.0		
26037	DECOMPRESS FINGERS/HAND	090	228	241.5	13.5	6%	7.57	8.81	1.24	16%	0			3.0				1.5			1.0		
26040	RELEASE PALM CONTRACTURE	090	135	140	5	4%	3.46	4.12	0.66	19%	0			2.5							0.5		
26045	RELEASE PALM CONTRACTURE	090	207	214	7	3%	5.73	6.61	0.88	15%	0			3.5							0.5		
26055	INCISE FINGER TENDON SHEATH	090	119	128	9	8%	3.11	3.77	0.66	21%	0			1.0	1.0						0.5		
26060	INCISION OF FINGER TENDON	090	91	95	4	4%	2.91	3.35	0.44	15%	0			2.0									
26070	EXPLORE/TREAT HAND JOINT	090	168	173	5	3%	3.81	4.58	0.77	20%	0			2.5							1.0		
26075	EXPLORE/TREAT FINGER JOINT	090	164	169	5	3%	3.91	4.68	0.77	20%	0			2.5							1.0		
26080	EXPLORE/TREAT FINGER JOINT	090	157	164	7	4%	4.47	5.35	0.88	20%	0			3.5							0.5		
26100	BIOPSY HAND JOINT LINING	090	119	124	5	4%	3.79	4.34	0.55	15%	0			2.5									
26105	BIOPSY FINGER JOINT LINING	090	119	124	5	4%	3.83	4.38	0.55	14%	0			2.5									
26110	BIOPSY FINGER JOINT LINING	090	114	119	5	4%	3.65	4.20	0.55	15%	0			2.5									
26111	EXC HAND LES SC 1.5 CM/>	090	173	182	9	5%	5.42	6.08	0.66	12%	0			1.0	1.0						0.5		
26113	EXC HAND TUM DEEP 1.5 CM/>	090	214	230	16	7%	7.13	8.12	0.99	14%	0			1.0	2.0						0.5		
26115	EXC HAND LES SC < 1.5 CM	090	137	146	9	7%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5		
26116	EXC HAND TUM DEEP < 1.5 CM	090	201	217	16	8%	6.74	7.73	0.99	15%	0			1.0	2.0						0.5		
26117	RAD RESECT HAND TUMOR < 3 CM	090	271	294	23	8%	10.13	11.45	1.32	13%	0			1.0	3.0						0.5		
26118	RAD RESECT HAND TUMOR 3 CM/	090	368	400	32	9%	14.81	16.79	1.98	13%	-2			2.0	2.0	1.0		1.0			1.0		

26121	RELEASE PALM CONTRACTURE	090	200	208	8	4%	7.73	8.61	0.88	11%	0			4.0										
26123	RELEASE PALM CONTRACTURE	090	308	343	35	11%	10.88	12.53	1.65	15%	0				5.0									
26130	REMOVE WRIST JOINT LINING	090	180	187	7	4%	5.59	6.47	0.88	16%	0			3.5								0.5		
26135	REVISE FINGER JOINT EACH	090	181	188	7	4%	7.13	8.01	0.88	12%	0			3.5								0.5		
26140	REVISE FINGER JOINT EACH	090	174	181	7	4%	6.34	7.22	0.88	14%	0			3.5								0.5		
26145	TENDON EXCISION PALM/FINGER	090	178	185	7	4%	6.49	7.37	0.88	14%	0			3.5								0.5		
26160	REMOVE TENDON SHEATH LESION	090	121	130	9	7%	3.57	4.23	0.66	18%	0			1.0	1.0							0.5		
26170	REMOVAL OF PALM TENDON EAC	090	135	141	6	4%	4.91	5.57	0.66	13%	0			3.0										
26180	REMOVAL OF FINGER TENDON	090	153	160	7	5%	5.35	6.12	0.77	14%	0			3.5										
26185	REMOVE FINGER BONE	090	202	230	28	14%	6.52	7.84	1.32	20%	0				4.0									
26200	REMOVE HAND BONE LESION	090	164	170	6	4%	5.65	6.42	0.77	14%	0			3.0								0.5		
26205	REMOVE/GRAFT BONE LESION	090	229	238.5	9.5	4%	7.93	9.04	1.11	14%	0			3.5				0.5				1.0		
26210	REMOVAL OF FINGER LESION	090	155	162	7	5%	5.32	6.09	0.77	14%	0			3.5										
26215	REMOVE/GRAFT FINGER LESION	090	199	206	7	4%	7.27	8.15	0.88	12%	0			3.5								0.5		
26230	PARTIAL REMOVAL OF HAND BON	090	186	192	6	3%	6.47	7.35	0.88	14%	0			3.0								1.0		
26235	PARTIAL REMOVAL FINGER BONE	090	185	191	6	3%	6.33	7.21	0.88	14%	0			3.0								1.0		
26236	PARTIAL REMOVAL FINGER BONE	090	171	177	6	4%	5.46	6.34	0.88	16%	0			3.0								1.0		
26250	EXTENSIVE HAND SURGERY	090	353	383	30	8%	15.21	16.97	1.76	12%	-2			1.0	2.0	1.0		1.0				1.0		
26260	RESECT PROX FINGER TUMOR	090	256	274	18	7%	11.16	12.24	1.08	10%	-2			1.0	1.0	1.0						0.5		
26262	RESECT DISTAL FINGER TUMOR	090	212	230	18	8%	8.29	9.37	1.08	13%	-2			1.0	1.0	1.0						0.5		
26320	REMOVAL OF IMPLANT FROM HA	090	150	155	5	3%	4.1	4.76	0.66	16%	0			2.5								0.5		
26340	MANIPULATE FINGER W/ANESTH	090	170	182	12	7%	2.8	4.23	1.43	51%	0			6.0								0.5		
26341	MANIPULAT PALM CORD POST IN	010	52	54	2	4%	0.91	1.13	0.22	24%	0			1.0										
26350	REPAIR FINGER/HAND TENDON	090	180	189	9	5%	6.21	7.20	0.99	16%	0			4.5										
26352	REPAIR/GRAFT HAND TENDON	090	258	266	8	3%	7.87	8.97	1.10	14%	0			4.0								1.0		
26356	REPAIR FINGER/HAND TENDON	090	277	299	22	8%	9.56	11.21	1.65	17%	0			4.0	2.0							0.5		
26357	REPAIR FINGER/HAND TENDON	090	302	324	22	7%	11	12.65	1.65	15%	0			4.0	2.0							0.5		
26358	REPAIR/GRAFT HAND TENDON	090	327	349	22	7%	12.6	14.25	1.65	13%	0			4.0	2.0							0.5		
26370	REPAIR FINGER/HAND TENDON	090	221	228	7	3%	7.28	8.27	0.99	14%	0			3.5								1.0		
26372	REPAIR/GRAFT HAND TENDON	090	278	288.5	10.5	4%	9.01	10.23	1.22	14%	0			4.0				0.5				1.0		
26373	REPAIR FINGER/HAND TENDON	090	258	268.5	10.5	4%	8.41	9.63	1.22	15%	0			4.0				0.5				1.0		
26390	REVISE HAND/FINGER TENDON	090	220	228	8	4%	9.43	10.53	1.10	12%	0			4.0								1.0		
26392	REPAIR/GRAFT HAND TENDON	090	254	264.5	10.5	4%	10.5	11.72	1.22	12%	0			4.0				0.5				1.0		
26410	REPAIR HAND TENDON	090	162	168	6	4%	4.77	5.54	0.77	16%	0			3.0								0.5		
26412	REPAIR/GRAFT HAND TENDON	090	215	222	7	3%	6.48	7.47	0.99	15%	0			3.5								1.0		
26415	EXCISION HAND/FINGER TENDON	090	191	198	7	4%	8.51	9.39	0.88	10%	0			3.5								0.5		
26416	GRAFT HAND OR FINGER TENDON	090	216	224	8	4%	9.56	10.55	0.99	10%	0			4.0								0.5		
26418	REPAIR FINGER TENDON	090	153	162	9	6%	4.47	5.46	0.99	22%	0			4.5										
26420	REPAIR/GRAFT FINGER TENDON	090	224	231	7	3%	6.94	7.93	0.99	14%	0			3.5								1.0		
26426	REPAIR FINGER/HAND TENDON	090	190	197	7	4%	6.32	7.20	0.88	14%	0			3.5								0.5		
26428	REPAIR/GRAFT FINGER TENDON	090	218	226	8	4%	7.4	8.39	0.99	13%	0			4.0								0.5		
26432	REPAIR FINGER TENDON	090	134	140	6	4%	4.16	4.82	0.66	16%	0			3.0										
26433	REPAIR FINGER TENDON	090	148	154	6	4%	4.7	5.36	0.66	14%	0			3.0										
26434	REPAIR/GRAFT FINGER TENDON	090	190	197	7	4%	6.26	7.14	0.88	14%	0			3.5								0.5		
26437	REALIGNMENT OF TENDONS	090	183	190	7	4%	5.99	6.87	0.88	15%	0			3.5								0.5		
26440	RELEASE PALM/FINGER TENDON	090	162	168	6	4%	5.16	5.93	0.77	15%	0			3.0								0.5		
26442	RELEASE PALM & FINGER TENDOI	090	280	315	35	13%	9.75	11.40	1.65	17%	0				5.0									
26445	RELEASE HAND/FINGER TENDON	090	137	143	6	4%	4.45	5.11	0.66	15%	0			3.0										
26449	RELEASE FOREARM/HAND TENDC	090	275	310	35	13%	8.59	10.24	1.65	19%	0				5.0									
26450	INCISION OF PALM TENDON	090	111	116	5	5%	3.79	4.34	0.55	15%	0			2.5										
26455	INCISION OF FINGER TENDON	090	113	118	5	4%	3.76	4.31	0.55	15%	0			2.5										
26460	INCISE HAND/FINGER TENDON	090	107	112	5	5%	3.58	4.13	0.55	15%	0			2.5										
26471	FUSION OF FINGER TENDONS	090	171	178	7	4%	5.9	6.67	0.77	13%	0			3.5										
26474	FUSION OF FINGER TENDONS	090	162	169	7	4%	5.49	6.26	0.77	14%	0			3.5										
26476	TENDON LENGTHENING	090	153	160	7	5%	5.35	6.12	0.77	14%	0			3.5										
26477	TENDON SHORTENING	090	153	160	7	5%	5.32	6.09	0.77	14%	0			3.5										
26478	LENGTHENING OF HAND TENDON	090	163	170	7	4%	5.97	6.74	0.77	13%	0			3.5										
26479	SHORTENING OF HAND TENDON	090	159	166	7	4%	5.91	6.68	0.77	13%	0			3.5										
26480	TRANSPLANT HAND TENDON	090	263	293	30	11%	9	10.52	1.52	17%	-2				3.0	1.0						0.5		
26483	TRANSPLANT/GRAFT HAND TEND	090	242	250	8	3%	8.48	9.58	1.10	13%	0			4.0								1.0		
26485	TRANSPLANT PALM TENDON	090	233	241	8	3%	7.89	8.99	1.10	14%	0			4.0								1.0		
26489	TRANSPLANT/GRAFT PALM TEND	090	282	295	13	5%	9.86	11.20	1.34	14%	0			4.0				1.0				1.0		
26490	REVISE THUMB TENDON	090	241	249	8	3%	8.6	9.70	1.10	13%	0			4.0								1.0		
26492	TENDON TRANSFER WITH GRAFT	090	273	282	9	3%	9.84	11.05	1.21	12%	0			4.5								1.0		
26494	HAND TENDON/MUSCLE TRANSFI	090	243	251	8	3%	8.66	9.76	1.10	13%	0			4.0								1.0		
26496	REVISE THUMB TENDON	090	253	261	8	3%	9.78	10.88	1.10	11%	0			4.0								1.0		
26497	FINGER TENDON TRANSFER	090	249	257	8	3%	9.76	10.86	1.10	11%	0			4.0								1.0		
26498	FINGER TENDON TRANSFER	090	294	303	9	3%	14.21	15.42	1.21	9%	0			4.5								1.0		
26499	REVISION OF FINGER	090	272	280	8	3%	9.17	10.27	1.10	12%	0			4.0								1.0		
26500	HAND TENDON RECONSTRUCTIOI	090	179	186	7	4%	6.13	7.01	0.88	14%	0			3.5								0.5		
26502	HAND TENDON RECONSTRUCTIOI	090	223	230	7	3%	7.31	8.30	0.99	14%	0			3.5								1.0		
26508	RELEASE THUMB CONTRACTURE	090	206	213	7	3%	6.18	7.17	0.99	16%	0			3.5								1.0		
26510	THUMB TENDON TRANSFER	090	254	261	7	3%	5.6	6.59	0.99	18%	0			3.5								1.0		

26516	FUSION OF KNUCKLE JOINT	090	217	224	7	3%	7.32	8.31	0.99	14%	0			3.5							1.0			
26517	FUSION OF KNUCKLE JOINTS	090	260	270.5	10.5	4%	9.08	10.30	1.22	13%	0			4.0				0.5			1.0			
26518	FUSION OF KNUCKLE JOINTS	090	283	293.5	10.5	4%	9.27	10.49	1.22	13%	0			4.0				0.5			1.0			
26520	RELEASE KNUCKLE CONTRACTURE	090	176	183	7	4%	5.47	6.35	0.88	16%	0			3.5							0.5			
26525	RELEASE FINGER CONTRACTURE	090	175	182	7	4%	5.5	6.38	0.88	16%	0			3.5							0.5			
26530	REVISE KNUCKLE JOINT	090	205	213	8	4%	6.88	7.87	0.99	14%	0			4.0							0.5			
26531	REVISE KNUCKLE WITH IMPLANT	090	215	224	9	4%	8.13	9.23	1.10	14%	0			4.5							0.5			
26535	REVISE FINGER JOINT	090	196	203	7	4%	5.41	6.29	0.88	16%	0			3.5							0.5			
26536	REVISE/IMPLANT FINGER JOINT	090	211	219	8	4%	6.56	7.55	0.99	15%	0			4.0							0.5			
26540	REPAIR HAND JOINT	090	204	211	7	3%	6.6	7.59	0.99	15%	0			3.5							1.0			
26541	REPAIR HAND JOINT WITH GRAFT	090	245	253	8	3%	8.81	9.91	1.10	12%	0			4.0							1.0			
26542	REPAIR HAND JOINT WITH GRAFT	090	220	227	7	3%	6.95	7.94	0.99	14%	0			3.5							1.0			
26545	RECONSTRUCT FINGER JOINT	090	227	235	8	4%	7.11	8.21	1.10	15%	0			4.0							1.0			
26546	REPAIR NONUNION HAND	090	341	383	42	12%	10.83	13.03	2.20	20%	0				6.0						1.0			
26548	RECONSTRUCT FINGER JOINT	090	226	234	8	4%	8.22	9.32	1.10	13%	0			4.0							1.0			
26550	POLLICIZATION DIGIT	090	491	504	13	3%	21.68	22.67	0.99	5%	0			3.0	1.0									
26551	GREAT TOE-HAND TRANSFER	090	1004	1073	69	7%	48.48	52.62	4.14	9%	0			5.0	2.0			9.0			1.0			
26553	SINGLE TRANSFER TOE-HAND	090	989	1058	69	7%	48.17	52.31	4.14	9%	0			5.0	2.0			9.0			1.0			
26554	DOUBLE TRANSFER TOE-HAND	090	1155	1231	76	7%	57.01	61.61	4.60	8%	0			6.0	2.0			10.0			1.0			
26555	POSITIONAL CHANGE OF FINGER	090	401	414	13	3%	17.08	18.07	0.99	6%	0			3.0	1.0									
26556	TOE JOINT TRANSFER	090	1004	1085	81	8%	49.75	54.33	4.58	9%	0			4.0	4.0			9.0			1.0			
26560	REPAIR OF WEB FINGER	090	183	189	6	3%	5.52	6.18	0.66	12%	0			3.0										
26561	REPAIR OF WEB FINGER	090	258	266	8	3%	11.1	12.20	1.10	10%	0			4.0							1.0			
26562	REPAIR OF WEB FINGER	090	425	462	37	9%	16.68	18.64	1.96	12%	-2				4.0	1.0					1.0			
26565	CORRECT METACARPAL FLAW	090	194	201	7	4%	6.91	7.79	0.88	13%	0			3.5							0.5			
26567	CORRECT FINGER DEFORMITY	090	195	202	7	4%	6.99	7.87	0.88	13%	0			3.5							0.5			
26568	LENGTHEN METACARPAL/FINGER	090	239	247	8	3%	9.27	10.37	1.10	12%	0			4.0							1.0			
26580	REPAIR CLEFT HAND	090	425	460	35	8%	19.75	21.40	1.65	8%	0				5.0									
26587	RECONSTRUCT EXTRA FINGER	090	401	414	13	3%	14.5	15.49	0.99	7%	0			3.0	1.0									
26590	REPAIR FINGER DEFORMITY	090	408	426	18	4%	18.67	19.77	1.10	6%	0			2.0	2.0									
26591	REPAIR MUSCLES OF HAND	090	222	227	5	2%	3.38	4.15	0.77	23%	0			2.5							1.0			
26593	RELEASE MUSCLES OF HAND	090	233	241	8	3%	5.5	6.60	1.10	20%	0			4.0							1.0			
26596	EXCISION CONSTRICTING TISSUE	090	210	218	8	4%	9.14	10.13	0.99	11%	0			4.0							0.5			
26600	TREAT METACARPAL FRACTURE	090	93	101	8	9%	2.6	3.48	0.88	34%	0			4.0										
26605	TREAT METACARPAL FRACTURE	090	107	114	7	7%	3.03	3.80	0.77	25%	0			3.5										
26607	TREAT METACARPAL FRACTURE	090	149	154	5	3%	5.48	6.14	0.66	12%	0			2.5							0.5			
26608	TREAT METACARPAL FRACTURE	090	191	199	8	4%	5.55	6.54	0.99	18%	0			4.0							0.5			
26615	TREAT METACARPAL FRACTURE	090	217	235	18	8%	7.07	8.28	1.21	17%	0			2.0	2.0						0.5			
26641	TREAT THUMB DISLOCATION	090	138	146	8	6%	4.13	5.01	0.88	21%	0			4.0										
26645	TREAT THUMB FRACTURE	090	131	138	7	5%	4.58	5.35	0.77	17%	0			3.5										
26650	TREAT THUMB FRACTURE	090	197	215	18	9%	5.35	6.56	1.21	23%	0			2.0	2.0						0.5			
26665	TREAT THUMB FRACTURE	090	237	255	18	8%	7.94	9.15	1.21	15%	0			2.0	2.0						0.5			
26670	TREAT HAND DISLOCATION	090	101	107	6	6%	3.83	4.49	0.66	17%	0			3.0										
26675	TREAT HAND DISLOCATION	090	129	137	8	6%	4.83	5.71	0.88	18%	0			4.0										
26676	PIN HAND DISLOCATION	090	171	180	9	5%	5.74	6.73	0.99	17%	0			4.5										
26685	TREAT HAND DISLOCATION	090	227	245	18	8%	7.07	8.28	1.21	17%	0			2.0	2.0						0.5			
26686	TREAT HAND DISLOCATION	090	231	240.5	9.5	4%	8.17	9.28	1.11	14%	0			3.5				0.5			1.0			
26700	TREAT KNUCKLE DISLOCATION	090	110	116	6	5%	3.83	4.49	0.66	17%	0			3.0										
26705	TREAT KNUCKLE DISLOCATION	090	142	150	8	6%	4.38	5.26	0.88	20%	0			4.0										
26706	PIN KNUCKLE DISLOCATION	090	155	163	8	5%	5.31	6.19	0.88	17%	0			4.0										
26715	TREAT KNUCKLE DISLOCATION	090	220	238	18	8%	7.03	8.24	1.21	17%	0			2.0	2.0						0.5			
26720	TREAT FINGER FRACTURE EACH	090	63	67	4	6%	1.76	2.20	0.44	25%	0			2.0										
26725	TREAT FINGER FRACTURE EACH	090	104	110	6	6%	3.48	4.14	0.66	19%	0			3.0										
26727	TREAT FINGER FRACTURE EACH	090	174	182	8	5%	5.42	6.41	0.99	18%	0			4.0							0.5			
26735	TREAT FINGER FRACTURE EACH	090	237	255	18	8%	7.42	8.63	1.21	16%	0			2.0	2.0						0.5			
26740	TREAT FINGER FRACTURE EACH	090	78	83	5	6%	2.07	2.62	0.55	27%	0			2.5										
26742	TREAT FINGER FRACTURE EACH	090	104	110	6	6%	3.99	4.65	0.66	17%	0			3.0										
26746	TREAT FINGER FRACTURE EACH	090	303	328	25	8%	9.8	11.34	1.54	16%	0			2.0	3.0						0.5			
26750	TREAT FINGER FRACTURE EACH	090	65	69	4	6%	1.8	2.24	0.44	24%	0			2.0										
26755	TREAT FINGER FRACTURE EACH	090	85	90	5	6%	3.23	3.78	0.55	17%	0			2.5										
26756	PIN FINGER FRACTURE EACH	090	146	154	8	5%	4.58	5.46	0.88	19%	0			4.0										
26765	TREAT FINGER FRACTURE EACH	090	217	235	18	8%	5.86	7.07	1.21	21%	0			2.0	2.0						0.5			
26770	TREAT FINGER DISLOCATION	090	86	91	5	6%	3.15	3.70	0.55	17%	0			2.5										
26775	TREAT FINGER DISLOCATION	090	142	150	8	6%	3.9	4.78	0.88	23%	0			4.0										
26776	PIN FINGER DISLOCATION	090	152	160	8	5%	4.99	5.87	0.88	18%	0			4.0										
26785	TREAT FINGER DISLOCATION	090	227	245	18	8%	6.6	7.81	1.21	18%	0			2.0	2.0						0.5			
26820	THUMB FUSION WITH GRAFT	090	254	262	8	3%	8.45	9.55	1.10	13%	0			4.0							1.0			
26841	FUSION OF THUMB	090	222	231	9	4%	7.35	8.45	1.10	15%	0			4.5							0.5			
26842	THUMB FUSION WITH GRAFT	090	258	268.5	10.5	4%	8.49	9.71	1.22	14%	0			4.0				0.5			1.0			
26843	FUSION OF HAND JOINT	090	232	239	7	3%	7.78	8.77	0.99	13%	0			3.5							1.0			
26844	FUSION/GRAFT OF HAND JOINT	090	275	285.5	10.5	4%	8.98	10.20	1.22	14%	0			4.0				0.5			1.0			
26850	FUSION OF KNUCKLE	090	237	244	7	3%	7.14	8.13	0.99	14%	0			3.5							1.0			
26852	FUSION OF KNUCKLE WITH GRAF	090	272	282.5	10.5	4%	8.71	9.93	1.22	14%	0			4.0				0.5			1.0			

26860	FUSION OF FINGER JOINT	090	163	171	8	5%	4.88	5.76	0.88	18%	0			4.0									
26862	FUSION/GRAFT OF FINGER JOINT	090	227	235	8	4%	7.56	8.55	0.99	13%	0			4.0							0.5		
26910	AMPUTATE METACARPAL BONE	090	251	259	8	3%	7.79	8.89	1.10	14%	0			4.0							1.0		
26951	AMPUTATION OF FINGER/THUME	090	203	223	20	10%	6.04	7.47	1.43	24%	0			3.0	2.0						0.5		
26952	AMPUTATION OF FINGER/THUME	090	173	180	7	4%	6.48	7.36	0.88	14%	0			3.5							0.5		
26990	DRAINAGE OF PELVIS LESION	090	265	284.5	19.5	7%	7.95	9.54	1.59	20%	0			3.5				2.5			1.0		
26991	DRAINAGE OF PELVIS BURSA	090	229	245	16	7%	7.06	8.42	1.36	19%	0			3.0				2.0			1.0		
26992	DRAINAGE OF BONE LESION	090	291	310.5	19.5	7%	13.48	15.07	1.59	12%	0			3.5				2.5			1.0		
27000	INCISION OF HIP TENDON	090	147	152	5	3%	5.74	6.51	0.77	13%	0			2.5							1.0		
27001	INCISION OF HIP TENDON	090	189	197.5	8.5	4%	7.14	8.14	1.00	14%	0			3.0				0.5			1.0		
27003	INCISION OF HIP TENDON	090	267	286.5	19.5	7%	7.81	9.40	1.59	20%	0			3.5				2.5			1.0		
27005	INCISION OF HIP TENDON	090	248	265	17	7%	10.07	11.54	1.47	15%	0			3.5				2.0			1.0		
27006	INCISION OF HIP TENDONS	090	254	272	18	7%	10.11	11.69	1.58	16%	0			4.0				2.0			1.0		
27025	INCISION OF HIP/THIGH FASCIA	090	392.5	436.5	44	11%	12.89	15.20	2.31	18%	0				4.5			2.5			1.0		
27027	BUTTOCK FASCIOTOMY	090	359	383	24	7%	13.04	15.17	2.13	16%	0			3.0	1.0			3.0	1.0		1.0		
27030	DRAINAGE OF HIP JOINT	090	302	329	27	9%	13.65	15.60	1.95	14%	0			3.5				4.0			1.0		
27033	EXPLORATION OF HIP JOINT	090	342	372.5	30.5	9%	14.11	16.29	2.18	15%	0			4.0				4.5			1.0		
27035	DENERVATION OF HIP JOINT	090	369	398	29	8%	17.37	19.54	2.17	12%	0			4.5				4.0			1.0		
27036	EXCISION OF HIP JOINT/MUSCLE	090	380	418	38	10%	14.38	16.40	2.02	14%	0				4.0			2.0			1.0		
27040	BIOPSY OF SOFT TISSUES	010	106	108	2	2%	2.92	3.25	0.33	11%	0			1.0							0.5		
27041	BIOPSY OF SOFT TISSUES	090	250	262	12	5%	10.18	11.41	1.23	12%	0			3.5				1.0			1.0		
27043	EXC HIP PELVIS LES SC 3 CM/>	090	206	215	9	4%	6.88	7.54	0.66	10%	0			1.0	1.0						0.5		
27045	EXC HIP/PELV TUM DEEP 5 CM/>	090	320	341	21	7%	11.13	12.47	1.34	12%	0			1.0	2.0			1.0			1.0		
27047	EXC HIP/PELVIS LES SC < 3 CM	090	160	169	9	6%	4.94	5.60	0.66	13%	0			1.0	1.0						0.5		
27048	EXC HIP/PELV TUM DEEP < 5 CM	090	288	304	16	6%	8.85	10.08	1.23	14%	0			2.0	1.0			1.0			1.0		
27049	RESECT HIP/PELV TUM < 5 CM	090	496	516	20	4%	21.55	23.62	2.07	10%	0			1.0	3.0			1.0	2.0		1.0		
27050	BIOPSY OF SACROILIAC JOINT	090	260	276	16	6%	4.74	6.10	1.36	29%	0			3.0				2.0			1.0		
27052	BIOPSY OF HIP JOINT	090	327	358	31	9%	7.42	9.11	1.69	23%	0				3.0			2.0			1.0		
27054	REMOVAL OF HIP JOINT LINING	090	358	386	28	8%	9.21	11.27	2.06	22%	0			4.0				4.0			1.0		
27057	BUTTOCK FASCIOTOMY W/DBRDI	090	389	413	24	6%	14.91	17.04	2.13	14%	0			3.0	1.0			3.0	1.0		1.0		
27059	RESECT HIP/PELV TUM 5 CM/>	090	608	640	32	5%	29.35	31.99	2.64	9%	-2			1.0	2.0	1.0		3.0	2.0		1.0		
27060	REMOVAL OF ISCHIAL BURSA	090	254	272.5	18.5	7%	5.87	7.35	1.48	25%	0			3.0				2.5			1.0		
27062	REMOVE FEMUR LESION/BURSA	090	185	191	6	3%	5.75	6.52	0.77	13%	0			3.0							0.5		
27065	REMOVE HIP BONE LES SUPER	090	329	356	27	8%	6.55	8.50	1.95	30%	0			3.5				4.0			1.0		
27066	REMOVE HIP BONE LES DEEP	090	406	442.5	36.5	9%	11.2	13.73	2.53	23%	0			4.5				5.5			1.0		
27067	REMOVE/GRAFT HIP BONE LESIOI	090	443	480.5	37.5	8%	14.72	17.36	2.64	18%	0			5.0				5.5			1.0		
27070	PART REMOVE HIP BONE SUPER	090	363	398.5	35.5	10%	11.56	13.98	2.42	21%	0			4.0				5.5			1.0		
27071	PART REMOVAL HIP BONE DEEP	090	409	448	39	10%	12.39	15.04	2.65	21%	0			4.5				6.0			1.0		
27075	RESECT HIP TUMOR	090	633	656	23	4%	32.71	35.31	2.60	8%	-2			1.0	2.0	1.0		2.0	3.0		1.0		
27076	RESECT HIP TUM INCL ACETABUL	090	840	864	24	3%	40.21	43.25	3.04	8%	-2			1.0	2.0	1.0		3.0	4.0		1.0		
27077	RESECT HIP TUM W/INNOM BON	090	905	934	29	3%	45.21	48.49	3.28	7%	-2			1.0	2.0	1.0		4.0	4.0		1.0		
27078	RSECT HIP TUM INCL FEMUR	090	665	688	23	3%	32.21	34.81	2.60	8%	-2			1.0	2.0	1.0		2.0	3.0		1.0		
27080	REMOVAL OF TAIL BONE	090	274	295	21	8%	6.89	8.49	1.60	23%	0			3.0				3.0			1.0		
27086	REMOVE HIP FOREIGN BODY	010	82	84	2	2%	1.92	2.14	0.22	11%	0			1.0									
27087	REMOVE HIP FOREIGN BODY	090	249	261	12	5%	8.83	10.06	1.23	14%	0			3.5				1.0			1.0		
27090	REMOVAL OF HIP PROSTHESIS	090	317	340	23	7%	11.69	13.51	1.82	16%	0			4.0				3.0			1.0		
27091	REMOVAL OF HIP PROSTHESIS	090	577	645	68	12%	24.35	27.81	3.46	14%	0				4.0			8.0			1.0		
27097	REVISION OF HIP TENDON	090	271	290.5	19.5	7%	9.27	10.86	1.59	17%	0			3.5				2.5			1.0		
27098	TRANSFER TENDON TO PELVIS	090	303	323.5	20.5	7%	9.32	11.02	1.70	18%	0			4.0				2.5			1.0		
27100	TRANSFER OF ABDOMINAL MUSC	090	311	322.5	11.5	4%	11.35	12.68	1.33	12%	0			4.5				0.5			1.0		
27105	TRANSFER OF SPINAL MUSCLE	090	332	343.5	11.5	3%	12.04	13.37	1.33	11%	0			4.5				0.5			1.0		
27110	TRANSFER OF ILIOPSOAS MUSCLE	090	365	386.5	21.5	6%	13.77	15.58	1.81	13%	0			4.5				2.5			1.0		
27111	TRANSFER OF ILIOPSOAS MUSCLE	090	339	358	19	6%	12.6	14.29	1.69	13%	0			4.5				2.0			1.0		
27120	RECONSTRUCTION OF HIP SOCKET	090	515	567.5	52.5	10%	19.25	22.61	3.36	17%	0			5.0				8.5			1.0		
27122	RECONSTRUCTION OF HIP SOCKET	090	436	482.5	46.5	11%	16.09	19.10	3.01	19%	0			4.5				7.5			1.0		
27125	PARTIAL HIP REPLACEMENT	090	430.5	490	59.5	14%	16.64	19.70	3.06	18%	0				3.5			7.0			1.0		
27130	TOTAL HIP ARTHROPLASTY	090	377	390	13	3%	19.6	21.21	1.61	8%	0				3.0				2.0		1.0		
27132	TOTAL HIP ARTHROPLASTY	090	611	686.5	75.5	12%	25.69	29.51	3.82	15%	0				4.0			9.5			1.0		
27134	REVISE HIP JOINT REPLACEMENT	090	617	673	56	9%	30.28	33.17	2.89	10%	0				3.0			7.0			1.0		
27137	REVISE HIP JOINT REPLACEMENT	090	492	538	46	9%	22.7	25.11	2.41	11%	0				3.0			5.0			1.0		
27138	REVISE HIP JOINT REPLACEMENT	090	492	538	46	9%	23.7	26.11	2.41	10%	0				3.0			5.0			1.0		
27140	TRANSPLANT FEMUR RIDGE	090	335	358	23	7%	12.78	14.60	1.82	14%	0			4.0				3.0			1.0		
27146	INCISION OF HIP BONE	090	443	481	38	9%	18.92	20.94	2.02	11%	0				4.0			2.0			1.0		
27147	REVISION OF HIP BONE	090	473	511	38	8%	22.07	24.09	2.02	9%	0				4.0			2.0			1.0		
27151	INCISION OF HIP BONES	090	523	566	43	8%	24.12	26.38	2.26	9%	0				4.0			3.0			1.0		
27156	REVISION OF HIP BONES	090	538	581	43	8%	26.23	28.49	2.26	9%	0				4.0			3.0			1.0		
27158	REVISION OF PELVIS	090	562	617	55	10%	21.04	24.52	3.48	17%	0			5.0				9.0			1.0		
27161	INCISION OF NECK OF FEMUR	090	489	539	50	10%	17.89	21.13	3.24	18%	0			5.0				8.0			1.0		
27165	INCISION/FIXATION OF FEMUR	090	531.5	603	71.5	13%	20.29	23.92	3.63	18%	0				4.5			8.0			1.0		
27170	REPAIR/GRAFT FEMUR HEAD/NEC	090	444	490	46	10%	17.61	20.02	2.41	14%	0				3.0			5.0			1.0		
27175	TREAT SLIPPED EPIPHYSIS	090	308	346.5	38.5	13%	9.38	11.82	2.44	26%	0			3.0				6.5			1.0		
27176	TREAT SLIPPED EPIPHYSIS	090	385	421.5	36.5	9%	12.92	15.45	2.53	20%	0			4.5				5.5			1.0		
27177	TREAT SLIPPED EPIPHYSIS	090	477	519.5	42.5	9%	16.09	18.97	2.88	18%	0			5.0				6.5			1.0		

27178	TREAT SLIPPED EPIPHYSIS	090	408	447	39	10%	12.92	15.57	2.65	21%	0			4.5				6.0			1.0			
27179	REVISE HEAD/NECK OF FEMUR	090	442	483.5	41.5	9%	13.97	16.74	2.77	20%	0			4.5				6.5			1.0			
27181	TREAT SLIPPED EPIPHYSIS	090	445	483	38	9%	16.18	18.20	2.02	12%	0				4.0			2.0			1.0			
27185	REVISION OF FEMUR EPIPHYSIS	090	320	345.5	25.5	8%	9.79	11.73	1.94	20%	0			4.0				3.5			1.0			
27187	REINFORCE HIP BONES	090	396	425	29	7%	14.23	16.40	2.17	15%	0			4.5				4.0			1.0			
27200	TREAT TAIL BONE FRACTURE	090	63	66	3	5%	1.92	2.25	0.33	17%	0			1.5										
27202	TREAT TAIL BONE FRACTURE	090	216	227.5	11.5	5%	7.31	8.33	1.02	14%	0			2.0				1.5			1.0			
27215	TREAT PELVIC FRACTURE(S)	090	388	405	17	4%	10.45	12.12	1.67	16%	0			2.0	1.0			2.0	1.0		1.0			
27216	TREAT PELVIC RING FRACTURE	090	393	427	34	9%	15.73	18.08	2.35	15%	0			1.0	3.0			3.0	1.0		1.0			
27217	TREAT PELVIC RING FRACTURE	090	443	477	34	8%	14.65	17.00	2.35	16%	0			1.0	3.0			3.0	1.0		1.0			
27218	TREAT PELVIC RING FRACTURE	090	543	587	44	8%	20.93	23.76	2.83	14%	0			1.0	3.0			5.0	1.0		1.0			
27220	TREAT HIP SOCKET FRACTURE	090	184	191	7	4%	5.5	6.82	1.32	24%	0			3.0				1.0	1.0		1.0			
27222	TREAT HIP SOCKET FRACTURE	090	472	531	59	13%	14.11	17.72	3.61	26%	0			4.5				10.0			1.0			
27226	TREAT HIP WALL FRACTURE	090	412	440	28	7%	15.57	17.63	2.06	13%	0			4.0				4.0			1.0			
27227	TREAT HIP FRACTURE(S)	090	550	608	58	11%	25.41	28.39	2.98	12%	0				4.0			6.0			1.0			
27228	TREAT HIP FRACTURE(S)	090	680	729	49	7%	29.33	32.27	2.94	10%	0				4.0			5.0	1.0		1.0			
27230	TREAT THIGH FRACTURE	090	205	218	13	6%	5.81	7.15	1.34	23%	0			4.0				1.0			1.0			
27232	TREAT THIGH FRACTURE	090	353	397	44	12%	11.72	14.30	2.58	22%	0			2.0				8.0			1.0			
27235	TREAT THIGH FRACTURE	090	360	395.5	35.5	10%	13	15.42	2.42	19%	0			4.0				5.5			1.0			
27236	TREAT THIGH FRACTURE	090	418	438	20	5%	17.61	19.68	2.07	12%	0			1.0	3.0			1.0	2.0		1.0			
27238	TREAT THIGH FRACTURE	090	207	216.5	9.5	5%	5.75	6.86	1.11	19%	0			3.5				0.5			1.0			
27240	TREAT THIGH FRACTURE	090	454	509	55	12%	13.81	17.29	3.48	25%	0			5.0				9.0			1.0			
27244	TREAT THIGH FRACTURE	090	438	463	25	6%	18.18	20.49	2.31	13%	0			1.0	3.0			2.0	2.0		1.0			
27245	TREAT THIGH FRACTURE	090	443	468	25	6%	18.18	20.49	2.31	13%	0			1.0	3.0			2.0	2.0		1.0			
27246	TREAT THIGH FRACTURE	090	141	146	5	4%	4.83	5.60	0.77	16%	0			2.5							1.0			
27248	TREAT THIGH FRACTURE	090	384	394	10	3%	10.78	12.63	1.85	17%	0			3.0	1.0			1.0	2.0		1.0			
27252	TREAT HIP DISLOCATION	090	284	311	27	10%	11.03	12.98	1.95	18%	0			3.5				4.0			1.0			
27253	TREAT HIP DISLOCATION	090	344	372	28	8%	13.58	15.64	2.06	15%	0			4.0				4.0			1.0			
27254	TREAT HIP DISLOCATION	090	413	442	29	7%	18.94	21.11	2.17	11%	0			4.5				4.0			1.0			
27256	TREAT HIP DISLOCATION	010	154	161	7	5%	4.28	4.96	0.68	16%	0			1.0				1.0			1.0			
27257	TREAT HIP DISLOCATION	010	173	180	7	4%	5.38	6.06	0.68	13%	0			1.0				1.0			1.0			
27258	TREAT HIP DISLOCATION	090	395	426.5	31.5	8%	16.18	18.47	2.29	14%	0			4.5				4.5			1.0			
27259	TREAT HIP DISLOCATION	090	537	582	45	8%	23.26	25.61	2.35	10%	-2				3.0	1.0		3.0			1.0			
27265	TREAT HIP DISLOCATION	090	150	158	8	5%	5.24	6.23	0.99	19%	0			4.0							0.5			
27266	TREAT HIP DISLOCATION	090	202	214	12	6%	7.78	9.01	1.23	16%	0			3.5				1.0			1.0			
27267	CLTX THIGH FX	090	171	189	18	11%	5.5	7.08	1.58	29%	0			4.0				2.0			1.0			
27268	CLTX THIGH FX W/MNPJ	090	196	214	18	9%	7.12	8.70	1.58	22%	0			4.0				2.0			1.0			
27269	OPTX THIGH FX	090	404	423	19	5%	18.89	20.78	1.89	10%	0			3.0	1.0			2.0	1.0		1.0			
27275	MANIPULATION OF HIP JOINT	010	110	112	2	2%	2.32	2.76	0.44	19%	0			1.0							1.0			
27278	ARTHRD SI JT PRQ WO TFXJ DEV	090	185	199	14	8%	7.86	8.63	0.77	10%	0				2.0						0.5			
27279	ARTHRD SI JT PERQ/MIN NVAS	090	241	257	16	7%	12.13	13.12	0.99	8%	0			1.0	2.0						0.5			
27280	ARTHR SI JT OPN B1GRF INSTRM	090	383	400	17	4%	20	21.54	1.54	8%	0			1.0	2.0			1.0	1.0		1.0			
27282	ARTHRODESIS SYMPHYSIS PUBIS	090	342	363.5	21.5	6%	11.85	13.66	1.81	15%	0			4.5				2.5			1.0			
27284	ARTHRODESIS HIP JOINT	090	497	529	32	6%	25.06	27.19	2.13	8%	0				3.0			3.0	1.0		1.0			
27286	ARTHRD HIP JT SBTRCHC OSTEOT	090	540	588	48	9%	25.17	27.67	2.50	10%	0				4.0			4.0			1.0			
27290	AMPUTATION OF LEG AT HIP	090	615	668.5	53.5	9%	24.55	28.02	3.47	14%	0			5.5				8.5			1.0			
27295	AMPUTATION OF LEG AT HIP	090	499	542	43	9%	19.66	22.44	2.78	14%	0			4.0				7.0			1.0			
27301	DRAIN THIGH/KNEE LESION	090	220	232	12	5%	6.78	8.01	1.23	18%	0			3.5				1.0			1.0			
27303	DRAINAGE OF BONE LESION	090	249	263.5	14.5	6%	8.63	9.98	1.35	16%	0			3.5				1.5			1.0			
27305	INCISE THIGH TENDON & FASCIA	090	207	218	11	5%	6.18	7.30	1.12	18%	0			3.0				1.0			1.0			
27306	INCISION OF THIGH TENDON	090	162	167	5	3%	4.74	5.51	0.77	16%	0			2.5							1.0			
27307	INCISION OF THIGH TENDONS	090	206	217	11	5%	6.06	7.18	1.12	18%	0			3.0				1.0			1.0			
27310	EXPLORATION OF KNEE JOINT	090	311	341.5	30.5	10%	10	12.18	2.18	22%	0			4.0				4.5			1.0			
27323	BIOPSY THIGH SOFT TISSUES	010	74	76	2	3%	2.33	2.55	0.22	9%	0			1.0										
27324	BIOPSY THIGH SOFT TISSUES	090	168	174	6	4%	5.04	5.81	0.77	15%	0			3.0							0.5			
27325	NEURECTOMY HAMSTRING	090	229	238.5	9.5	4%	7.2	8.31	1.11	15%	0			3.5				0.5			1.0			
27326	NEURECTOMY POPLITEAL	090	215	222	7	3%	6.47	7.46	0.99	15%	0			3.5							1.0			
27327	EXC THIGH/KNEE LES SC < 3 CM	090	140	149	9	6%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5			
27328	EXC THIGH/KNEE TUM DEEP <5CM	090	261	277	16	6%	8.85	10.08	1.23	14%	0			2.0	1.0			1.0			1.0			
27329	RESECT THIGH/KNEE TUM < 5 CM	090	413	437	24	6%	15.72	17.59	1.87	12%	0			1.0	3.0			1.0	1.0		1.0			
27330	BIOPSY KNEE JOINT LINING	090	165	171	6	4%	5.11	5.88	0.77	15%	0			3.0							0.5			
27331	EXPLORE/TREAT KNEE JOINT	090	200	206	6	3%	6.02	6.90	0.88	15%	0			3.0							1.0			
27332	REMOVAL OF KNEE CARTILAGE	090	235	243	8	3%	8.46	9.56	1.10	13%	0			4.0							1.0			
27333	REMOVAL OF KNEE CARTILAGE	090	263	273.5	10.5	4%	7.55	8.77	1.22	16%	0			4.0				0.5			1.0			
27334	REMOVE KNEE JOINT LINING	090	294	314.5	20.5	7%	9.19	10.89	1.70	18%	0			4.0				2.5			1.0			
27335	REMOVE KNEE JOINT LINING	090	329	352	23	7%	10.55	12.37	1.82	17%	0			4.0				3.0			1.0			
27337	EXC THIGH/KNEE LES SC 3 CM/>	090	181	190	9	5%	5.91	6.57	0.66	11%	0			1.0	1.0						0.5			
27339	EXC THIGH/KNEE TUM DEP 5CM/	090	310	331	21	7%	11.13	12.47	1.34	12%	0			1.0	2.0			1.0			1.0			
27340	REMOVAL OF KNEECAP BURSA	090	155	161	6	4%	4.32	5.09	0.77	18%	0			3.0							0.5			
27345	REMOVAL OF KNEE CYST	090	204	211	7	3%	6.09	6.97	0.88	14%	0			3.5							0.5			
27347	REMOVE KNEE CYST	090	214	235	21	10%	6.73	7.72	0.99	15%	0				3.0									
27350	REMOVAL OF KNEECAP	090	289	309.5	20.5	7%	8.66	10.36	1.70	20%	0			4.0				2.5			1.0			
27355	REMOVE FEMUR LESION	090	258	272.5	14.5	6%	8	9.35	1.35	17%	0			3.5				1.5			1.0			

27356	REMOVE FEMUR LESION/GRAFT	090	331	356.5	25.5	8%	10.09	12.03	1.94	19%	0			4.0				3.5			1.0			
27357	REMOVE FEMUR LESION/GRAFT	090	361	387.5	26.5	7%	11.16	13.21	2.05	18%	0			4.5				3.5			1.0			
27360	PARTIAL REMOVAL LEG BONE(S)	090	386	426.5	40.5	10%	11.46	14.12	2.66	23%	0			4.0				6.5			1.0			
27364	RESECT THIGH/KNEE TUM 5 CM/>	090	550	577	27	5%	24.49	26.89	2.40	10%	-2			1.0	2.0	1.0		2.0	2.0		1.0			
27365	RESECT FEMUR/KNEE TUMOR	090	633	656	23	4%	32.21	34.81	2.60	8%	-2			1.0	2.0	1.0		2.0	3.0		1.0			
27372	REMOVAL OF FOREIGN BODY	090	168	174	6	4%	5.21	5.98	0.77	15%	0			3.0							0.5			
27380	REPAIR OF KNEECAP TENDON	090	235	247	12	5%	7.45	8.68	1.23	17%	0			3.5				1.0			1.0			
27381	REPAIR/GRAFT KNEECAP TENDON	090	320	338	18	6%	10.76	12.34	1.58	15%	0			4.0				2.0			1.0			
27385	REPAIR OF THIGH MUSCLE	090	237	250	13	5%	6.93	8.03	1.10	16%	0			3.0	1.0						0.5			
27386	REPAIR/GRAFT OF THIGH MUSCLE	090	350	374	24	7%	11.13	13.06	1.93	17%	0			4.5				3.0			1.0			
27390	INCISION OF THIGH TENDON	090	184	192.5	8.5	5%	5.53	6.53	1.00	18%	0			3.0				0.5			1.0			
27391	INCISION OF THIGH TENDONS	090	233	245	12	5%	7.49	8.72	1.23	16%	0			3.5				1.0			1.0			
27392	INCISION OF THIGH TENDONS	090	292	310	18	6%	9.63	11.21	1.58	16%	0			4.0				2.0			1.0			
27393	LENGTHENING OF THIGH TENDON	090	197	205.5	8.5	4%	6.59	7.59	1.00	15%	0			3.0				0.5			1.0			
27394	LENGTHENING OF THIGH TENDON	090	248	260	12	5%	8.79	10.02	1.23	14%	0			3.5				1.0			1.0			
27395	LENGTHENING OF THIGH TENDON	090	348	369.5	21.5	6%	12.24	14.05	1.81	15%	0			4.5				2.5			1.0			
27396	TRANSPLANT OF THIGH TENDON	090	254	266	12	5%	8.15	9.38	1.23	15%	0			3.5				1.0			1.0			
27397	TRANSPLANTS OF THIGH TENDON	090	360	393	33	9%	12.66	14.44	1.78	14%	0				4.0			1.0			1.0			
27400	REVISE THIGH MUSCLES/TENDON	090	274	287	13	5%	9.33	10.67	1.34	14%	0			4.0				1.0			1.0			
27403	REPAIR OF KNEE CARTILAGE	090	257	269	12	5%	8.62	9.85	1.23	14%	0			3.5				1.0			1.0			
27405	REPAIR OF KNEE LIGAMENT	090	282	300	18	6%	9.08	10.66	1.58	17%	0			4.0				2.0			1.0			
27407	REPAIR OF KNEE LIGAMENT	090	349	373	24	7%	10.85	12.78	1.93	18%	0			4.5				3.0			1.0			
27409	REPAIR OF KNEE LIGAMENTS	090	410	444	34	8%	13.71	16.12	2.41	18%	0			4.5				5.0			1.0			
27412	AUTOCHONDROCYTE IMPLANT KI	090	484	510	26	5%	24.74	26.83	2.09	8%	0			2.0	3.0			1.0	1.0		1.0			
27415	OSTEOCHONDRAL KNEE ALLOGRA	090	424	450	26	6%	20	22.09	2.09	10%	0			2.0	3.0			1.0	1.0		1.0			
27416	OSTEOCHONDRAL KNEE AUTOGR	090	287	305	18	6%	14.16	15.37	1.21	9%	0			2.0	2.0						0.5			
27418	REPAIR DEGENERATED KNEECAP	090	358	389.5	31.5	9%	11.6	13.89	2.29	20%	0			4.5				4.5			1.0			
27420	REVISION OF UNSTABLE KNEECAP	090	295	313	18	6%	10.26	11.84	1.58	15%	0			4.0				2.0			1.0			
27422	REVISION OF UNSTABLE KNEECAP	090	297	315	18	6%	10.21	11.79	1.58	15%	0			4.0				2.0			1.0			
27424	REVISION/REMOVAL OF KNEECAP	090	298	316	18	6%	10.24	11.82	1.58	15%	0			4.0				2.0			1.0			
27425	LAT RETINACULAR RELEASE OPEN	090	159	166	7	4%	5.39	6.16	0.77	14%	0			3.5										
27427	RECONSTRUCTION KNEE	090	302	320	18	6%	9.79	11.37	1.58	16%	0			4.0				2.0			1.0			
27428	RECONSTRUCTION KNEE	090	363	398	35	10%	15.58	17.45	1.87	12%	0				5.0						1.0			
27429	RECONSTRUCTION KNEE	090	466	513	47	10%	17.54	19.98	2.44	14%	0				6.0			1.0			1.0			
27430	REVISION OF THIGH MUSCLES	090	303	323.5	20.5	7%	10.16	11.86	1.70	17%	0			4.0				2.5			1.0			
27435	INCISION OF KNEE JOINT	090	340	373	33	10%	10.88	12.66	1.78	16%	0				4.0			1.0			1.0			
27437	REVISE KNEECAP	090	273	292.5	19.5	7%	8.93	10.52	1.59	18%	0			3.5				2.5			1.0			
27438	REVISE KNEECAP WITH IMPLANT	090	332	360	28	8%	11.89	13.95	2.06	17%	0			4.0				4.0			1.0			
27440	REVISION OF KNEE JOINT	090	334	362	28	8%	11.09	13.15	2.06	19%	0			4.0				4.0			1.0			
27441	REVISION OF KNEE JOINT	090	360	390.5	30.5	8%	11.54	13.72	2.18	19%	0			4.0				4.5			1.0			
27442	REVISION OF KNEE JOINT	090	307	327.5	20.5	7%	12.37	14.07	1.70	14%	0			4.0				2.5			1.0			
27443	REVISION OF KNEE JOINT	090	323	343.5	20.5	6%	11.41	13.11	1.70	15%	0			4.0				2.5			1.0			
27445	REVISION OF KNEE JOINT	090	447	488.5	41.5	9%	18.66	21.43	2.77	15%	0			4.5				6.5			1.0			
27446	REVISION OF KNEE JOINT	090	310	333	23	7%	17.13	18.32	1.19	7%	-2				2.0	1.0					0.5			
27447	TOTAL KNEE ARTHROPLASTY	090	374	387	13	3%	19.6	21.21	1.61	8%	0				3.0				2.0		1.0			
27448	INCISION OF THIGH	090	324	347	23	7%	11.6	13.42	1.82	16%	0			4.0				3.0			1.0			
27450	INCISION OF THIGH	090	392	418.5	26.5	7%	14.61	16.66	2.05	14%	0			4.5				3.5			1.0			
27454	REALIGNMENT OF THIGH BONE	090	430	473	43	10%	19.17	21.43	2.26	12%	0				4.0			3.0			1.0			
27455	REALIGNMENT OF KNEE	090	344	367	23	7%	13.36	15.18	1.82	14%	0			4.0				3.0			1.0			
27457	REALIGNMENT OF KNEE	090	370	394.5	24.5	7%	14.03	15.86	1.83	13%	0			3.5				3.5			1.0			
27465	SHORTENING OF THIGH BONE	090	383.5	416.5	33	9%	18.6	20.64	2.04	11%	0			2.0	2.0			3.0			1.0			
27466	LENGTHENING OF THIGH BONE	090	467	507	40	9%	17.28	20.04	2.76	16%	0			5.0				6.0			1.0			
27468	SHORTEN/LENGTHEN THIGHS	090	515	557.5	42.5	8%	19.97	22.85	2.88	14%	0			5.0				6.5			1.0			
27470	REPAIR OF THIGH	090	400	421	21	5%	17.14	19.25	2.11	12%	0			4.0	1.0			2.0	1.0		1.0			
27472	REPAIR/GRAFT OF THIGH	090	502	544.5	42.5	8%	18.72	21.60	2.88	15%	0			5.0				6.5			1.0			
27475	SURGERY TO STOP LEG GROWTH	090	252	264	12	5%	8.93	10.16	1.23	14%	0			3.5				1.0			1.0			
27477	SURGERY TO STOP LEG GROWTH	090	262	274	12	5%	10.14	11.37	1.23	12%	0			3.5				1.0			1.0			
27479	SURGERY TO STOP LEG GROWTH	090	326	341.5	15.5	5%	13.16	14.62	1.46	11%	0			4.0				1.5			1.0			
27485	SURGERY TO STOP LEG GROWTH	090	241	253	12	5%	9.13	10.36	1.23	13%	0			3.5				1.0			1.0			
27486	REVISE/REPLACE KNEE JOINT	090	470	523	53	11%	21.12	23.86	2.74	13%	0				4.0			5.0			1.0			
27487	REVISE/REPLACE KNEE JOINT	090	520	573	53	10%	27.11	29.85	2.74	10%	0				4.0			5.0			1.0			
27488	REMOVAL OF KNEE PROSTHESIS	090	470	523	53	11%	17.6	20.34	2.74	16%	0				4.0			5.0			1.0			
27495	REINFORCE THIGH	090	452	493.5	41.5	9%	16.54	19.31	2.77	17%	0			4.5				6.5			1.0			
27496	DECOMPRESSION OF THIGH/KNEI	090	287	315	28	10%	6.78	8.84	2.06	30%	0			4.0				4.0			1.0			
27497	DECOMPRESSION OF THIGH/KNEI	090	301	327	26	9%	7.79	9.63	1.84	24%	0			3.0				4.0			1.0			
27498	DECOMPRESSION OF THIGH/KNEI	090	327	355	28	9%	8.66	10.72	2.06	24%	0			4.0				4.0			1.0			
27499	DECOMPRESSION OF THIGH/KNEI	090	332	350	18	5%	9.43	11.01	1.58	17%	0			4.0				2.0			1.0			
27500	TREATMENT OF THIGH FRACTURE	090	216	232	16	7%	6.3	7.66	1.36	22%	0			3.0				2.0			1.0			
27501	TREATMENT OF THIGH FRACTURE	090	169	185	16	9%	6.45	7.68	1.23	19%	0			2.0	1.0			1.0			1.0			
27502	TREATMENT OF THIGH FRACTURE	090	328	361	33	10%	11.36	13.66	2.30	20%	0			4.0				5.0			1.0			
27503	TREATMENT OF THIGH FRACTURE	090	249	272	23	9%	11.27	12.96	1.69	15%	0			3.0	1.0			2.0			1.0			
27506	TREATMENT OF THIGH FRACTURE	090	501.5	565.5	64	13%	19.65	22.92	3.27	17%	0				4.5			6.5			1.0			
27507	TREATMENT OF THIGH FRACTURE	090	376	397	21	6%	14.48	16.08	1.60	11%	0			3.0				3.0			1.0			

27508	TREATMENT OF THIGH FRACTURE	090	221	236.5	15.5	7%	6.2	7.66	1.46	24%	0			4.0				1.5			1.0			
27509	TREATMENT OF THIGH FRACTURE	090	297	315	18	6%	8.14	9.72	1.58	19%	0			4.0				2.0			1.0			
27510	TREATMENT OF THIGH FRACTURE	090	298	326	28	9%	9.8	11.86	2.06	21%	0			4.0				4.0			1.0			
27511	TREATMENT OF THIGH FRACTURE	090	439	449	10	2%	15.11	16.96	1.85	12%	0			3.0	1.0			1.0	2.0		1.0			
27513	TREATMENT OF THIGH FRACTURE	090	464	474	10	2%	19.25	21.10	1.85	10%	0			3.0	1.0			1.0	2.0		1.0			
27514	TREATMENT OF THIGH FRACTURE	090	409	419	10	2%	14.6	16.45	1.85	13%	0			3.0	1.0			1.0	2.0		1.0			
27516	TREAT THIGH FX GROWTH PLATE	090	215	224	9	4%	5.59	6.80	1.21	22%	0			4.5							1.0			
27517	TREAT THIGH FX GROWTH PLATE	090	249	263	14	6%	9.12	10.57	1.45	16%	0			4.5				1.0			1.0			
27519	TREAT THIGH FX GROWTH PLATE	090	359	373	14	4%	13.25	14.90	1.65	12%	0			3.0	1.0			1.0	1.0		1.0			
27520	TREAT KNEECAP FRACTURE	090	124	131	7	6%	3.04	3.81	0.77	25%	0			3.5										
27524	TREAT KNEECAP FRACTURE	090	274	289.5	15.5	6%	10.37	11.83	1.46	14%	0			4.0				1.5			1.0			
27530	TREAT KNEE FRACTURE	090	91	99	8	9%	2.65	3.53	0.88	33%	0			4.0										
27532	TREAT KNEE FRACTURE	090	218	228.5	10.5	5%	7.55	8.77	1.22	16%	0			4.0				0.5			1.0			
27535	TREAT KNEE FRACTURE	090	389	394	5	1%	13.41	15.02	1.61	12%	0			3.0	1.0				2.0		1.0			
27536	TREAT KNEE FRACTURE	090	475	523	48	10%	17.39	19.89	2.50	14%	0				4.0			4.0			1.0			
27538	TREAT KNEE FRACTURE(S)	090	140	149	9	6%	5.09	6.08	0.99	19%	0			4.5										
27540	TREAT KNEE FRACTURE	090	334	343	9	3%	11.3	12.71	1.41	12%	0			3.0	1.0				1.0		1.0			
27550	TREAT KNEE DISLOCATION	090	143	152	9	6%	5.98	6.97	0.99	17%	0			4.5										
27552	TREAT KNEE DISLOCATION	090	228	239.5	11.5	5%	8.18	9.51	1.33	16%	0			4.5				0.5			1.0			
27556	TREAT KNEE DISLOCATION	090	369	383	14	4%	13	14.65	1.65	13%	0			3.0	1.0			1.0	1.0		1.0			
27557	TREAT KNEE DISLOCATION	090	399	413	14	4%	15.9	17.55	1.65	10%	0			3.0	1.0			1.0	1.0		1.0			
27558	TREAT KNEE DISLOCATION	090	429	443	14	3%	18.39	20.04	1.65	9%	0			3.0	1.0			1.0	1.0		1.0			
27560	TREAT KNEECAP DISLOCATION	090	105	112	7	7%	3.99	4.76	0.77	19%	0			3.5										
27562	TREAT KNEECAP DISLOCATION	090	168	176	8	5%	5.98	6.97	0.99	17%	0			4.0							0.5			
27566	TREAT KNEECAP DISLOCATION	090	303	323.5	20.5	7%	12.71	14.41	1.70	13%	0			4.0				2.5			1.0			
27570	FIXATION OF KNEE JOINT	010	71	73	2	3%	1.79	2.01	0.22	12%	0			1.0										
27580	FUSION OF KNEE	090	450	498	48	11%	21.1	23.60	2.50	12%	0				4.0			4.0			1.0			
27590	AMPUTATE LEG AT THIGH	090	449	509.5	60.5	13%	13.47	17.09	3.62	27%	0			4.0				10.5			1.0			
27591	AMPUTATE LEG AT THIGH	090	462	515	53	11%	13.94	17.20	3.26	23%	0			4.0				9.0			1.0			
27592	AMPUTATE LEG AT THIGH	090	358	398.5	40.5	11%	10.98	13.64	2.66	24%	0			4.0				6.5			1.0			
27594	AMPUTATION FOLLOW-UP SURG	090	268	283.5	15.5	6%	7.29	8.75	1.46	20%	0			4.0				1.5			1.0			
27596	AMPUTATION FOLLOW-UP SURG	090	345	374	29	8%	11.29	13.46	2.17	19%	0			4.5				4.0			1.0			
27598	AMPUTATE LOWER LEG AT KNEE	090	340	369	29	9%	11.22	13.39	2.17	19%	0			4.5				4.0			1.0			
27600	DECOMPRESSION OF LOWER LEG	090	211	227	16	8%	6.03	7.39	1.36	23%	0			3.0				2.0			1.0			
27601	DECOMPRESSION OF LOWER LEG	090	220	237	17	8%	6.05	7.52	1.47	24%	0			3.5				2.0			1.0			
27602	DECOMPRESSION OF LOWER LEG	090	253	272.5	19.5	8%	7.82	9.41	1.59	20%	0			3.5				2.5			1.0			
27603	DRAIN LOWER LEG LESION	090	199	211	12	6%	5.23	6.46	1.23	24%	0			3.5				1.0			1.0			
27604	DRAIN LOWER LEG BURSA	090	130	135	5	4%	4.59	5.25	0.66	14%	0			2.5							0.5			
27605	INCISION OF ACHILLES TENDON	010	88	90	2	2%	2.92	3.14	0.22	8%	0			1.0										
27606	INCISION OF ACHILLES TENDON	010	131	133	2	2%	4.18	4.62	0.44	11%	0			1.0							1.0			
27607	TREAT LOWER LEG BONE LESION	090	281	308	27	10%	8.62	10.57	1.95	23%	0			3.5				4.0			1.0			
27610	EXPLORE/TREAT ANKLE JOINT	090	311	344	33	11%	9.13	11.43	2.30	25%	0			4.0				5.0			1.0			
27612	EXPLORATION OF ANKLE JOINT	090	353	387	34	10%	8.15	10.56	2.41	30%	0			4.5				5.0			1.0			
27613	BIOPSY LOWER LEG SOFT TISSUE	010	77	79	2	3%	2.22	2.44	0.22	10%	0			1.0										
27614	BIOPSY LOWER LEG SOFT TISSUE	090	192	198	6	3%	5.8	6.68	0.88	15%	0			3.0							1.0			
27615	RESECT LEG/ANKLE TUM < 5 CM	090	416	440	24	6%	15.72	17.59	1.87	12%	0			1.0	3.0			1.0	1.0		1.0			
27616	RESECT LEG/ANKLE TUM 5 CM/>	090	463	489	26	6%	19.63	21.59	1.96	10%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
27618	EXC LEG/ANKLE TUM < 3 CM	090	137	146	9	7%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5			
27619	EXC LEG/ANKLE TUM DEEP	090	225	236	11	5%	6.91	7.79	0.88	13%	0			2.0	1.0						0.5			
27620	EXPLORE/TREAT ANKLE JOINT	090	180	187	7	4%	6.15	7.03	0.88	14%	0			3.5							0.5			
27625	REMOVE ANKLE JOINT LINING	090	249	257	8	3%	8.49	9.59	1.10	13%	0			4.0							1.0			
27626	REMOVE ANKLE JOINT LINING	090	268	276	8	3%	9.1	10.20	1.10	12%	0			4.0							1.0			
27630	REMOVAL OF TENDON LESION	090	146	152	6	4%	4.94	5.60	0.66	13%	0			3.0										
27632	EXC LEG/ANKLE LES SC 3 CM/>	090	183	192	9	5%	5.91	6.57	0.66	11%	0			1.0	1.0						0.5			
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	090	281	302	21	7%	10.13	11.47	1.34	13%	0			1.0	2.0			1.0			1.0			
27635	REMOVE LOWER LEG BONE LESIO	090	267	277.5	10.5	4%	8.03	9.25	1.22	15%	0			4.0				0.5			1.0			
27637	REMOVE/GRAFT LEG BONE LESIO	090	336	355	19	6%	10.31	12.00	1.69	16%	0			4.5				2.0			1.0			
27638	REMOVE/GRAFT LEG BONE LESIO	090	315	333	18	6%	10.99	12.57	1.58	14%	0			4.0				2.0			1.0			
27640	PARTIAL REMOVAL OF TIBIA	090	382	418.5	36.5	10%	12.24	14.77	2.53	21%	0			4.5				5.5			1.0			
27641	PARTIAL REMOVAL OF FIBULA	090	319	344.5	25.5	8%	9.84	11.78	1.94	20%	0			4.0				3.5			1.0			
27645	RESECT TIBIA TUMOR	090	553	580	27	5%	27.21	29.61	2.40	9%	-2			1.0	2.0	1.0		2.0	2.0		1.0			
27646	RESECT FIBULA TUMOR	090	540	562	22	4%	23.21	25.37	2.16	9%	-2			1.0	2.0	1.0		1.0	2.0		1.0			
27647	RESECT TALUS/CALCANEUS TUM	090	469	484	15	3%	20.26	22.09	1.83	9%	-2			1.0	1.0	1.0		1.0	2.0		1.0			
27650	REPAIR ACHILLES TENDON	090	239	264	25	10%	9.21	10.75	1.54	17%	0			2.0	3.0						0.5			
27652	REPAIR/GRAFT ACHILLES TENDON	090	312	331	19	6%	10.78	12.47	1.69	16%	0			4.5				2.0			1.0			
27654	REPAIR OF ACHILLES TENDON	090	283	308	25	9%	10.53	12.07	1.54	15%	0			2.0	3.0						0.5			
27656	REPAIR LEG FASCIA DEFECT	090	171	177	6	4%	4.71	5.48	0.77	16%	0			3.0							0.5			
27658	REPAIR OF LEG TENDON EACH	090	196	202	6	3%	5.12	6.00	0.88	17%	0			3.0							1.0			
27659	REPAIR OF LEG TENDON EACH	090	246	258	12	5%	7.1	8.33	1.23	17%	0			3.5				1.0			1.0			
27664	REPAIR OF LEG TENDON EACH	090	173	179	6	3%	4.73	5.50	0.77	16%	0			3.0							0.5			
27665	REPAIR OF LEG TENDON EACH	090	201	208	7	3%	5.57	6.45	0.88	16%	0			3.5							0.5			
27675	REPAIR LOWER LEG TENDONS	090	228	235	7	3%	7.35	8.34	0.99	13%	0			3.5							1.0			
27676	REPAIR LOWER LEG TENDONS	090	274	287	13	5%	8.73	10.07	1.34	15%	0			4.0				1.0			1.0			

27680	RELEASE OF LOWER LEG TENDON	090	197	203	6	3%	5.88	6.76	0.88	15%	0			3.0							1.0			
27681	RELEASE OF LOWER LEG TENDON	090	232	241.5	9.5	4%	7.05	8.16	1.11	16%	0			3.5				0.5			1.0			
27685	REVISION OF LOWER LEG TENDOI	090	200	208	8	4%	6.69	7.68	0.99	15%	0			4.0							0.5			
27686	REVISE LOWER LEG TENDONS	090	252	264	12	5%	7.75	8.98	1.23	16%	0			3.5				1.0			1.0			
27687	REVISION OF CALF TENDON	090	199	206	7	4%	6.41	7.29	0.88	14%	0			3.5							0.5			
27690	REVISE LOWER LEG TENDON	090	258	283	25	10%	9.17	10.71	1.54	17%	0			2.0	3.0						0.5			
27691	REVISE LOWER LEG TENDON	090	292	317	25	9%	10.49	12.14	1.65	16%	0			2.0	3.0						1.0			
27695	REPAIR OF ANKLE LIGAMENT	090	225	233	8	4%	6.7	7.80	1.10	16%	0			4.0							1.0			
27696	REPAIR OF ANKLE LIGAMENTS	090	280	293	13	5%	8.58	9.92	1.34	16%	0			4.0				1.0			1.0			
27698	REPAIR OF ANKLE LIGAMENT	090	275	285.5	10.5	4%	9.61	10.83	1.22	13%	0			4.0				0.5			1.0			
27700	REVISION OF ANKLE JOINT	090	310	325.5	15.5	5%	9.66	11.12	1.46	15%	0			4.0				1.5			1.0			
27702	RECONSTRUCT ANKLE JOINT	090	416	447.5	31.5	8%	14.42	16.71	2.29	16%	0			4.5				4.5			1.0			
27703	RECONSTRUCTION ANKLE JOINT	090	488	533	45	9%	16.94	19.94	3.00	18%	0			5.0				7.0			1.0			
27704	REMOVAL OF ANKLE IMPLANT	090	251	259	8	3%	7.81	8.91	1.10	14%	0			4.0							1.0			
27705	OSTEOTOMY TIBIA	090	303	323.5	20.5	7%	10.86	12.56	1.70	16%	0			4.0				2.5			1.0			
27707	OSTEOTOMY FIBULA	090	243	260	17	7%	4.78	6.25	1.47	31%	0			3.5				2.0			1.0			
27709	OSTEOTOMY TIBIA & FIBULA	090	346	374	28	8%	17.48	19.28	1.80	10%	0			2.0	2.0			2.0			1.0			
27712	OSTEOT MLT RELIGNMT IMED RO	090	400	443	43	11%	15.87	18.13	2.26	14%	0				4.0			3.0			1.0			
27715	OSTPL TIBFIB LNGTH/SHRT	090	457	503.5	46.5	10%	15.5	18.51	3.01	19%	0			4.5				7.5			1.0			
27720	REPAIR OF TIBIA	090	356	380	24	7%	12.36	14.29	1.93	16%	0			4.5				3.0			1.0			
27722	REPAIR/GRAFT OF TIBIA	090	389	415.5	26.5	7%	12.45	14.50	2.05	16%	0			4.5				3.5			1.0			
27724	REPAIR/GRAFT OF TIBIA	090	460	477	17	4%	19.31	20.85	1.54	8%	0			1.0	2.0			1.0	1.0		1.0			
27725	REPAIR OF LOWER LEG	090	464	511	47	10%	17.41	19.85	2.44	14%	-4				2.0	2.0		3.0			1.0			
27726	REPAIR FIBULA NONUNION	090	319	337	18	6%	14.34	15.79	1.45	10%	0			3.0	1.0			1.0			1.0			
27727	REPAIR OF LOWER LEG	090	445	480	35	8%	14.84	17.36	2.52	17%	0			5.0				5.0			1.0			
27730	REPAIR OF TIBIA EPIPHYSIS	090	241	253	12	5%	7.7	8.93	1.23	16%	0			3.5				1.0			1.0			
27732	REPAIR OF FIBULA EPIPHYSIS	090	183	189	6	3%	5.46	6.23	0.77	14%	0			3.0							0.5			
27734	REPAIR LOWER LEG EPIPHYSES	090	273	287.5	14.5	5%	8.83	10.18	1.35	15%	0			3.5				1.5			1.0			
27740	REPAIR OF LEG EPIPHYSES	090	315	328	13	4%	9.61	10.95	1.34	14%	0			4.0				1.0			1.0			
27742	REPAIR OF LEG EPIPHYSES	090	340	354	14	4%	10.63	12.08	1.45	14%	0			4.5				1.0			1.0			
27745	REINFORCE TIBIA	090	312	330	18	6%	10.49	12.07	1.58	15%	0			4.0				2.0			1.0			
27750	TREATMENT OF TIBIA FRACTURE	090	143	150	7	5%	3.37	4.25	0.88	26%	0			3.5							0.5			
27752	TREATMENT OF TIBIA FRACTURE	090	250	268	18	7%	6.27	7.85	1.58	25%	0			4.0				2.0			1.0			
27756	TREATMENT OF TIBIA FRACTURE	090	344	372	28	8%	7.45	9.51	2.06	28%	0			4.0				4.0			1.0			
27758	TREATMENT OF TIBIA FRACTURE	090	435	471.5	36.5	8%	12.54	15.07	2.53	20%	0			4.5				5.5			1.0			
27759	TREATMENT OF TIBIA FRACTURE	090	324	347	23	7%	14.45	16.14	1.69	12%	0			3.0	1.0			2.0			1.0			
27760	CLTX MEDIAL ANKLE FX	090	124	132	8	6%	3.21	4.09	0.88	27%	0			4.0										
27762	CLTX MED ANKLE FX W/MNPJ	090	212	221	9	4%	5.47	6.68	1.21	22%	0			4.5							1.0			
27766	OPTX MEDIAL ANKLE FX	090	266	289	23	9%	7.89	9.45	1.56	20%	0			2.0	2.0			1.0			1.0			
27767	CLTX POST ANKLE FX	090	96	109	13	14%	2.64	3.63	0.99	38%	0			3.0	1.0									
27768	CLTX POST ANKLE FX W/MNPJ	090	170	183	13	8%	5.14	6.24	1.10	21%	0			3.0	1.0						0.5			
27769	OPTX POST ANKLE FX	090	279	297	18	6%	10.14	11.59	1.45	14%	0			3.0	1.0			1.0			1.0			
27780	TREATMENT OF FIBULA FRACTUR	090	110	117	7	6%	2.83	3.60	0.77	27%	0			3.5										
27781	TREATMENT OF FIBULA FRACTUR	090	146	154	8	5%	4.59	5.47	0.88	19%	0			4.0										
27784	TREATMENT OF FIBULA FRACTUR	090	281	304	23	8%	9.67	11.23	1.56	16%	0			2.0	2.0			1.0			1.0			
27786	TREATMENT OF ANKLE FRACTURE	090	114	121	7	6%	3.02	3.79	0.77	25%	0			3.5										
27788	TREATMENT OF ANKLE FRACTURE	090	148	156	8	5%	4.64	5.52	0.88	19%	0			4.0										
27792	TREATMENT OF ANKLE FRACTURE	090	245	263	18	7%	8.75	9.96	1.21	14%	0			2.0	2.0						0.5			
27808	TREATMENT OF ANKLE FRACTURE	090	127	135	8	6%	3.03	3.91	0.88	29%	0			4.0										
27810	TREATMENT OF ANKLE FRACTURE	090	180	188	8	4%	5.32	6.31	0.99	19%	0			4.0							0.5			
27814	TREATMENT OF ANKLE FRACTURE	090	346	360	14	4%	10.62	12.14	1.52	14%	0			2.0	2.0				1.0		1.0			
27816	TREATMENT OF ANKLE FRACTURE	090	119	126	7	6%	3.07	3.84	0.77	25%	0			3.5										
27818	TREATMENT OF ANKLE FRACTURE	090	193	201	8	4%	5.69	6.68	0.99	17%	0			4.0							0.5			
27822	TREATMENT OF ANKLE FRACTURE	090	353	372	19	5%	11.21	12.84	1.63	15%	0			1.0	3.0				1.0		1.0			
27823	TREATMENT OF ANKLE FRACTURE	090	366	385	19	5%	13.16	14.79	1.63	12%	0			1.0	3.0				1.0		1.0			
27824	TREAT LOWER LEG FRACTURE	090	137	148	11	8%	3.31	4.08	0.77	23%	0			2.0	1.0									
27825	TREAT LOWER LEG FRACTURE	090	345	366	21	6%	6.69	8.29	1.60	24%	0			3.0				3.0			1.0			
27826	TREAT LOWER LEG FRACTURE	090	328	347	19	6%	11.1	12.73	1.63	15%	0			1.0	3.0				1.0		1.0			
27827	TREAT LOWER LEG FRACTURE	090	441	472	31	7%	14.79	16.99	2.20	15%	0			1.0	4.0			1.0	1.0		1.0			
27828	TREAT LOWER LEG FRACTURE	090	471	502	31	7%	18.43	20.63	2.20	12%	0			1.0	4.0			1.0	1.0		1.0			
27829	TREAT LOWER LEG JOINT	090	271	294	23	8%	8.8	10.36	1.56	18%	0			2.0	2.0			1.0			1.0			
27830	TREAT LOWER LEG DISLOCATION	090	152	159	7	5%	3.96	4.84	0.88	22%	0			3.5							0.5			
27831	TREAT LOWER LEG DISLOCATION	090	166	173	7	4%	4.73	5.61	0.88	19%	0			3.5							0.5			
27832	TREAT LOWER LEG DISLOCATION	090	301	324	23	8%	10.17	11.73	1.56	15%	0			2.0	2.0			1.0			1.0			
27840	TREAT ANKLE DISLOCATION	090	160	168	8	5%	4.77	5.76	0.99	21%	0			4.0							0.5			
27842	TREAT ANKLE DISLOCATION	090	225	235.5	10.5	5%	6.46	7.68	1.22	19%	0			4.0				0.5			1.0			
27846	TREAT ANKLE DISLOCATION	090	312	332.5	20.5	7%	10.28	11.98	1.70	17%	0			4.0				2.5			1.0			
27848	TREAT ANKLE DISLOCATION	090	334	354.5	20.5	6%	11.68	13.38	1.70	15%	0			4.0				2.5			1.0			
27860	FIXATION OF ANKLE JOINT	010	105	107	2	2%	2.39	2.61	0.22	9%	0			1.0										
27870	FUSION OF ANKLE JOINT OPEN	090	400	438	38	10%	15.41	17.43	2.02	13%	0				4.0			2.0			1.0			
27871	FUSION OF TIBIOFIBULAR JOINT	090	301	316.5	15.5	5%	9.54	11.00	1.46	15%	0			4.0				1.5			1.0			
27880	AMPUTATION OF LOWER LEG	090	400	437	37	9%	15.37	17.87	2.50	16%	0			1.0	2.0			5.0	1.0		1.0			
27881	AMPUTATION OF LOWER LEG	090	468	515.5	47.5	10%	13.47	16.59	3.12	23%	0			5.0				7.5			1.0			

27882	AMPUTATION OF LOWER LEG	090	331	366.5	35.5	11%	9.79	12.21	2.42	25%	0			4.0				5.5			1.0			
27884	AMPUTATION FOLLOW-UP SURG	090	292	315	23	8%	8.76	10.58	1.82	21%	0			4.0				3.0			1.0			
27886	AMPUTATION FOLLOW-UP SURG	090	340	369	29	9%	10.02	12.19	2.17	22%	0			4.5				4.0			1.0			
27888	AMPUTATION OF FOOT AT ANKLE	090	335	364	29	9%	10.37	12.54	2.17	21%	0			4.5				4.0			1.0			
27889	ANKLE DISARTICULATION	090	361	397.5	36.5	10%	10.86	13.39	2.53	23%	0			4.5				5.5			1.0			
27892	DECOMPRESSION OF LEG	090	307	330	23	7%	7.94	9.76	1.82	23%	0			4.0				3.0			1.0			
27893	DECOMPRESSION OF LEG	090	307	330	23	7%	7.9	9.72	1.82	23%	0			4.0				3.0			1.0			
27894	DECOMPRESSION OF LEG	090	433	493	60	14%	12.67	15.74	3.07	24%	0				5.0			5.0			1.0			
28005	TREAT FOOT BONE LESION	090	320	351.5	31.5	10%	9.44	11.73	2.29	24%	0			4.5				4.5			1.0			
28008	INCISION OF FOOT FASCIA	090	159	165	6	4%	4.59	5.36	0.77	17%	0			3.0							0.5			
28010	INCISION OF TOE TENDON	090	90	95	5	6%	2.97	3.52	0.55	19%	0			2.5										
28011	INCISION OF TOE TENDONS	090	123	129	6	5%	4.28	4.94	0.66	15%	0			3.0										
28020	EXPLORATION OF FOOT JOINT	090	161	167	6	4%	5.15	5.92	0.77	15%	0			3.0							0.5			
28022	EXPLORATION OF FOOT JOINT	090	157	163	6	4%	4.81	5.58	0.77	16%	0			3.0							0.5			
28024	EXPLORATION OF TOE JOINT	090	151	157	6	4%	4.52	5.29	0.77	17%	0			3.0							0.5			
28035	DECOMPRESSION OF TIBIA NERVE	090	169	175	6	4%	5.23	6.00	0.77	15%	0			3.0							0.5			
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	090	153	162	9	6%	5.42	6.08	0.66	12%	0			1.0	1.0						0.5			
28041	EXC FOOT/TOE TUM DEP 1.5CM/	090	217	233	16	7%	7.13	8.12	0.99	14%	0			1.0	2.0						0.5			
28043	EXC FOOT/TOE TUM SC < 1.5 CM	090	138	147	9	7%	3.96	4.62	0.66	17%	0			1.0	1.0						0.5			
28045	EXC FOOT/TOE TUM DEEP <1.5CM	090	169	180	11	7%	5.45	6.33	0.88	16%	0			2.0	1.0						0.5			
28046	RESECT FOOT/TOE TUMOR < 3 CM	090	334	367	33	10%	12.38	14.29	1.91	15%	0			1.0	3.0			2.0			1.0			
28047	RESECT FOOT/TOE TUMOR 3 CM/	090	413	439	26	6%	17.45	19.41	1.96	11%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
28050	BIOPSY OF FOOT JOINT LINING	090	163	169	6	4%	4.39	5.16	0.77	18%	0			3.0							0.5			
28052	BIOPSY OF FOOT JOINT LINING	090	149	154	5	3%	4.06	4.72	0.66	16%	0			2.5							0.5			
28054	BIOPSY OF TOE JOINT LINING	090	133	138	5	4%	3.57	4.23	0.66	18%	0			2.5							0.5			
28055	NEURECTOMY FOOT	090	197	203	6	3%	6.29	7.17	0.88	14%	0			3.0							1.0			
28060	PARTIAL REMOVAL FOOT FASCIA	090	156	163	7	4%	5.4	6.17	0.77	14%	0			3.5										
28062	REMOVAL OF FOOT FASCIA	090	221	228	7	3%	6.69	7.57	0.88	13%	0			3.5							0.5			
28070	REMOVAL OF FOOT JOINT LINING	090	190	196	6	3%	5.24	6.12	0.88	17%	0			3.0							1.0			
28072	REMOVAL OF FOOT JOINT LINING	090	166	172	6	4%	4.72	5.49	0.77	16%	0			3.0							0.5			
28080	REMOVAL OF FOOT LESION	090	169	197	28	17%	4.86	6.18	1.32	27%	-2		1.0		4.0									
28086	EXCISE FOOT TENDON SHEATH	090	172	178	6	3%	4.92	5.69	0.77	16%	0			3.0							0.5			
28088	EXCISE FOOT TENDON SHEATH	090	142	147	5	4%	3.98	4.64	0.66	17%	0			2.5							0.5			
28090	REMOVAL OF FOOT LESION	090	130	136	6	5%	4.55	5.21	0.66	15%	0			3.0										
28092	REMOVAL OF TOE LESIONS	090	115	121	6	5%	3.78	4.44	0.66	17%	0			3.0										
28100	REMOVAL OF ANKLE/HEEL LESION	090	195	202	7	4%	5.83	6.71	0.88	15%	0			3.5							0.5			
28102	REMOVE/GRAFT FOOT LESION	090	273	281	8	3%	7.92	9.02	1.10	14%	0			4.0							1.0			
28103	REMOVE/GRAFT FOOT LESION	090	233	240	7	3%	6.67	7.66	0.99	15%	0			3.5							1.0			
28104	REMOVAL OF FOOT LESION	090	173	179	6	3%	5.26	6.03	0.77	15%	0			3.0							0.5			
28106	REMOVE/GRAFT FOOT LESION	090	243	251	8	3%	7.35	8.45	1.10	15%	0			4.0							1.0			
28107	REMOVE/GRAFT FOOT LESION	090	232	239	7	3%	5.73	6.72	0.99	17%	0			3.5							1.0			
28108	REMOVAL OF TOE LESIONS	090	134	140	6	4%	4.3	4.96	0.66	15%	0			3.0										
28110	PART REMOVAL OF METATARSAL	090	151	157	6	4%	4.22	4.99	0.77	18%	0			3.0							0.5			
28111	PART REMOVAL OF METATARSAL	090	171	177	6	4%	5.15	5.92	0.77	15%	0			3.0							0.5			
28112	PART REMOVAL OF METATARSAL	090	163	169	6	4%	4.63	5.40	0.77	17%	0			3.0							0.5			
28113	PART REMOVAL OF METATARSAL	090	178	208	30	17%	6.11	7.65	1.54	25%	0			1.0	4.0									
28114	REMOVAL OF METATARSAL HEAD	090	339	387	48	14%	12	14.25	2.25	19%	-6				3.0	3.0								
28116	REVISION OF FOOT	090	320	353	33	10%	9.14	10.92	1.78	19%	0				4.0			1.0			1.0			
28118	REMOVAL OF HEEL BONE	090	196	203	7	4%	6.13	7.01	0.88	14%	0			3.5							0.5			
28119	REMOVAL OF HEEL SPUR	090	183	190	7	4%	5.56	6.44	0.88	16%	0			3.5							0.5			
28120	PART REMOVAL OF ANKLE/HEEL	090	251	271	20	8%	7.31	8.74	1.43	20%	0			3.0	2.0						0.5			
28122	PARTIAL REMOVAL OF FOOT BON	090	230	248	18	8%	6.76	7.97	1.21	18%	0			2.0	2.0						0.5			
28124	PARTIAL REMOVAL OF TOE	090	151	159	8	5%	5	5.88	0.88	18%	0			4.0										
28126	PARTIAL REMOVAL OF TOE	090	116	121	5	4%	3.64	4.19	0.55	15%	0			2.5										
28130	REMOVAL OF ANKLE BONE	090	330	363	33	10%	9.5	11.28	1.78	19%	0				4.0			1.0			1.0			
28140	REMOVAL OF METATARSAL	090	228	237.5	9.5	4%	7.14	8.25	1.11	16%	0			3.5				0.5			1.0			
28150	REMOVAL OF TOE	090	151	157	6	4%	4.23	5.00	0.77	18%	0			3.0							0.5			
28153	PARTIAL REMOVAL OF TOE	090	142	148	6	4%	3.8	4.57	0.77	20%	0			3.0							0.5			
28160	PARTIAL REMOVAL OF TOE	090	129	135	6	5%	3.88	4.54	0.66	17%	0			3.0										
28171	RESECT TARSAL TUMOR	090	365	388	23	6%	16.41	17.84	1.43	9%	-2			1.0	1.0	1.0		1.0			1.0			
28173	RESECT METATARSAL TUMOR	090	304	327	23	8%	14.16	15.59	1.43	10%	-2			1.0	1.0	1.0		1.0			1.0			
28175	RESECT PHALANX OF TOE TUMOR	090	205	223	18	9%	8.29	9.37	1.08	13%	-2			1.0	1.0	1.0					0.5			
28190	REMOVAL OF FOOT FOREIGN BOI	010	64	66	2	3%	2.01	2.23	0.22	11%	0			1.0										
28192	REMOVAL OF FOOT FOREIGN BOI	090	141	147	6	4%	4.78	5.44	0.66	14%	0			3.0										
28193	REMOVAL OF FOOT FOREIGN BOI	090	189	196	7	4%	5.9	6.78	0.88	15%	0			3.5							0.5			
28200	REPAIR OF FOOT TENDON	090	149	155	6	4%	4.74	5.40	0.66	14%	0			3.0										
28202	REPAIR/GRAFT OF FOOT TENDON	090	240	249.5	9.5	4%	7.07	8.18	1.11	16%	0			3.5				0.5			1.0			
28208	REPAIR OF FOOT TENDON	090	154	160	6	4%	4.51	5.28	0.77	17%	0			3.0							0.5			
28210	REPAIR/GRAFT OF FOOT TENDON	090	209	216	7	3%	6.52	7.51	0.99	15%	0			3.5							1.0			
28220	RELEASE OF FOOT TENDON	090	149	155	6	4%	4.67	5.44	0.77	16%	0			3.0							0.5			
28222	RELEASE OF FOOT TENDONS	090	175	181	6	3%	5.76	6.53	0.77	13%	0			3.0							0.5			
28225	RELEASE OF FOOT TENDON	090	133	138	5	4%	3.78	4.44	0.66	17%	0			2.5							0.5			
28226	RELEASE OF FOOT TENDONS	090	162	168	6	4%	4.67	5.44	0.77	16%	0			3.0							0.5			

28230	INCISION OF FOOT TENDON(S)	090	143	148	5	3%	4.36	5.02	0.66	15%	0			2.5							0.5			
28232	INCISION OF TOE TENDON	090	107	112	5	5%	3.51	4.06	0.55	16%	0			2.5										
28234	INCISION OF FOOT TENDON	090	122	129	7	6%	3.54	4.31	0.77	22%	0			3.5										
28238	REVISION OF FOOT TENDON	090	248	257.5	9.5	4%	7.96	9.07	1.11	14%	0			3.5				0.5			1.0			
28240	RELEASE OF BIG TOE	090	139	144	5	4%	4.48	5.14	0.66	15%	0			2.5							0.5			
28250	REVISION OF FOOT FASCIA	090	164	170	6	4%	6.06	6.83	0.77	13%	0			3.0							0.5			
28260	RELEASE OF MIDFOOT JOINT	090	225	234.5	9.5	4%	8.19	9.30	1.11	14%	0			3.5				0.5			1.0			
28261	REVISION OF FOOT TENDON	090	343	376	33	10%	13.11	14.89	1.78	14%	0				4.0			1.0			1.0			
28262	REVISION OF FOOT AND ANKLE	090	380	413	33	9%	17.21	18.99	1.78	10%	0				4.0			1.0			1.0			
28264	RELEASE OF MIDFOOT JOINT	090	269	282	13	5%	10.65	11.99	1.34	13%	0			4.0				1.0			1.0			
28270	RELEASE OF FOOT CONTRACTURE	090	145	152	7	5%	4.93	5.70	0.77	16%	0			3.5										
28272	RELEASE OF TOE JOINT EACH	090	113	118	5	4%	3.92	4.47	0.55	14%	0			2.5										
28280	FUSION OF TOES	090	167	173	6	4%	5.33	6.10	0.77	14%	0			3.0							0.5			
28285	REPAIR OF HAMMERTOE	090	190	208	18	9%	5.62	6.83	1.21	22%	0			2.0	2.0						0.5			
28286	REPAIR OF HAMMERTOE	090	145	151	6	4%	4.7	5.36	0.66	14%	0			3.0										
28288	PARTIAL REMOVAL OF FOOT BON	090	169	197	28	17%	6.02	7.34	1.32	22%	-2		1.0		4.0									
28289	CORRJ HALUX RIGDUS W/O IMPL	090	210	228	18	9%	6.9	8.11	1.21	18%	0			2.0	2.0						0.5			
28291	CORRJ HALUX RIGDUS W/IMPLT	090	215	233	18	8%	8.01	9.22	1.21	15%	0			2.0	2.0						0.5			
28292	COR HLX VLGS RSC PRX PHLX BS	090	226	246	20	9%	7.44	8.87	1.43	19%	0			3.0	2.0						0.5			
28295	COR HLX VLGS PRX MTAR OSTEO	090	241	261	20	8%	8.57	10.00	1.43	17%	0			3.0	2.0						0.5			
28296	COR HLX VLGS DSTL MTAR OSTEO	090	241	261	20	8%	8.25	9.68	1.43	17%	0			3.0	2.0						0.5			
28297	COR HLX VLGS JT ARTHRD	090	256	276	20	8%	9.29	10.72	1.43	15%	0			3.0	2.0						0.5			
28298	COR HLX VLGS PRX PHLX OSTEOT	090	225	243	18	8%	7.75	8.96	1.21	16%	0			2.0	2.0						0.5			
28299	COR HLX VLGS DOUBLE OSTEOT	090	256	276	20	8%	9.29	10.72	1.43	15%	0			3.0	2.0						0.5			
28300	INCISION OF HEEL BONE	090	218	226	8	4%	9.73	10.72	0.99	10%	0			4.0							0.5			
28302	INCISION OF ANKLE BONE	090	234	242	8	3%	9.74	10.84	1.10	11%	0			4.0							1.0			
28304	INCISION OF MIDFOOT BONES	090	239	249.5	10.5	4%	9.41	10.63	1.22	13%	0			4.0				0.5			1.0			
28305	INCISE/GRAFT MIDFOOT BONES	090	283	294.5	11.5	4%	10.77	12.10	1.33	12%	0			4.5				0.5			1.0			
28306	INCISION OF METATARSAL	090	163	169	6	4%	6	6.66	0.66	11%	0			3.0										
28307	INCISION OF METATARSAL	090	213	220	7	3%	6.5	7.38	0.88	14%	0			3.5							0.5			
28308	INCISION OF METATARSAL	090	165	173	8	5%	5.48	6.36	0.88	16%	0			4.0										
28309	INCISION OF METATARSALS	090	350	383	33	9%	14.16	15.94	1.78	13%	0				4.0			1.0			1.0			
28310	REVISION OF BIG TOE	090	165	171	6	4%	5.57	6.34	0.77	14%	0			3.0							0.5			
28312	REVISION OF TOE	090	160	166	6	4%	4.69	5.46	0.77	16%	0			3.0							0.5			
28313	REPAIR DEFORMITY OF TOE	090	151	157	6	4%	5.15	5.92	0.77	15%	0			3.0							0.5			
28315	REMOVAL OF SESAMOID BONE	090	156	162	6	4%	5	5.77	0.77	15%	0			3.0							0.5			
28320	REPAIR OF FOOT BONES	090	254	262	8	3%	9.37	10.47	1.10	12%	0			4.0							1.0			
28322	REPAIR OF METATARSALS	090	221	229	8	4%	8.53	9.52	0.99	12%	0			4.0							0.5			
28340	RESECT ENLARGED TOE TISSUE	090	230	237	7	3%	7.15	8.14	0.99	14%	0			3.5							1.0			
28341	RESECT ENLARGED TOE	090	298	311	13	4%	8.72	10.06	1.34	15%	0			4.0				1.0			1.0			
28344	REPAIR EXTRA TOE(S)	090	185	191	6	3%	4.4	5.28	0.88	20%	0			3.0							1.0			
28345	REPAIR WEBBED TOE(S)	090	222	229	7	3%	6.09	7.08	0.99	16%	0			3.5							1.0			
28360	RECONSTRUCT CLEFT FOOT	090	395	430	35	9%	14.92	16.57	1.65	11%	0				5.0									
28400	TREATMENT OF HEEL FRACTURE	090	97	103	6	6%	2.31	2.97	0.66	29%	0			3.0										
28405	TREATMENT OF HEEL FRACTURE	090	164	171	7	4%	4.74	5.62	0.88	19%	0			3.5							0.5			
28406	TREATMENT OF HEEL FRACTURE	090	229	239.5	10.5	5%	6.56	7.78	1.22	19%	0			4.0				0.5			1.0			
28415	TREAT HEEL FRACTURE	090	441	472	31	7%	16.19	18.39	2.20	14%	0			1.0	4.0			1.0	1.0		1.0			
28420	TREAT/GRAFT HEEL FRACTURE	090	481	512	31	6%	17.52	19.72	2.20	13%	0			1.0	4.0			1.0	1.0		1.0			
28430	TREATMENT OF ANKLE FRACTURE	090	89	94	5	6%	2.22	2.77	0.55	25%	0			2.5										
28435	TREATMENT OF ANKLE FRACTURE	090	116	122	6	5%	3.54	4.20	0.66	19%	0			3.0										
28436	TREATMENT OF ANKLE FRACTURE	090	190	198	8	4%	4.9	5.89	0.99	20%	0			4.0							0.5			
28445	TREAT ANKLE FRACTURE	090	444	475	31	7%	15.76	17.96	2.20	14%	0			1.0	4.0			1.0	1.0		1.0			
28446	OSTEOCHONDRAL TALUS AUTOGI	090	339	364	25	7%	17.71	19.36	1.65	9%	0			2.0	3.0						1.0			
28450	TREAT MIDFOOT FRACTURE EACH	090	87	92	5	6%	2.03	2.58	0.55	27%	0			2.5										
28455	TREAT MIDFOOT FRACTURE EACH	090	113	119	6	5%	3.24	3.90	0.66	20%	0			3.0										
28456	TREAT MIDFOOT FRACTURE	090	182	189	7	4%	2.86	3.74	0.88	31%	0			3.5							0.5			
28465	TREAT MIDFOOT FRACTURE EACH	090	257	275	18	7%	8.8	10.01	1.21	14%	0			2.0	2.0						0.5			
28470	TREAT METATARSAL FRACTURE	090	77	83	6	8%	2.03	2.69	0.66	33%	0			3.0										
28475	TREAT METATARSAL FRACTURE	090	80.5	80.5	0	0%	3.01	3.01	-	0%	-7		3.5											
28476	TREAT METATARSAL FRACTURE	090	168	177	9	5%	3.6	4.59	0.99	28%	0			4.5										
28485	TREAT METATARSAL FRACTURE	090	242	260	18	7%	7.44	8.65	1.21	16%	0			2.0	2.0						0.5			
28490	TREAT BIG TOE FRACTURE	090	64	67	3	5%	1.17	1.50	0.33	28%	0			1.5										
28495	TREAT BIG TOE FRACTURE	090	89	93	4	4%	1.68	2.12	0.44	26%	0			2.0										
28496	TREAT BIG TOE FRACTURE	090	142	148	6	4%	2.48	3.14	0.66	27%	0			3.0										
28505	TREAT BIG TOE FRACTURE	090	227	245	18	8%	7.44	8.65	1.21	16%	0			2.0	2.0						0.5			
28510	TREATMENT OF TOE FRACTURE	090	53	56	3	6%	1.17	1.50	0.33	28%	0			1.5										
28515	TREATMENT OF TOE FRACTURE	090	71	75	4	6%	1.56	2.00	0.44	28%	0			2.0										
28525	TREAT TOE FRACTURE	090	207	225	18	9%	5.62	6.83	1.21	22%	0			2.0	2.0						0.5			
28530	TREAT SESAMOID BONE FRACTUR	090	56	58	2	4%	1.11	1.33	0.22	20%	0			1.0										
28531	TREAT SESAMOID BONE FRACTUR	090	225	234	9	4%	2.57	3.47	0.90	35%	0			2.0				1.0			1.0			
28540	TREAT FOOT DISLOCATION	090	106	112	6	6%	2.19	2.85	0.66	30%	0			3.0										
28545	TREAT FOOT DISLOCATION	090	142	148	6	4%	2.6	3.37	0.77	30%	0			3.0							0.5			
28546	TREAT FOOT DISLOCATION	090	184	192	8	4%	3.4	4.39	0.99	29%	0			4.0							0.5			

28555	REPAIR FOOT DISLOCATION	090	281	304	23	8%	9.65	11.21	1.56	16%	0			2.0	2.0			1.0			1.0			
28570	TREAT FOOT DISLOCATION	090	92	96	4	4%	1.76	2.20	0.44	25%	0			2.0										
28575	TREAT FOOT DISLOCATION	090	178	185	7	4%	3.49	4.48	0.99	28%	0			3.5							1.0			
28576	TREAT FOOT DISLOCATION	090	277	295	18	6%	4.6	6.18	1.58	34%	0			4.0				2.0			1.0			
28585	REPAIR FOOT DISLOCATION	090	324	354	30	9%	11.13	13.02	1.89	17%	0			2.0	3.0			1.0			1.0			
28600	TREAT FOOT DISLOCATION	090	105	110	5	5%	2.02	2.57	0.55	27%	0			2.5										
28605	TREAT FOOT DISLOCATION	090	156	163	7	4%	2.89	3.77	0.88	30%	0			3.5							0.5			
28606	TREAT FOOT DISLOCATION	090	224	232	8	4%	5.09	6.19	1.10	22%	0			4.0							1.0			
28615	REPAIR FOOT DISLOCATION	090	323	355	32	10%	10.7	12.81	2.11	20%	0			3.0	3.0			1.0			1.0			
28630	TREAT TOE DISLOCATION	010	55	57	2	4%	1.75	1.97	0.22	13%	0			1.0										
28635	TREAT TOE DISLOCATION	010	61	63	2	3%	1.96	2.18	0.22	11%	0			1.0										
28645	REPAIR TOE DISLOCATION	090	217	235	18	8%	7.44	8.65	1.21	16%	0			2.0	2.0						0.5			
28660	TREAT TOE DISLOCATION	010	49	51	2	4%	1.28	1.50	0.22	17%	0			1.0										
28665	TREAT TOE DISLOCATION	010	53	55	2	4%	1.97	2.19	0.22	11%	0			1.0										
28675	REPAIR OF TOE DISLOCATION	090	197	215	18	9%	5.62	6.83	1.21	22%	0			2.0	2.0						0.5			
28705	ARTHRODESIS PANTALAR	090	490	516	26	5%	20.33	22.29	1.96	10%	-2			1.0	2.0	1.0		1.0	1.0		1.0			
28715	ARTHRODESIS TRIPLE	090	366	398	32	9%	13.42	15.29	1.87	14%	0			2.0	4.0						0.5			
28725	ARTHRODESIS SUBTALAR	090	298	323	25	8%	11.22	12.76	1.54	14%	0			2.0	3.0						0.5			
28730	FUSION OF FOOT BONES	090	308	333	25	8%	10.7	12.24	1.54	14%	0			2.0	3.0						0.5			
28735	FUSION OF FOOT BONES	090	360	393	33	9%	12.23	14.01	1.78	15%	0				4.0			1.0			1.0			
28737	REVISION OF FOOT BONES	090	340	373	33	10%	11.03	12.81	1.78	16%	0				4.0			1.0			1.0			
28740	FUSION OF FOOT BONES	090	266	294	28	11%	9.29	10.72	1.43	15%	0				4.0						0.5			
28750	FUSION OF BIG TOE JOINT	090	237	265	28	12%	8.57	9.89	1.32	15%	0				4.0									
28755	FUSION OF BIG TOE JOINT	090	172	178	6	3%	4.88	5.65	0.77	16%	0			3.0							0.5			
28760	FUSION OF BIG TOE JOINT	090	330	363	33	10%	9.14	10.92	1.78	19%	0				4.0			1.0			1.0			
28800	AMPUTATION OF MIDFOOT	090	306	330	24	8%	8.79	10.72	1.93	22%	0			4.5				3.0			1.0			
28805	AMPUTATION THRU METATARSA	090	376	424	48	13%	12.71	15.47	2.76	22%	0			2.0	2.0			6.0			1.0			
28810	AMPUTATION TOE & METATARSA	090	251	269	18	7%	6.64	8.22	1.58	24%	0			4.0				2.0			1.0			
28890	HI ENRGY ESWT PLANTAR FASCIA	090	140	146	6	4%	3.45	4.22	0.77	22%	0			3.0							0.5			
29800	JAW ARTHROSCOPY/SURGERY	090	161	172	11	7%	6.84	7.72	0.88	13%	0			2.0	1.0						0.5			
29804	JAW ARTHROSCOPY/SURGERY	090	206	224	18	9%	8.87	10.08	1.21	14%	0			2.0	2.0						0.5			
29805	SHO ARTHRS DX +- SYNOVIAL BX	090	154	160	6	4%	6.03	6.69	0.66	11%	0			3.0										
29806	SHO ARTHRS SRG CAPSULORRAPH	090	298	318	20	7%	15.14	16.57	1.43	9%	0			3.0	2.0						0.5			
29807	SHO ARTHRS SRG RPR SLAP LES	090	288	308	20	7%	14.67	16.10	1.43	10%	0			3.0	2.0						0.5			
29819	SHO ARTHRS SRG RMVL LOOSE/F	090	196	203	7	4%	7.79	8.67	0.88	11%	0			3.5							0.5			
29820	SHO ARTHRS SRG PRTL SYNVCT	090	189	195	6	3%	7.21	7.98	0.77	11%	0			3.0							0.5			
29821	SHO ARTHRS SRG COMPL SYNVCT	090	223	230	7	3%	7.89	8.77	0.88	11%	0			3.5							0.5			
29822	SHO ARTHRS SRG LMTD DBRDMT	090	191	207	16	8%	7.03	8.02	0.99	14%	0			1.0	2.0						0.5			
29823	SHO ARTHRS SRG XTNSV DBRDMT	090	211	227	16	8%	7.98	8.97	0.99	12%	0			1.0	2.0						0.5			
29824	SHO ARTHRS SRG DSTL CLAVICLC	090	225	243	18	8%	8.98	10.19	1.21	13%	0			2.0	2.0						0.5			
29825	SHO ARTHRS SRG LSS&RESCJ ADS	090	212	219	7	3%	7.79	8.67	0.88	11%	0			3.5							0.5			
29827	SHO ARTHRS SRG RT8TR CUF RPR	090	334	344	10	3%	15.59	16.80	1.21	8%	0			5.0							0.5			
29828	SHO ARTHRS SRG BICP TENODSIS	090	252	270	18	7%	13.16	14.37	1.21	9%	0			2.0	2.0						0.5			
29830	ELBOW ARTHROSCOPY	090	132	137	5	4%	5.88	6.43	0.55	9%	0			2.5										
29834	ELBOW ARTHROSCOPY/SURGERY	090	153	159	6	4%	6.42	7.08	0.66	10%	0			3.0										
29835	ELBOW ARTHROSCOPY/SURGERY	090	160	166	6	4%	6.62	7.28	0.66	10%	0			3.0										
29836	ELBOW ARTHROSCOPY/SURGERY	090	196	203	7	4%	7.72	8.49	0.77	10%	0			3.5										
29837	ELBOW ARTHROSCOPY/SURGERY	090	165	171	6	4%	7.01	7.67	0.66	9%	0			3.0										
29838	ELBOW ARTHROSCOPY/SURGERY	090	220	227	7	3%	7.88	8.76	0.88	11%	0			3.5							0.5			
29840	WRIST ARTHROSCOPY	090	146	152	6	4%	5.68	6.34	0.66	12%	0			3.0										
29843	WRIST ARTHROSCOPY/SURGERY	090	157	163	6	4%	6.15	6.81	0.66	11%	0			3.0										
29844	WRIST ARTHROSCOPY/SURGERY	090	160	166	6	4%	6.51	7.17	0.66	10%	0			3.0										
29845	WRIST ARTHROSCOPY/SURGERY	090	199	206	7	4%	7.69	8.46	0.77	10%	0			3.5										
29846	WRIST ARTHROSCOPY/SURGERY	090	179	185	6	3%	6.89	7.55	0.66	10%	0			3.0										
29847	WRIST ARTHROSCOPY/SURGERY	090	190	196	6	3%	7.22	7.88	0.66	9%	0			3.0										
29848	WRIST ENDOSCOPY/SURGERY	090	179	200	21	12%	6.39	7.38	0.99	15%	0				3.0									
29850	KNEE ARTHROSCOPY/SURGERY	090	192	198	6	3%	8.27	9.04	0.77	9%	0			3.0							0.5			
29851	KNEE ARTHROSCOPY/SURGERY	090	274	297	23	8%	13.26	14.58	1.32	10%	0			1.0	3.0						0.5			
29855	TIBIAL ARTHROSCOPY/SURGERY	090	255	273	18	7%	10.76	11.97	1.21	11%	0			2.0	2.0						0.5			
29856	TIBIAL ARTHROSCOPY/SURGERY	090	314	332	18	6%	14.28	15.60	1.32	9%	0			2.0	2.0						1.0			
29860	HIP ARTHROSCOPY DX	090	244	265	21	9%	9	9.99	0.99	11%	0				3.0									
29861	HIP ARTHRO W/FB REMOVAL	090	254	275	21	8%	10.1	11.09	0.99	10%	0				3.0									
29862	HIP ARTHR0 W/DEBRIDEMENT	090	297	325	28	9%	11.17	12.49	1.32	12%	0				4.0									
29863	HIP ARTHR0 W/SYNOVECTOMY	090	297	325	28	9%	11.17	12.49	1.32	12%	0				4.0									
29866	AUTGRFT IMPLNT KNEE W/SCOPE	090	308	328	20	6%	14.67	16.10	1.43	10%	0			3.0	2.0						0.5			
29867	ALLGRFT IMPLNT KNEE W/SCOPE	090	404	425	21	5%	18.39	20.24	1.85	10%	0			2.0	3.0				1.0		1.0			
29868	MENISCAL TRNSPL KNEE W/SCPE	090	484	510	26	5%	25.1	27.19	2.09	8%	0			2.0	3.0			1.0	1.0		1.0			
29870	KNEE ARTHROSCOPY DX	090	129	134	5	4%	5.19	5.74	0.55	11%	0			2.5										
29871	KNEE ARTHROSCOPY/DRAINAGE	090	184	190	6	3%	6.69	7.46	0.77	12%	0			3.0							0.5			
29873	KNEE ARTHROSCOPY/SURGERY	090	249	259	10	4%	6.24	7.45	1.21	19%	0			5.0							0.5			
29874	KNEE ARTHROSCOPY/SURGERY	090	181	187	6	3%	7.19	7.96	0.77	11%	0			3.0							0.5			
29875	KNEE ARTHROSCOPY/SURGERY	090	168	174	6	4%	6.45	7.11	0.66	10%	0			3.0										
29876	KNEE ARTHROSCOPY/SURGERY	090	233	254	21	9%	8.87	9.97	1.10	12%	0				3.0						0.5			

29877	KNEE ARTHROSCOPY/SURGERY	090	197	218	21	11%	8.3	9.29	0.99	12%	0				3.0								
29879	KNEE ARTHROSCOPY/SURGERY	090	217	238	21	10%	8.99	10.09	1.10	12%	0				3.0						0.5		
29880	KNEE ARTHROSCOPY/SURGERY	090	199	215	16	8%	7.39	8.38	0.99	13%	0			1.0	2.0						0.5		
29881	KNEE ARTHROSCOPY/SURGERY	090	194	210	16	8%	7.03	8.02	0.99	14%	0			1.0	2.0						0.5		
29882	KNEE ARTHROSCOPY/SURGERY	090	244	265	21	9%	9.6	10.70	1.10	11%	0				3.0						0.5		
29883	KNEE ARTHROSCOPY/SURGERY	090	311	329	18	6%	11.77	13.09	1.32	11%	0			2.0	2.0						1.0		
29884	KNEE ARTHROSCOPY/SURGERY	090	208	229	21	10%	8.28	9.38	1.10	13%	0				3.0						0.5		
29885	KNEE ARTHROSCOPY/SURGERY	090	250.5	275	24.5	10%	10.21	11.48	1.27	12%	0				3.5						0.5		
29886	KNEE ARTHROSCOPY/SURGERY	090	221	242	21	10%	8.49	9.59	1.10	13%	0				3.0						0.5		
29887	KNEE ARTHROSCOPY/SURGERY	090	261.5	286	24.5	9%	10.16	11.43	1.27	12%	0				3.5						0.5		
29888	KNEE ARTHROSCOPY/SURGERY	090	295	313	18	6%	14.3	15.51	1.21	8%	0			2.0	2.0						0.5		
29889	KNEE ARTHROSCOPY/SURGERY	090	433	465	32	7%	17.41	19.26	1.85	11%	-2			1.0	3.0	1.0					1.0		
29891	ANKLE ARTHROSCOPY/SURGERY	090	227	255	28	12%	9.67	10.99	1.32	14%	0				4.0								
29892	ANKLE ARTHROSCOPY/SURGERY	090	272	300	28	10%	10.27	11.59	1.32	13%	0				4.0								
29893	SCOPE PLANTAR FASCIOTOMY	090	247	274	27	11%	6.32	7.97	1.65	26%	0			3.0	3.0								
29894	ANKLE ARTHROSCOPY/SURGERY	090	179	185	6	3%	7.35	8.12	0.77	10%	0			3.0							0.5		
29895	ANKLE ARTHROSCOPY/SURGERY	090	178	184	6	3%	7.13	7.90	0.77	11%	0			3.0							0.5		
29897	ANKLE ARTHROSCOPY/SURGERY	090	186	192	6	3%	7.32	8.09	0.77	11%	0			3.0							0.5		
29898	ANKLE ARTHROSCOPY/SURGERY	090	222	229	7	3%	8.49	9.37	0.88	10%	0			3.5							0.5		
29899	ANKLE ARTHROSCOPY/SURGERY	090	395	433	38	10%	15.41	17.43	2.02	13%	0				4.0			2.0			1.0		
29900	MCP JOINT ARTHROSCOPY DX	090	220	233	13	6%	5.88	6.98	1.10	19%	0			3.0	1.0						0.5		
29901	MCP JOINT ARTHROSCOPY SURG	090	235	248	13	6%	6.59	7.69	1.10	17%	0			3.0	1.0						0.5		
29902	MCP JOINT ARTHROSCOPY SURG	090	250	263	13	5%	7.16	8.26	1.10	15%	0			3.0	1.0						0.5		
29904	SUBTALAR ARTHRO W/FB RMVL	090	228	249	21	9%	8.65	9.75	1.10	13%	0				3.0						0.5		
29905	SUBTALAR ARTHRO W/EXC	090	244	267	23	9%	9.18	10.50	1.32	14%	0			1.0	3.0						0.5		
29906	SUBTALAR ARTHRO W/DEB	090	244	267	23	9%	9.65	10.97	1.32	14%	0			1.0	3.0						0.5		
29907	SUBTALAR ARTHRO W/FUSION	090	293	316	23	8%	12.18	13.61	1.43	12%	0			1.0	3.0						1.0		
29914	HIP ARTHRO W/FEMOROPLASTY	090	280	298	18	6%	14.67	15.88	1.21	8%	0			2.0	2.0						0.5		
29915	HIP ARTHRO ACETABULOPLASTY	090	270	288	18	7%	15	16.21	1.21	8%	0			2.0	2.0						0.5		
29916	HIP ARTHRO W/LABRAL REPAIR	090	270	288	18	7%	15	16.21	1.21	8%	0			2.0	2.0						0.5		
30000	DRAINAGE OF NOSE LESION	010	56	58	2	4%	1.48	1.70	0.22	15%	0			1.0									
30020	DRAINAGE OF NOSE LESION	010	57	59	2	4%	1.48	1.70	0.22	15%	0			1.0									
30110	REMOVAL OF NOSE POLYP(S)	010	62	64	2	3%	1.68	1.90	0.22	13%	0			1.0									
30115	REMOVAL OF NOSE POLYP(S)	090	120	124	4	3%	4.44	4.88	0.44	10%	0			2.0									
30117	REMOVAL OF INTRANASAL LESIOI	090	133	147	14	11%	3.91	4.68	0.77	20%	0				2.0						0.5		
30118	REMOVAL OF INTRANASAL LESIOI	090	211	232	21	10%	7.75	8.85	1.10	14%	0				3.0						0.5		
30120	REVISION OF NOSE	090	160	165	5	3%	5.39	5.94	0.55	10%	0			2.5									
30124	REMOVAL OF NOSE LESION	090	101	105	4	4%	3.2	3.64	0.44	14%	0			2.0									
30125	REMOVAL OF NOSE LESION	090	252	258	6	2%	7.3	8.18	0.88	12%	0			3.0							1.0		
30130	EXCISE INFERIOR TURBINATE	090	122	126	4	3%	3.47	4.02	0.55	16%	0			2.0							0.5		
30150	RHINECTOMY PARTIAL	090	267	284	17	6%	9.55	11.02	1.47	15%	0			3.5				2.0			1.0		
30160	RHINECTOMY TOTAL	090	302	319	17	6%	9.99	11.46	1.47	15%	0			3.5				2.0			1.0		
30210	NASAL SINUS THERAPY	010	39	41	2	5%	1.13	1.35	0.22	19%	0			1.0									
30220	INSERT NASAL SEPTAL BUTTON	010	51	53	2	4%	1.59	1.81	0.22	14%	0			1.0									
30300	REMOVE NASAL FOREIGN BODY	010	46	48	2	4%	1.09	1.31	0.22	20%	0			1.0									
30310	REMOVE NASAL FOREIGN BODY	010	68	70	2	3%	2.01	2.23	0.22	11%	0			1.0									
30320	REMOVE NASAL FOREIGN BODY	090	151	156	5	3%	4.64	5.19	0.55	12%	0			2.5									
30400	RECONSTRUCTION OF NOSE	090	312	338	26	8%	10.86	12.58	1.72	16%	-4			4.0		2.0							
30410	RECONSTRUCTION OF NOSE	090	362	388	26	7%	14	15.72	1.72	12%	-4			4.0		2.0							
30420	RECONSTRUCTION OF NOSE	090	399	425	26	7%	16.9	18.62	1.72	10%	-4			4.0		2.0							
30430	REVISION OF NOSE	090	274	300	26	9%	8.24	9.96	1.72	21%	-4			4.0		2.0							
30435	REVISION OF NOSE	090	354	380	26	7%	12.73	14.45	1.72	14%	-4			4.0		2.0							
30450	REVISION OF NOSE	090	414	440	26	6%	19.66	21.38	1.72	9%	-4			4.0		2.0							
30460	REVISION OF NOSE	090	232	241	9	4%	10.32	10.87	0.55	5%	0			1.0	1.0								
30462	REVISION OF NOSE	090	388	406	18	5%	20.28	21.38	1.10	5%	0			2.0	2.0								
30465	REPAIR NASAL STENOSIS	090	277	295	18	6%	12.36	13.57	1.21	10%	0			2.0	2.0						0.5		
30520	REPAIR OF NASAL SEPTUM	090	210.5	228.5	18	9%	7.01	8.22	1.21	17%	0			2.0	2.0						0.5		
30540	RPR CHOANAL ATRESIA NTRANAS	090	196	203	7	4%	7.92	8.80	0.88	11%	0			3.5							0.5		
30545	RPR CHOANAL ATRESIA TRSNPLTN	090	305	315.5	10.5	3%	11.62	12.84	1.22	10%	0			4.0				0.5			1.0		
30560	LYSIS INTRANASAL SYNECHIA	010	46	48	2	4%	1.31	1.53	0.22	17%	0			1.0									
30580	REPAIR UPPER JAW FISTULA	090	204	212	8	4%	6.88	7.76	0.88	13%	0			4.0									
30600	REPAIR MOUTH/NOSE FISTULA	090	167	173	6	4%	6.16	6.82	0.66	11%	0			3.0									
30620	INTRANASAL RECONSTRUCTION	090	234	242	8	3%	6.16	7.26	1.10	18%	0			4.0							1.0		
30630	REPAIR NASAL SEPTUM DEFECT	090	260	267	7	3%	7.29	8.17	0.88	12%	0			3.5							0.5		
30801	ABLATE INF TURBINATE SUPERF	010	46	48	2	4%	1.14	1.36	0.22	19%	0			1.0									
30802	ABLATE INF TURBINATE SUBMUC	010	56	58	2	4%	2.08	2.30	0.22	11%	0			1.0									
30915	LIGATION NASAL SINUS ARTERY	090	242	252	10	4%	7.44	8.45	1.01	14%	0			2.5				1.0			1.0		
30920	LIGATION UPPER JAW ARTERY	090	428	441	13	3%	11.14	13.01	1.87	17%	0			2.0	1.0			2.0	2.0		1.0		
30930	THER FX NASAL INF TURBINATE	010	56	58	2	4%	1.31	1.53	0.22	17%	0			1.0									
31000	IRRIGATION MAXILLARY SINUS	010	52	54	2	4%	1.2	1.42	0.22	18%	0			1.0									
31002	IRRIGATION SPHENOID SINUS	010	62	64	2	3%	1.96	2.18	0.22	11%	0			1.0									
31020	EXPLORATION MAXILLARY SINUS	090	105	110	5	5%	3.07	3.62	0.55	18%	0			2.5									
31030	EXPLORATION MAXILLARY SINUS	090	167	171	4	2%	6.01	6.67	0.66	11%	0			2.0							1.0		

31032	EXPLORE SINUS REMOVE POLYPS	090	211	216	5	2%	6.69	7.46	0.77	12%	0			2.5							1.0			
31040	EXPLORATION BEHIND UPPER JAV	090	300	314.5	14.5	5%	9.77	11.12	1.35	14%	0			3.5				1.5			1.0			
31050	EXPLORATION SPHENOID SINUS	090	147	151	4	3%	5.37	5.92	0.55	10%	0			2.0							0.5			
31051	SPHENOID SINUS SURGERY	090	179	185	6	3%	7.25	8.02	0.77	11%	0			3.0							0.5			
31070	EXPLORATION OF FRONTAL SINUS	090	144	149	5	3%	4.4	5.06	0.66	15%	0			2.5							0.5			
31075	EXPLORATION OF FRONTAL SINUS	090	263	277.5	14.5	6%	9.51	10.86	1.35	14%	0			3.5				1.5			1.0			
31080	REMOVAL OF FRONTAL SINUS	090	343	373.5	30.5	9%	12.74	14.40	1.66	13%	0				4.0			0.5			1.0			
31081	REMOVAL OF FRONTAL SINUS	090	365	400.5	35.5	10%	14.19	16.09	1.90	13%	0				4.0			1.5			1.0			
31084	REMOVAL OF FRONTAL SINUS	090	387	422.5	35.5	9%	14.95	16.85	1.90	13%	0				4.0			1.5			1.0			
31085	REMOVAL OF FRONTAL SINUS	090	400	435.5	35.5	9%	15.64	17.54	1.90	12%	0				4.0			1.5			1.0			
31086	REMOVAL OF FRONTAL SINUS	090	370	408	38	10%	14.36	16.38	2.02	14%	0				4.0			2.0			1.0			
31087	REMOVAL OF FRONTAL SINUS	090	423.5	463	39.5	9%	14.57	16.67	2.10	14%	0				3.5			3.0			1.0			
31090	EXPLORATION OF SINUSES	090	425	464	39	9%	11.17	13.35	2.18	20%	-4			1.0	2.0	2.0		1.0			1.0			
31200	REMOVAL OF ETHMOID SINUS	090	186	193	7	4%	5.14	6.02	0.88	17%	0			3.5							0.5			
31201	REMOVAL OF ETHMOID SINUS	090	237	246.5	9.5	4%	8.6	9.71	1.11	13%	0			3.5				0.5			1.0			
31205	REMOVAL OF ETHMOID SINUS	090	258	272.5	14.5	6%	10.58	11.93	1.35	13%	0			3.5				1.5			1.0			
31225	REMOVAL OF UPPER JAW	090	608	634	26	4%	26.7	29.59	2.89	11%	-2			1.0	3.0	1.0		1.0	2.0	1.0	1.0			
31230	REMOVAL OF UPPER JAW	090	688	719	31	5%	30.82	33.95	3.13	10%	-2			1.0	3.0	1.0		2.0	2.0	1.0	1.0			
31239	NSL/SINUS ENDOSCOPY SURG DC	010	168	175	7	4%	9.04	9.48	0.44	5%	0				1.0						0.5			
31241	NSL/SNS NDSC LIG SPHNPTN ART	000	142	142	0	0%	8	8.11	0.11	1%	0										0.5			
31290	NASAL/SINUS ENDOSCOPY SURG	010	578	600	22	4%	18.61	20.64	2.03	11%	-1						1.0	3.0	2.0		1.0			
31291	NASAL/SINUS ENDOSCOPY SURG	010	581	603	22	4%	19.56	21.59	2.03	10%	-1						1.0	3.0	2.0		1.0			
31292	NSL/SINS NDSC MED/INF DCMPR	010	453	465	12	3%	15.9	17.45	1.55	10%	-1						1.0	1.0	2.0		1.0			
31293	NSL/SINS NDSC MED&INF DCMPR	010	528	545	17	3%	17.47	19.26	1.79	10%	-1						1.0	2.0	2.0		1.0			
31294	NSL/SINS NDSC SURG ON DCMPR	010	563	580	17	3%	20.31	22.10	1.79	9%	-1						1.0	2.0	2.0		1.0			
31300	REMOVAL OF LARYNX LESION	090	414	457	43	10%	15.91	18.17	2.26	14%	0				4.0			3.0			1.0			
31360	REMOVAL OF LARYNX	090	768	809	41	5%	29.91	33.90	3.99	13%	-4			1.0	3.0	2.0		3.0	3.0	1.0	1.0			
31365	REMOVAL OF LARYNX	090	893	939	46	5%	38.81	43.04	4.23	11%	-4			1.0	3.0	2.0		4.0	3.0	1.0	1.0			
31367	PARTIAL REMOVAL OF LARYNX	090	728	764	36	5%	30.57	34.32	3.75	12%	-4			1.0	3.0	2.0		2.0	3.0	1.0	1.0			
31368	PARTIAL REMOVAL OF LARYNX	090	858	899	41	5%	34.19	38.18	3.99	12%	-4			1.0	3.0	2.0		3.0	3.0	1.0	1.0			
31370	PARTIAL REMOVAL OF LARYNX	090	728	764	36	5%	27.57	31.32	3.75	14%	-4			1.0	3.0	2.0		2.0	3.0	1.0	1.0			
31375	PARTIAL REMOVAL OF LARYNX	090	698	734	36	5%	26.07	29.82	3.75	14%	-4			1.0	3.0	2.0		2.0	3.0	1.0	1.0			
31380	PARTIAL REMOVAL OF LARYNX	090	708	744	36	5%	25.57	29.32	3.75	15%	-4			1.0	3.0	2.0		2.0	3.0	1.0	1.0			
31382	PARTIAL REMOVAL OF LARYNX	090	728	764	36	5%	28.57	32.32	3.75	13%	-4			1.0	3.0	2.0		2.0	3.0	1.0	1.0			
31390	REMOVAL OF LARYNX & PHARYN	090	988	1026	38	4%	42.51	46.90	4.39	10%	-4			1.0	3.0	2.0		3.0	3.0	2.0	1.0			
31395	RECONSTRUCT LARYNX & PHARYN	090	1048	1091	43	4%	43.8	48.43	4.63	11%	-4			1.0	3.0	2.0		4.0	3.0	2.0	1.0			
31400	REVISION OF LARYNX	090	481	514	33	7%	11.6	13.90	2.30	20%	0			4.0				5.0			1.0		1.0	
31420	EPIGLOTTIDECTOMY	090	436	465.5	29.5	7%	11.43	13.50	2.07	18%	0			3.5				4.5			1.0		1.0	
31545	REMOVE VC LESION W/SCOPE	000	154	154	0	0%	6.3	6.41	0.11	2%	0										0.5			
31546	REMOVE VC LESION SCOPE/GRAF	000	189	189	0	0%	9.73	9.84	0.11	1%	0										0.5			
31551	LARYNGOPLASTY LARYNGEAL STE	090	658	684	26	4%	21.5	24.43	2.93	14%	0				3.0			3.0	1.0	2.0	1.0		1.0	
31552	LARYNGOPLASTY LARYNGEAL STE	090	505	527	22	4%	20.5	22.15	1.65	8%	0				3.0			1.0	1.0		1.0		1.0	
31553	LARYNGOPLASTY LARYNGEAL STE	090	718	717	-1	0%	22	24.81	2.81	13%	0				3.0				4.0	2.0	1.0		1.0	
31554	LARYNGOPLASTY LARYNGEAL STE	090	540	567	27	5%	22	23.89	1.89	9%	0				3.0			2.0	1.0		1.0		1.0	
31561	LARYNSCOP REMVE CART + SCOP	000	218	218	0	0%	5.99	6.21	0.22	4%	0										1.0			
31571	LARYNGOSCOP W/VC INJ + SCOPE	000	129	129	0	0%	4.26	4.37	0.11	3%	0										0.5			
31580	LARYNGOPLASTY LARYNGEAL WE	090	405	431	26	6%	14.6	16.05	1.45	10%	0				3.0			1.0			1.0		1.0	
31584	LARYNGOPLASTY FX RDCTJ FIXJ	090	445	467	22	5%	17.58	19.23	1.65	9%	0				3.0			1.0	1.0		1.0		1.0	
31587	LARYNGOPLASTY CRICOID SPLIT	090	445	474	29	7%	15.27	17.80	2.53	17%	0				3.0			3.0	1.0	1.0	1.0			
31590	REINNERVATE LARYNX	090	291	313	22	8%	7.85	9.26	1.41	18%	-2			3.0	1.0	1.0								
31591	LARYNGOPLASTY MEDIALIZATION	090	275	296	21	8%	13.56	14.66	1.10	8%	0				3.0						0.5			
31592	CRICOTRACHEAL RESECTION	090	738	741	3	0%	25	27.61	2.61	10%	0				3.0				3.0	2.0	1.0		1.0	
31610	TRACHEOSTOMY FENEST SKIN FLP	090	367	391	24	7%	12	14.29	2.29	19%	0				3.0			2.0	1.0	1.0	1.0			
31611	CONSTJ TRACHESOPHGL FSTL	090	164	169	5	3%	6	6.66	0.66	11%	0			2.5							0.5			
31613	TRACHEOSTOMA REVJ SIMPLE	090	155	160	5	3%	4.71	5.48	0.77	16%	0			2.5							1.0			
31614	TRACHEOSTOMA REVJ COMPLEX	090	346	361	15	4%	8.63	10.59	1.96	23%	0			2.0	2.0			1.0	2.0		1.0			
31750	TRACHEOPLASTY CERVICAL	090	540	561	21	4%	15.39	17.77	2.38	15%	0				4.0			1.0	3.0		1.0			
31755	TRACHPLSTY TRCHPHRYNGL FSTL	090	414	452	38	9%	17.54	19.70	2.16	12%	-4			3.0	2.0	2.0								
31760	TRACHEOPLASTY INTRATHORACIC	090	623	671	48	8%	23.48	26.50	3.02	13%	0			4.0				8.0			1.0			
31766	CARINAL RECONSTRUCTION	090	788	841.5	53.5	7%	31.67	34.83	3.16	10%	0			3.0				9.5			1.0			
31770	REPAIR/GRAFT OF BRONCHUS	090	544	588	44	8%	23.54	26.12	2.58	11%	0			2.0				8.0			1.0			
31775	RECONSTRUCT BRONCHUS	090	557	602	45	8%	24.59	27.28	2.69	11%	0			2.5				8.0			1.0			
31780	RECONSTRUCT WINDPIPE	090	619	631	12	2%	19.84	22.57	2.73	14%	0			3.0	1.0			3.0	4.0		1.0			
31781	RECONSTRUCT WINDPIPE	090	602	637	35	6%	24.85	27.06	2.21	9%	0			2.5				6.0			1.0		1.0	
31785	REMOVE WINDPIPE LESION	090	524	550.5	26.5	5%	18.35	20.09	1.74	9%	0			2.0				4.5			1.0		1.0	
31786	REMOVE WINDPIPE LESION	090	722	762	40	6%	25.42	27.87	2.45	10%	0			2.5				7.0			1.0		1.0	
31800	REPAIR OF WINDPIPE INJURY	090	301	311	10	3%	8.18	9.19	1.01	12%	0			2.5				1.0			1.0		1.0	
31805	REPAIR OF WINDPIPE INJURY	090	382	394.5	12.5	3%	13.42	14.55	1.13	8%	0			2.5				1.5			1.0			
31820	CLOSURE OF WINDPIPE LESION	090	168	174.5	6.5	4%	4.64	5.42	0.78	17%	0			2.0				0.5			1.0			
31825	REPAIR OF WINDPIPE DEFECT	090	230	241	11	5%	7.07	8.19	1.12	16%	0			3.0				1.0			1.0			
31830	REVISE WINDPIPE SCAR	090	153	158	5	3%	4.62	5.28	0.66	14%	0			2.5							0.5			
32035	THORACOSTOMY W/RIB RESECTIO	090	667	723	56	8%	11.29	14.57	3.28	29%	0			3.0				10.0			1.0		2.5	
32036	THORACOSTOMY W/FLAP DRAIN/	090	674	730	56	8%	12.3	15.58	3.28	27%	0			3.0				10.0			1.0		2.5	

32096	OPEN WEDGE/BX LUNG INFILTR	090	436	434	-2	0%	13.75	15.74	1.99	14%	0				1.0			1.0	2.0	2.0	1.0			
32097	OPEN WEDGE/BX LUNG NODULE	090	401	402	1	0%	13.75	15.34	1.59	12%	0				1.0			1.0	2.0	1.0	1.0			
32098	OPEN BIOPSY OF LUNG PLEURA	090	341	346	5	1%	12.91	14.30	1.39	11%	0				1.0			1.0	1.0	1.0	1.0			
32100	EXPLORATION OF CHEST	090	411	412	1	0%	13.75	15.34	1.59	12%	0				1.0			1.0	2.0	1.0	1.0			
32110	EXPLORE/REPAIR CHEST	090	561	580	19	3%	25.28	27.33	2.05	8%	-2				1.0	1.0		2.0	1.0	1.0	1.0		1.0	
32120	RE-EXPLORATION OF CHEST	090	647	700.5	53.5	8%	14.39	17.16	2.77	19%	-3					1.5		8.0			1.0		2.5	
32124	EXPLORE CHEST FREE ADHESIONS	090	696	744.5	48.5	7%	15.45	17.98	2.53	16%	-3					1.5		7.0			1.0		2.5	
32140	REMOVAL OF LUNG LESION(S)	090	664	712.5	48.5	7%	16.66	19.19	2.53	15%	-3					1.5		7.0			1.0		2.5	
32141	REMOVE/TREAT LUNG LESIONS	090	673	662	-11	-2%	27.18	30.19	3.01	11%	0			1.0	1.0			1.0	4.0	3.0	1.0			
32150	REMOVAL OF LUNG LESION(S)	090	626	672	46	7%	16.82	19.23	2.41	14%	-3					1.5		6.5			1.0		2.5	
32151	REMOVE LUNG FOREIGN BODY	090	656	704.5	48.5	7%	16.94	19.47	2.53	15%	-3					1.5		7.0			1.0		2.5	
32160	OPEN CHEST HEART MASSAGE	090	788	832	44	6%	13.1	15.42	2.32	18%	-2					1.0		7.0			1.0		5.0	
32200	DRAIN OPEN LUNG LESION	090	691	758.5	67.5	10%	18.68	22.11	3.43	18%	-5					2.5		9.0			1.0		2.5	
32215	TREAT CHEST LINING	090	471	509.5	38.5	8%	13.05	15.10	2.05	16%	-3					1.5		5.0			1.0		1.0	
32220	RELEASE OF LUNG	090	722	756	34	5%	26.65	29.51	2.86	11%	-2			2.0	2.0	1.0		3.0	2.0		1.0		1.0	
32225	PARTIAL RELEASE OF LUNG	090	716	767	51	7%	16.75	19.40	2.65	16%	-3					1.5		7.5			1.0		2.5	
32310	REMOVAL OF CHEST LINING	090	516	559.5	43.5	8%	15.28	17.57	2.29	15%	-3					1.5		6.0			1.0		1.0	
32320	FREE/REMOVE CHEST LINING	090	735	765	30	4%	27.25	30.49	3.24	12%	-2			1.0	2.0	1.0		3.0	1.0	2.0	1.0		1.0	
32440	REMOVE LUNG PNEUMONECTOM	090	628	638	10	2%	27.28	29.55	2.27	8%	0			2.0	1.0			2.0	2.0	1.0	1.0		1.0	
32442	SLEEVE PNEUMONECTOMY	090	1035	1020	-15	-1%	56.47	60.79	4.32	8%	0				2.0			1.0	4.0	6.0	1.0			
32445	REMOVAL OF LUNG EXTRAPLEUR	090	1182	1180	-2	0%	63.84	68.89	5.05	8%	-4			1.0	1.0	2.0		1.0	4.0	6.0	1.0		1.0	
32480	PARTIAL REMOVAL OF LUNG	090	593	612	19	3%	25.82	28.13	2.31	9%	0			2.0	1.0			3.0	1.0	1.0	1.0		1.0	
32482	BILOBECTOMY	090	680	706	26	4%	27.44	29.95	2.51	9%	-2			1.0	1.0	1.0		3.0	1.0	1.0	1.0		1.0	
32484	SEGMENTECTOMY	090	561	561	0	0%	25.38	27.59	2.21	9%	0			1.0	1.0			1.0	2.0	2.0	1.0			
32486	SLEEVE LOBECTOMY	090	812	802	-10	-1%	42.88	46.09	3.21	7%	0			1.0	1.0			1.0	3.0	4.0	1.0			
32488	COMPLETION PNEUMONECTOMY	090	836	839	3	0%	42.99	46.42	3.43	8%	-2			1.0	1.0	1.0		1.0	2.0	4.0	1.0		1.0	
32491	LUNG VOLUME REDUCTION	090	887	1000	113	13%	25.24	31.65	6.41	25%	0				3.0			20.0	2.0		1.0			
32503	RESECT APICAL LUNG TUMOR	090	645	687	42	7%	31.74	34.48	2.74	9%	0			1.0	2.0			6.0	1.0		1.0			
32504	RESECT APICAL LUNG TUM/CHEST	090	705	747	42	6%	36.54	39.28	2.74	7%	0			1.0	2.0			6.0	1.0		1.0			
32505	WEDGE RESECT OF LUNG INITIAL	090	427	430	3	1%	15.75	17.56	1.81	11%	0			1.0	1.0			1.0	2.0	1.0	1.0			
32540	REMOVAL OF LUNG LESION	090	740	732	-8	-1%	30.35	33.89	3.54	12%	0			1.0	2.0			1.0	5.0	3.0	1.0			
32552	REMOVE LUNG CATHETER	010	82	84	2	2%	2.53	2.86	0.33	13%	0			1.0							0.5			
32601	THORACOSCOPY DIAGNOSTIC	000	193	189	-4	-2%	5.5	5.70	0.20	4%	0								1.0					
32607	THORACOSCOPY W/BX INFILTRAT	000	178	174	-4	-2%	5.5	5.70	0.20	4%	0								1.0					
32608	THORACOSCOPY W/BX NODULE	000	195	191	-4	-2%	6.84	7.04	0.20	3%	0								1.0					
32609	THORACOSCOPY W/BX PLEURA	000	178	174	-4	-2%	4.58	4.78	0.20	4%	0								1.0					
32650	THORACOSCOPY W/PLEURODESIS	090	290	304	14	5%	10.83	11.97	1.14	11%	0			2.0				2.0			1.0			
32651	THORACOSCOPY REMOVE CORTE	090	502	496	-6	-1%	18.78	20.79	2.01	11%	0			1.0	1.0			1.0	5.0		1.0			
32652	THORACOSCOPY REM TOTL CORT	090	645	648	3	0%	29.13	31.87	2.74	9%	0			1.0	2.0			1.0	3.0	2.0	1.0			
32653	THORACOSCOPY REMOV FB/FIBR	090	509	503	-6	-1%	18.17	20.18	2.01	11%	0			1.0	1.0			1.0	5.0		1.0			
32654	THORACOSCOPY CONTRL BLEEDIN	090	515	507	-8	-2%	20.52	23.13	2.61	13%	0			1.0	1.0			1.0	4.0	2.0	1.0			
32655	THORACOSCOPY RESECT BULLAE	090	425	427	2	0%	16.17	17.78	1.61	10%	0			1.0	1.0			1.0	3.0		1.0			
32656	THORACOSCOPY W/PLEURECTOM	090	377	401	24	6%	13.26	14.75	1.49	11%	0			1.0	1.0			3.0			1.0			
32658	THORACOSCOPY W/SAC FB REMO	090	330	339	9	3%	11.71	12.61	0.90	8%	0			2.0				1.0			1.0			
32659	THORACOSCOPY W/SAC DRAINAG	090	357	376	19	5%	11.94	13.19	1.25	10%	0			1.0	1.0			2.0			1.0			
32661	THORACOSCOPY W/PERICARD EX	090	300	309	9	3%	13.33	14.23	0.90	7%	0			2.0				1.0			1.0			
32662	THORACOSCOPY W/MEDIAST EXC	090	350	355	5	1%	14.99	15.96	0.97	6%	0			1.0	1.0				1.0		1.0			
32663	THORACOSCOPY W/LOBECTOMY	090	507	511	4	1%	24.64	26.65	2.01	8%	0			1.0	1.0			1.0	1.0	2.0	1.0			
32664	THORACOSCOPY W/ TH NRV EXC	090	330	339	9	3%	14.28	15.18	0.90	6%	0			2.0				1.0			1.0			
32665	THORACOSCOP W/ESOPH MUSC	090	512	511	-1	0%	21.53	23.54	2.01	9%	0			1.0	1.0			1.0	3.0	1.0	1.0			
32666	THORACOSCOPY W/WEDGE RESE	090	332	343	11	3%	14.5	15.91	1.41	10%	0			1.0	1.0			1.0		1.0	1.0			
32669	THORACOSCOPY REMOVE SEGME	090	502	506	4	1%	23.53	25.54	2.01	9%	0			1.0	1.0			1.0	1.0	2.0	1.0			
32670	THORACOSCOPY BILOBECTOMY	090	532	536	4	1%	28.52	30.53	2.01	7%	0			1.0	1.0			1.0	1.0	2.0	1.0			
32671	THORACOSCOPY PNEUMONECTO	090	602	606	4	1%	31.92	33.93	2.01	6%	0			1.0	1.0			1.0	1.0	2.0	1.0		1.0	
32672	THORACOSCOPY FOR LVRS	090	567	564	-3	-1%	27	29.61	2.61	10%	0			1.0	1.0			1.0	2.0	3.0	1.0			
32673	THORACOSCOPY W/THYMUS RES	090	447	454	7	2%	21.13	22.74	1.61	8%	0			1.0	1.0			1.0	1.0	1.0	1.0			
32800	REPAIR LUNG HERNIA	090	578	629	51	9%	15.71	18.36	2.65	17%	-3					1.5		7.5			1.0		1.0	
32810	CLOSE CHEST AFTER DRAINAGE	090	523	569	46	9%	14.95	17.36	2.41	16%	-3					1.5		6.5			1.0		1.0	
32815	CLOSE BRONCHIAL FISTULA	090	1147	1133	-14	-1%	50.03	55.68	5.65	11%	-4			1.0	1.0	2.0		1.0	7.0	6.0	1.0		1.0	
32820	RECONSTRUCT INJURED CHEST	090	854	894.5	40.5	5%	22.51	24.65	2.14	10%	-2				2.0	1.0		3.5			1.0		4.5	
32851	LUNG TRANSPLANT SINGLE	090	1165	1182	17	1%	59.64	63.04	3.40	6%	-3					1.0	1.0	1.0	3.0	3.0		1.0	3.0	1.0
32852	LUNG TRANSPLANT WITH BYPASS	090	1320	1330	10	1%	65.5	69.50	4.00	6%	-3					1.0	1.0	1.0	4.0	4.0		1.0	3.0	1.0
32853	LUNG TRANSPLANT DOUBLE	090	1440	1447	7	0%	84.48	88.88	4.40	5%	-3					1.0	1.0	1.0	4.0	5.0		1.0	3.0	1.0
32854	LUNG TRANSPLANT WITH BYPASS	090	1600	1596	-4	0%	90	95.20	5.20	6%	-3					1.0	1.0	1.0	6.0	6.0		1.0	3.0	1.0
32900	REMOVAL OF RIB(S)	090	821	872	51	6%	23.81	26.46	2.65	11%	-3					1.5		7.5			1.0		4.0	
32905	REVISE & REPAIR CHEST WALL	090	721	762	41	6%	23.29	25.46	2.17	9%	-3					1.5		5.5			1.0		2.5	
32906	REVISE & REPAIR CHEST WALL	090	751	792	41	5%	29.3	31.47	2.17	7%	-3					1.5		5.5			1.0		2.5	
32940	REVISION OF LUNG	090	546	582	36	7%	21.34	23.27	1.93	9%	-3					1.5		4.5			1.0		1.5	
32997	TOTAL LUNG LAVAGE	000	424	435	11	3%	7.31	8.83	1.52	21%	0				2.0			1.0	2.0		1.0			
33020	INCISION OF HEART SAC	090	321	326	5	2%	14.31	15.70	1.39	10%	0				1.0			1.0	1.0	1.0	1.0			
33025	INCISION OF HEART SAC	090	301	310	9	3%	13.2	14.39	1.19	9%	0				1.0			1.0		1.0	1.0			
33030	PARTIAL REMOVAL OF HEART SAC	090	739	746	7	1%	36	38.41	2.41	7%	-2				1.0	1.0		1.0	2.0	2.0	1.0		2.0	
33031	PARTIAL REMOVAL OF HEART SAC	090	839	852	13	2%	45	47.84	2.84	6%	-2				1.0	1.0		1.0	2.0	3.0		1.0	2.0	

33050	RESECT HEART SAC LESION	090	623	666.5	43.5	7%	16.97	19.26	2.29	13%	-3					1.5		6.0			1.0		2.5	
33120	EXC ICAR TUM RESC W/CARD BYP	090	686	686	0	0%	38.45	40.53	2.08	5%	-2					1.0		1.0	2.0	2.0	1.0		1.0	
33130	RESCJ EXTERNAL CARDIAC TUMO	090	719	770	51	7%	24.17	26.82	2.65	11%	-3					1.5		7.5			1.0		2.5	
33140	HEART REVASCULARIZE (TMR)	090	621	622	1	0%	28.34	30.62	2.28	8%	-2					1.0		1.0	1.0	3.0	1.0		1.0	
33202	INSERT EPICARD ELTRD OPEN	090	301	309	8	3%	13.2	14.19	0.99	8%	0				1.0			1.0	1.0		1.0			
33203	INSERT EPICARD ELTRD ENDO	090	326	334	8	2%	13.97	14.96	0.99	7%	0				1.0			1.0	1.0		1.0			
33206	INSERT HEART PM ATRIAL	090	248.5	269	20.5	8%	7.14	8.34	1.20	17%	0				1.5			2.0			1.0			
33207	INSERT HEART PM VENTRICULAR	090	233.5	236.5	3	1%	7.8	8.55	0.75	10%	0				1.0				1.0		1.0			
33208	INSRT HEART PM ATRIAL & VENT	090	231	234	3	1%	8.52	9.27	0.75	9%	0				1.0				1.0		1.0			
33212	INSERT PULSE GEN SNGL LEAD	090	124	131	7	6%	5.01	5.45	0.44	9%	0				1.0						0.5			
33213	INSERT PULSE GEN DUAL LEADS	090	125	132	7	6%	5.28	5.72	0.44	8%	0				1.0						0.5			
33214	UPGRADE OF PACEMAKER SYSTEM	090	262	266	4	2%	7.59	8.03	0.44	6%	0			2.0										
33215	REPOSITION PACING-DEFIB LEAD	090	179	186	7	4%	4.92	5.60	0.68	14%	0			1.0				1.0			1.0			
33216	INSERT 1 ELECTRODE PM-DEFIB	090	262	266	4	2%	5.62	6.06	0.44	8%	0			2.0										
33217	INSERT 2 ELECTRODE PM-DEFIB	090	262	266	4	2%	5.59	6.03	0.44	8%	0			2.0										
33218	REPAIR LEAD PACE-DEFIB ONE	090	246	260	14	6%	5.82	6.48	0.66	11%	0				2.0									
33220	REPAIR LEAD PACE-DEFIB DUAL	090	276	290	14	5%	5.9	6.56	0.66	11%	0				2.0									
33221	INSERT PULSE GEN MULT LEADS	090	129	136	7	5%	5.55	5.99	0.44	8%	0				1.0						0.5			
33222	RELOCATION POCKET PACEMAKE	090	275	281	6	2%	4.85	5.51	0.66	14%	0			3.0										
33223	RELOCATE POCKET FOR DEFIB	090	230	234	4	2%	6.3	6.74	0.44	7%	0			2.0										
33224	INSERT PACING LEAD & CONNECT	000	204	204	0	0%	9.04	9.15	0.11	1%	0										0.5			
33226	REPOSITION L VENTRIC LEAD	000	189	189	0	0%	8.68	8.79	0.11	1%	0										0.5			
33227	REMOVE&REPLACE PM GEN SING	090	124	131	7	6%	5.25	5.69	0.44	8%	0				1.0						0.5			
33228	REMV&REPLC PM GEN DUAL LEA	090	129	136	7	5%	5.52	5.96	0.44	8%	0				1.0						0.5			
33229	REMV&REPLC PM GEN MULT LEA	090	139	146	7	5%	5.79	6.23	0.44	8%	0				1.0						0.5			
33230	INSRT PULSE GEN W/DUAL LEADS	090	150	157	7	5%	6.07	6.51	0.44	7%	0				1.0						0.5			
33231	INSRT PULSE GEN W/MULT LEADS	090	150	157	7	5%	6.34	6.78	0.44	7%	0				1.0						0.5			
33233	REMOVAL OF PM GENERATOR	090	150	154	4	3%	3.14	3.58	0.44	14%	0			2.0										
33234	REMOVAL OF PACEMAKER SYSTEI	090	292	296	4	1%	7.66	8.10	0.44	6%	0			2.0										
33235	REMOVAL PACEMAKER ELECTROI	090	390	420	30	8%	9.9	11.28	1.38	14%	-2						2.0							
33236	REMOVE ELECTRODE/THORACOT	090	346	372	26	8%	12.73	14.57	1.84	14%	0			3.0				4.0			1.0			
33237	REMOVE ELECTRODE/THORACOT	090	456	487	31	7%	13.84	15.92	2.08	15%	0			3.0				5.0			1.0			
33238	REMOVE ELECTRODE/THORACOT	090	472	505	33	7%	15.4	17.70	2.30	15%	0			4.0				5.0			1.0			
33240	INSRT PULSE GEN W/SINGL LEAD	090	135	142	7	5%	5.8	6.24	0.44	8%	0				1.0						0.5			
33241	REMOVE PULSE GENERATOR	090	171	173	2	1%	3.04	3.26	0.22	7%	0			1.0										
33243	REMOVE ELTRD/THORACOTOMY	090	537	583	46	9%	23.57	25.98	2.41	10%	0				3.0			5.0			1.0			
33244	REMOVE ELCTRD TRANSVENOUSL	090	310	320	10	3%	13.74	14.84	1.10	8%	0			5.0										
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	090	239	260	21	9%	14.92	15.91	0.99	7%	0				3.0									
33250	ABLATE HEART DYSRHYTHM FOCU	090	983	1034	51	5%	25.9	28.55	2.65	10%	-3					1.5		7.5			1.0		5.0	
33251	ABLATE HEART DYSRHYTHM FOCU	090	1001	1052	51	5%	28.92	31.57	2.65	9%	-3					1.5		7.5			1.0		5.0	
33254	ABLATE ATRIA LMTD	090	416	433	17	4%	23.71	25.12	1.41	6%	-2				1.0	1.0		1.0	1.0		1.0			
33255	ABLATE ATRIA W/O BYPASS EXT	090	516	529	13	3%	29.04	30.65	1.61	6%	-2				1.0	1.0		1.0	2.0		1.0			
33256	ABLATE ATRIA W/BYPASS EXTEN	090	646	655	9	1%	34.9	36.71	1.81	5%	-2				1.0	1.0		1.0	3.0		1.0		1.0	
33257	ABLATE ATRIA LMTD ADD-ON	ZZZ	180.35	185.52	5.17	3%	9.63	10.31	0.68	7%	0				1.0					0.6	0.5		0.6	
33258	ABLATE ATRIA X10SV ADD-ON	ZZZ	190.3	196.28	5.98	3%	11	11.58	0.58	5%	0				1.0					0.3	0.5		0.8	
33259	ABLATE ATRIA W/BYPASS ADD-ON	ZZZ	222.75	234.92	12.17	5%	14.14	15.15	1.01	7%	0				2.0					0.6	0.5		0.7	
33261	ABLATE HEART DYSRHYTHM FOCU	090	1004	1055	51	5%	28.92	31.57	2.65	9%	-3					1.5		7.5			1.0		5.0	
33262	RMVL& REPLC PULSE GEN 1 LEAD	090	150	157	7	5%	5.81	6.25	0.44	8%	0				1.0						0.5			
33263	RMVL & RPLCMT DFB GEN 2 LEAD	090	150	157	7	5%	6.08	6.52	0.44	7%	0				1.0						0.5			
33264	RMVL & RPLCMT DFB GEN MLT L	090	150	157	7	5%	6.35	6.79	0.44	7%	0				1.0						0.5			
33265	ABLATE ATRIA LMTD ENDO	090	446	463	17	4%	23.71	25.12	1.41	6%	-2				1.0	1.0		1.0	1.0		1.0			
33266	ABLATE ATRIA X10SV ENDO	090	536	549	13	2%	33.04	34.65	1.61	5%	-2				1.0	1.0		1.0	2.0		1.0			
33267	EXCL LAA OPEN ANY METHOD	090	401	400	-1	0%	18.5	19.45	0.95	5%	0				1.0				2.0		1.0		1.0	
33269	EXCL LAA THRSCP ANY METHOD	090	323	323	0	0%	14.31	15.46	1.15	8%	0				1.0				1.0	1.0	1.0			
33270	INS/REP SUBQ DEFIBRILLATOR	090	232	241	9	4%	9.1	9.74	0.64	7%	-2					1.0					1.0			
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	090	202	211	9	4%	7.5	8.14	0.64	9%	-2					1.0					1.0			
33272	RMVL OF SUBQ DEFIBRILLATOR	090	151	158	7	5%	5.42	5.86	0.44	8%	0				1.0						0.5			
33273	REPOS PREV IMPLTBL SUBQ DFB	090	202	211	9	4%	6.5	7.14	0.64	10%	-2					1.0					1.0			
33274	TCAT INSJ/RPL PERM LDLS PM	090	173	180	7	4%	7.8	8.24	0.44	6%	0				1.0						0.5			
33275	TCAT RMVL PERM LDLS PM W/IM	090	188	195	7	4%	8.59	9.03	0.44	5%	0				1.0						0.5			
33276	INSJ PHRNC NRV STIM SYS	090	253	262	9	4%	9.5	10.03	0.53	6%	-2					1.0					0.5			
33278	RMVL PHRNC NRV STIM SYS	090	239	246	7	3%	9.55	9.99	0.44	5%	0				1.0						0.5			
33279	RMVL PHRNC NRV STIM TRANSVI	090	239	246	7	3%	5.42	5.86	0.44	8%	0				1.0						0.5			
33280	RMVL PHRNC NRV STIM PG ONLY	090	155	162	7	5%	3.04	3.48	0.44	14%	0				1.0						0.5			
33281	REPOSG PHRNC NRV STIM TRNSV	090	246	255	9	4%	6	6.53	0.53	9%	-2					1.0					0.5			
33287	RMV&RPLCMT PHRNC NRV STIM	090	177	186	9	5%	6.05	6.58	0.53	9%	-2					1.0					0.5			
33288	RMV&RPLCMT PHRNC NRV STIM	090	256	265	9	4%	8.51	9.04	0.53	6%	-2					1.0					0.5			
33300	REPAIR OF HEART WOUND	090	859	853	-6	-1%	44.97	47.85	2.88	6%	-2					1.0		1.0	2.0	4.0	1.0		3.0	1.0
33305	REPAIR OF HEART WOUND	090	1251	1245	-6	0%	76.93	79.81	2.88	4%	-2					1.0		1.0	2.0	4.0	1.0		6.0	2.0
33310	EXPLORATORY HEART SURGERY	090	532	575.5	43.5	8%	20.34	22.63	2.29	11%	-3					1.5		6.0			1.0		1.0	
33315	EXPLORATORY HEART SURGERY	090	621	625	4	1%	35	36.88	1.88	5%	-2					1.0		1.0	1.0	2.0	1.0		1.0	
33320	REPAIR MAJOR BLOOD VESSEL(S)	090	516.5	559.5	43	8%	18.54	20.82	2.28	12%	0				1.5			6.5			1.0		1.0	
33321	REPAIR MAJOR VESSEL	090	754	808	54	7%	20.81	23.61	2.80	13%	0				2.0			8.0			1.0			

33322	REPAIR MAJOR BLOOD VESSEL(S)	090	884	935	51	6%	24.42	27.07	2.65	11%	-3					1.5		7.5			1.0		4.5	
33330	INSERT MAJOR VESSEL GRAFT	090	916	969.5	53.5	6%	25.29	28.06	2.77	11%	-3					1.5		8.0			1.0		4.5	
33335	INSERT MAJOR VESSEL GRAFT	090	963	1019	56	6%	33.91	36.80	2.89	9%	-3					1.5		8.5			1.0		4.5	
33361	REPLACE AORTIC VALVE PERQ	000	275	275	0	0%	22.47	22.47	-	0%	0												1.0	
33362	REPLACE AORTIC VALVE OPEN	000	303	303	0	0%	24.54	24.54	-	0%	0												1.0	
33363	REPLACE AORTIC VALVE OPEN	000	300	300	0	0%	25.47	25.47	-	0%	0												1.0	
33364	REPLACE AORTIC VALVE OPEN	000	294	294	0	0%	25.97	25.97	-	0%	0												1.0	
33365	REPLACE AORTIC VALVE OPEN	000	320	320	0	0%	26.59	26.59	-	0%	0												1.0	
33366	TRCATH REPLACE AORTIC VALVE	000	320	320	0	0%	29.35	29.35	-	0%	0												1.0	
33390	VALVULOPLASTY AORTIC VALVE	090	622	625	3	0%	35	36.81	1.81	5%	0			1.0	1.0			1.0	2.0	1.0	1.0		1.0	
33391	VALVULOPLASTY AORTIC VALVE	090	676	686	10	1%	41.5	43.51	2.01	5%	-2				1.0	1.0		1.0	2.0	1.0	1.0		1.0	
33404	PREPARE HEART-AORTA CONDUIT	090	846	899.5	53.5	6%	31.37	34.14	2.77	9%	-3					1.5		8.0			1.0		2.5	
33405	REPLACEMENT AORTIC VALVE OP	090	768	772	4	1%	41.32	44.13	2.81	7%	-2				1.0	1.0		1.0	2.0	3.0	1.0		1.0	
33406	REPLACEMENT AORTIC VALVE OP	090	853	857	4	0%	52.68	55.49	2.81	5%	-2				1.0	1.0		1.0	2.0	3.0	1.0		1.0	
33410	REPLACEMENT AORTIC VALVE OP	090	800	804	4	0%	46.41	49.22	2.81	6%	-2				1.0	1.0		1.0	2.0	3.0	1.0		1.0	
33411	REPLACEMENT OF AORTIC VALVE	090	1059	1052	-7	-1%	62.07	65.68	3.61	6%	-2				1.0	1.0		1.0	4.0	4.0	1.0		2.0	
33412	REPLACEMENT OF AORTIC VALVE	090	866	867	1	0%	59	61.28	2.28	4%	-2					1.0		1.0	1.0	3.0	1.0		2.0	
33413	REPLACEMENT OF AORTIC VALVE	090	898	906	8	1%	59.87	62.48	2.61	4%	-2				1.0	1.0		1.0	1.0	3.0	1.0		2.0	
33414	REPAIR OF AORTIC VALVE	090	763	764	1	0%	39.37	41.65	2.28	6%	-2					1.0		1.0	1.0	3.0	1.0		1.0	
33415	REVISION SUBVALVULAR TISSUE	090	679	679	0	0%	37.27	39.35	2.08	6%	-2					1.0		1.0	2.0	2.0	1.0		1.0	
33416	REVISE VENTRICLE MUSCLE	090	664	683	19	3%	36.56	38.61	2.05	6%	-2				1.0	1.0		2.0	1.0	1.0	1.0		1.0	
33417	REPAIR OF AORTIC VALVE	090	750	780.5	30.5	4%	29.33	30.99	1.66	6%	-4					2.0		2.5			1.0		2.5	
33418	REPAIR TCAT MITRAL VALVE	090	561	580	19	3%	32.25	33.74	1.49	5%	-4					2.0			2.0			1.0	1.0	
33420	REVISION OF MITRAL VALVE	090	761	814.5	53.5	7%	25.79	28.56	2.77	11%	-3					1.5		8.0			1.0		3.0	
33422	REVISION OF MITRAL VALVE	090	892	943	51	6%	29.73	32.38	2.65	9%	-3					1.5		7.5			1.0		4.5	
33425	REPAIR OF MITRAL VALVE	090	880	881	1	0%	49.96	53.17	3.21	6%	-2				1.0	1.0		1.0	2.0	4.0	1.0		1.0	
33426	REPAIR OF MITRAL VALVE	090	776	780	4	1%	43.28	46.09	2.81	6%	-2				1.0	1.0		1.0	2.0	3.0	1.0		1.0	
33427	REPAIR OF MITRAL VALVE	090	737	744	7	1%	44.83	47.24	2.41	5%	-2				1.0	1.0		1.0	2.0	2.0	1.0		1.0	
33430	REPLACEMENT OF MITRAL VALVE	090	913	933	20	2%	50.93	54.10	3.17	6%	-2				2.0	1.0		1.0	2.0	3.0		1.0	2.0	
33440	RPLCMT A-VALVE TLCJ AUTOL PV	090	998	996	-2	0%	64	66.92	2.92	5%	-2					1.0		2.0	3.0	3.0	1.0		2.0	
33460	REVISION OF TRICUSPID VALVE	090	877	867	-10	-1%	44.7	47.78	3.08	7%	-2					1.0		1.0	3.0	4.0	1.0		2.0	
33463	VALVULOPLASTY TRICUSPID	090	1127	1108	-19	-2%	57.08	61.29	4.21	7%	-2				1.0	1.0		1.0	7.0	4.0	1.0		2.0	
33464	VALVULOPLASTY TRICUSPID	090	871	868	-3	0%	44.62	48.03	3.41	8%	-2				1.0	1.0		1.0	3.0	4.0	1.0		1.0	
33465	REPLACE TRICUSPID VALVE	090	972	964	-8	-1%	50.72	54.13	3.41	7%	-2				1.0	1.0		1.0	5.0	3.0	1.0		2.0	
33468	REVISION OF TRICUSPID VALVE	090	806	807	1	0%	45.13	47.41	2.28	5%	-2					1.0		1.0	1.0	3.0	1.0		2.0	
33474	REVISION OF PULMONARY VALVE	090	738	745	7	1%	39.4	41.81	2.41	6%	-2				1.0	1.0		1.0	2.0	2.0	1.0		1.0	
33475	REPLACEMENT PULMONARY VAL	090	750	757	7	1%	42.4	44.81	2.41	6%	-2				1.0	1.0		1.0	2.0	2.0	1.0		1.0	
33476	REVISION OF HEART CHAMBER	090	859	877	18	2%	26.57	27.63	1.06	4%	-4					2.0					1.0		5.0	
33478	REVISION OF HEART CHAMBER	090	882	900	18	2%	27.54	28.60	1.06	4%	-4					2.0					1.0		5.0	
33496	REPAIR PROSTH VALVE CLOT	090	881	887	6	1%	29.84	32.29	2.45	8%	-2				1.0	1.0		2.0	5.0		1.0			
33500	REPAIR HEART VESSEL FISTULA	090	690	736	46	7%	27.94	30.35	2.41	9%	-3					1.5		6.5			1.0		2.0	
33501	REPAIR HEART VESSEL FISTULA	090	411	419	8	2%	19.51	21.56	2.05	11%	0			1.0	1.0			2.0	2.0	1.0	1.0			
33502	CORONARY ARTERY CORRECTION	090	688	718.5	30.5	4%	21.85	23.51	1.66	8%	-4					2.0		2.5			1.0		2.5	
33503	CORONARY ARTERY GRAFT	090	838	895.5	57.5	7%	22.51	25.43	2.92	13%	-2						2.0	5.5			1.0		2.5	
33504	CORONARY ARTERY GRAFT	090	789	829.5	40.5	5%	25.46	27.60	2.14	8%	-4					2.0		4.5			1.0		2.5	
33505	REPAIR ARTERY W/TUNNEL	090	678	727	49	7%	38.4	41.51	3.11	8%	0				1.0			9.0		1.0	1.0		1.0	
33506	REPAIR ARTERY TRANSLOCATION	090	678	727	49	7%	37.85	40.96	3.11	8%	0				1.0			9.0		1.0	1.0		1.0	
33507	REPAIR ART INTRAMURAL	090	563.5	576.5	13	2%	31.4	32.63	1.23	4%	0				1.0			2.0	1.0		1.0		1.0	
33510	CABG VEIN SINGLE	090	718	717	-1	0%	34.98	37.68	2.70	8%	-2			1.0		1.0		1.0	2.0	3.0	1.0		1.0	
33511	CABG VEIN TWO	090	750	749	-1	0%	38.45	41.15	2.70	7%	-2			1.0		1.0		1.0	2.0	3.0	1.0		1.0	
33512	CABG VEIN THREE	090	832	828	-4	0%	43.98	47.08	3.10	7%	-2			1.0		1.0		1.0	2.0	4.0	1.0		1.0	
33513	CABG VEIN FOUR	090	850	846	-4	0%	45.37	48.47	3.10	7%	-2			1.0		1.0		1.0	2.0	4.0	1.0		1.0	
33514	CABG VEIN FIVE	090	867	863	-4	0%	48.08	51.18	3.10	6%	-2			1.0		1.0		1.0	2.0	4.0	1.0		1.0	
33516	CABG VEIN SIX OR MORE	090	883	879	-4	0%	49.76	52.86	3.10	6%	-2			1.0		1.0		1.0	2.0	4.0	1.0		1.0	
33517	CABG ARTERY-VEIN SINGLE	ZZZ	53.5	52.6	-0.9	-2%	3.61	3.73	0.12	3%	0									0.3			0.2	
33518	CABG ARTERY-VEIN TWO	ZZZ	112.6	110.56	-2.04	-2%	7.93	8.20	0.27	3%	0									0.7			0.4	
33519	CABG ARTERY-VEIN THREE	ZZZ	139.8	137.52	-2.28	-2%	10.49	10.79	0.30	3%	0									0.8			0.4	
33521	CABG ARTERY-VEIN FOUR	ZZZ	158.05	155.68	-2.37	-1%	12.59	12.91	0.32	3%	0									0.8			0.4	
33522	CABG ARTERY-VEIN FIVE	ZZZ	174.45	171.72	-2.73	-2%	14.14	14.50	0.36	3%	0									0.9			0.3	
33523	CABG ART-VEIN SIX OR MORE	ZZZ	193	190	-3	-2%	16.08	16.48	0.40	2%	0									1.0			0.4	
33533	CABG ARTERIAL SINGLE	090	682	685	3	0%	33.75	36.25	2.50	7%	-2			1.0		1.0		1.0	1.0	3.0	1.0		1.0	
33534	CABG ARTERIAL TWO	090	717	720	3	0%	39.88	42.38	2.50	6%	-2			1.0		1.0		1.0	1.0	3.0	1.0		1.0	
33535	CABG ARTERIAL THREE	090	755	758	3	0%	44.75	47.25	2.50	6%	-2			1.0		1.0		1.0	1.0	3.0	1.0		1.0	
33536	CABG ARTERIAL FOUR OR MORE	090	783	786	3	0%	48.43	50.93	2.50	5%	-2			1.0		1.0		1.0	1.0	3.0	1.0		1.0	
33542	REMOVAL OF HEART LESION	090	848	852	4	0%	48.21	51.02	2.81	6%	-2				1.0	1.0		1.0	2.0	3.0	1.0		2.0	
33545	REPAIR OF HEART DAMAGE	090	939	953	14	1%	57.06	60.10	3.04	5%	-2				1.0	1.0		1.0	1.0	4.0		1.0	2.0	1.0
33548	RESTORE/REMODEL VENTRICLE	090	928	948	20	2%	54.14	57.31	3.17	6%	-2				2.0	1.0		1.0	2.0	3.0		1.0	2.0	1.0
33600	CLOSURE OF VALVE	090	628	676	48	8%	30.31	32.81	2.50	8%	-4					2.0		6.0			1.0			
33602	CLOSURE OF VALVE	090	628	676	48	8%	29.34	31.84	2.50	9%	-4					2.0		6.0			1.0			
33606	ANASTOMOSIS/ARTERY-AORTA	090	728	786	58	8%	31.53	34.51	2.98	9%	-4					2.0		8.0			1.0			
33608	REPAIR ANOMALY W/CONDUIT	090	668	711	43	6%	31.88	34.14	2.26	7%	-4					2.0		5.0			1.0			
33610	REPAIR BY ENLARGEMENT	090	648	701	53	8%	31.4	34.14	2.74	9%	-4					2.0		7.0			1.0			
33611	REPAIR DOUBLE VENTRICLE	090	673	732	59	9%	35.57	38.61	3.04	9%	-2					1.0		10.0			1.0			

33612	REPAIR DOUBLE VENTRICLE	090	673	732	59	9%	36.57	39.61	3.04	8%	-2					1.0		10.0			1.0			
33615	REPAIR MODIFIED FONTAN	090	696	762	66	9%	35.89	39.26	3.37	9%	-2				1.0	1.0		10.0			1.0			
33617	REPAIR SINGLE VENTRICLE	090	811	868	57	7%	39.09	42.42	3.33	9%	-2				1.0	1.0		9.0	1.0		1.0			
33619	REPAIR SINGLE VENTRICLE	090	1039	1058	19	2%	48.76	52.90	4.14	8%	-12		5.0	1.0		1.0		7.0	6.0	1.0	1.0			
33620	APPLY R&L PULM ART BANDS	090	609	630	21	3%	30	32.55	2.55	9%	0				1.0			5.0	2.0	1.0	1.0		1.0	
33621	TRANSTHOR CATH FOR STENT	090	363.5	385.5	22	6%	16.18	17.23	1.05	6%	0				1.0			3.0					1.0	
33622	REDO COMPL CARDIAC ANOMALY	090	986	1017	31	3%	64	67.72	3.72	6%	-2					1.0		7.0	1.0	3.0	1.0		2.0	
33641	REPAIR HEART SEPTUM DEFECT	090	562	569	7	1%	29.58	31.06	1.48	5%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33645	REVISION OF HEART VEINS	090	546	553	7	1%	31.3	32.78	1.48	5%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33647	REPAIR HEART SEPTUM DEFECTS	090	614	618	4	1%	33	34.88	1.88	6%	-2					1.0		1.0	1.0	2.0	1.0		1.0	
33660	REPAIR OF HEART DEFECTS	090	613	620	7	1%	31.83	33.31	1.48	5%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33665	REPAIR OF HEART DEFECTS	090	613	620	7	1%	34.85	36.33	1.48	4%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33670	REPAIR OF HEART CHAMBERS	090	626	645	19	3%	36.63	38.30	1.67	5%	0				1.0			3.0		1.0	1.0		1.0	
33675	CLOSE MULT VSD	090	628	644	16	3%	35.95	37.71	1.76	5%	-2					1.0		3.0	2.0		1.0		1.0	
33676	CLOSE MULT VSD W/RESECTION	090	658	674	16	2%	36.95	38.71	1.76	5%	-2					1.0		3.0	2.0		1.0		1.0	
33677	CL MULT VSD W/REM PUL BAND	090	688	704	16	2%	38.45	40.21	1.76	5%	-2					1.0		3.0	2.0		1.0		1.0	
33681	CLOSURE 1 VSD W/WO PATCH	090	506.5	559.5	53	10%	32.34	35.08	2.74	8%	-2				2.0	1.0		6.0			1.0			
33684	CLSR 1 VSD W/WO PATCH W/VLV	090	616	623	7	1%	34.37	35.85	1.48	4%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33688	CLSR 1VSD W/WO PTCH RMVL BN	090	628	635	7	1%	34.75	36.23	1.48	4%	-2					1.0		1.0	1.0	1.0	1.0		1.0	
33690	BANDING PULMONARY ARTERY	090	636	666.5	30.5	5%	20.36	22.02	1.66	8%	-4					2.0		2.5			1.0		2.5	
33692	COMP RPR TOF WO PULM ATRES	090	684	697	13	2%	36.15	38.31	2.16	6%	-2					1.0		3.0	2.0	1.0	1.0		1.0	
33694	CMP RPR TOF WO PLM ATRS PTC	090	718	777	59	8%	35.57	38.61	3.04	9%	-2					1.0		10.0			1.0			
33697	COMPL RPR TOF W/PULM ATRES	090	693	752	59	9%	37.57	40.61	3.04	8%	-2					1.0		10.0			1.0			
33702	REPAIR OF HEART DEFECTS	090	751	769.5	18.5	2%	27.24	28.33	1.09	4%	-2				1.0	1.0		0.5			1.0		3.5	
33710	REPAIR OF HEART DEFECTS	090	656	663	7	1%	37.5	38.98	1.48	4%	-2					1.0		1.0	1.0	1.0	1.0		2.0	
33720	REPAIR OF HEART DEFECT	090	770	786	16	2%	27.26	28.23	0.97	4%	-2				1.0	1.0					1.0		4.0	
33724	REPAIR VENOUS ANOMALY	090	559	574	15	3%	27.63	28.95	1.32	5%	-2					1.0		2.0	1.0		1.0		1.0	
33726	REPAIR PUL VENOUS STENOSIS	090	643	663	20	3%	37.12	38.68	1.56	4%	-2					1.0		3.0	1.0		1.0		1.0	
33730	REPAIR HEART-VEIN DEFECT(S)	090	671	737	66	10%	36.14	39.51	3.37	9%	-2				1.0	1.0		10.0			1.0			
33732	REPAIR HEART-VEIN DEFECT	090	578	621	43	7%	28.96	31.22	2.26	8%	-4					2.0		5.0			1.0			
33735	REVISION OF HEART CHAMBER	090	770	800.5	30.5	4%	22.2	23.86	1.66	7%	-4					2.0		2.5			1.0		3.5	
33736	REVISION OF HEART CHAMBER	090	548	591	43	8%	24.32	26.58	2.26	9%	-4					2.0		5.0			1.0			
33750	SHUNT SUBCLAVIAN TO PULM AR	090	722	750	28	4%	22.22	23.76	1.54	7%	-4					2.0		2.0			1.0		3.0	
33755	SHUNT AS-AORT TO PULM ART	090	750	775.5	25.5	3%	22.6	24.02	1.42	6%	-4					2.0		1.5			1.0		3.5	
33762	SHUNT DESC AORTA TO PULM AR	090	755	780.5	25.5	3%	22.6	24.02	1.42	6%	-4					2.0		1.5			1.0		3.5	
33764	SHUNT CENTRAL W/PROSTC GRA	090	750	775.5	25.5	3%	22.6	24.02	1.42	6%	-4					2.0		1.5			1.0		3.5	
33766	SHUNT SUPR V/C P-ART 1 LUNG	090	756	781.5	25.5	3%	23.57	24.99	1.42	6%	-4					2.0		1.5			1.0		3.5	
33767	SHUNT SUPR V/C P-ART BTH LNG	090	608	651	43	7%	25.3	27.56	2.26	9%	-4					2.0		5.0			1.0			
33770	RPR TGA W/O SURG ENLGMNT VS	090	696	716	20	3%	39.07	41.18	2.11	5%	0				1.0			4.0	1.0	1.0	1.0		1.0	
33771	RPR TGA W/SURG ENLGMNT VSD	090	716	736	20	3%	40.63	42.74	2.11	5%	0				1.0			4.0	1.0	1.0	1.0		1.0	
33774	RPR TGA ATRIAL BAFFLE PX	090	998	1024.5	26.5	3%	31.73	33.18	1.45	5%	-3					1.0	1.0	0.5			1.0		6.5	
33775	RPR TGA ATR BFL RMVL PLM BND	090	1043	1063.5	20.5	2%	32.99	34.17	1.18	4%	-4					2.0		0.5			1.0		6.5	
33776	RPR TGA ATR BFL CLSR VSD	090	1096	1133.5	37.5	3%	34.75	36.71	1.96	6%	-2						2.0	1.5			1.0		6.5	
33777	RPR TGA BFL RPR SBPULM OBSTR	090	993	1040.5	47.5	5%	34.17	36.61	2.44	7%	-2						2.0	3.5			1.0		4.5	
33778	RPR TGA AORTIC PULM ART RCNS	090	838.5	887.5	49	6%	42.75	46.48	3.73	9%	-2				1.0	1.0		9.0	3.0		1.0			
33779	RPR TGA RCNSTJ RMVL PLM BND	090	733	755	22	3%	43.23	45.43	2.20	5%	-2					1.0		4.0	1.0	1.0	1.0		1.0	
33780	RPR TGA RCNSTJ CLSR VSD	090	731	760	29	4%	43.9	46.29	2.39	5%	0				1.0			6.0	2.0		1.0		1.0	
33781	RPR TGA RCNSTJ RPR SBPL OBST	090	738	767	29	4%	43.21	45.60	2.39	6%	0				1.0			6.0	2.0		1.0		1.0	
33782	NIKAIDOH PROC	090	866	867	1	0%	60.08	62.36	2.28	4%	-2					1.0		1.0	1.0	3.0	1.0		2.0	
33783	NIKAIDOH PROC W/OSTIA IMPLT	090	926	927	1	0%	65.08	67.36	2.28	4%	-2					1.0		1.0	1.0	3.0	1.0		2.0	
33786	REPAIR ARTERIAL TRUNK	090	838.5	892.5	54	6%	41.87	45.84	3.97	9%	-2				1.0	1.0		10.0	3.0		1.0			
33788	REVISION OF PULMONARY ARTER	090	736	766.5	30.5	4%	27.42	29.08	1.66	6%	-4					2.0		2.5			1.0		2.5	
33800	AORTIC SUSPENSION	090	375	386	11	3%	17.28	18.61	1.33	8%	0				1.0			2.0	1.5		1.0			
33802	DIVISION ABERRANT VESSEL	090	556	584.5	28.5	5%	18.37	19.94	1.57	9%	-2				1.0	1.0		2.5			1.0		1.5	
33803	DIV ABERRANT VSL W/REANAST	090	586	614.5	28.5	5%	20.31	21.88	1.57	8%	-2				1.0	1.0		2.5			1.0		1.5	
33814	OBLTRJ A-PULM SEP DEF W/BYP	090	838	856	18	2%	26.57	27.63	1.06	4%	-4					2.0					1.0		5.0	
33820	REPAIR PDA BY LIGATION	090	414	428	14	3%	16.69	17.57	0.88	5%	-2					1.0		1.0			1.0		1.0	
33822	REPAIR PDA DIV	090	463	472	9	2%	17.71	18.35	0.64	4%	-2					1.0					1.0		2.0	
33824	REPAIR PDA DIV 18 YRS&OLDER	090	615	633.5	18.5	3%	20.23	21.32	1.09	5%	-2				1.0	1.0		0.5			1.0		2.5	
33840	EXC COA W/DIRECT ANASTOMOS	090	639	662.5	23.5	4%	21.34	22.67	1.33	6%	-2				1.0	1.0		1.5			1.0		2.5	
33845	EXCISION COA W/GRAFT	090	726	749	23	3%	22.93	24.23	1.30	6%	-4					2.0		1.0			1.0		3.0	
33851	EXC COA RPR L SUBCL ART/PRST	090	700	726	26	4%	21.98	23.43	1.45	7%	-2				1.0	1.0		2.0			1.0		3.0	
33852	RPR HYPOPL A-ARCH WO BYP	090	719	745	26	4%	24.41	25.86	1.45	6%	-2				1.0	1.0		2.0			1.0		3.0	
33853	RPR HYPOPL A-ARCH W/BYP	090	668	726	58	9%	32.51	35.49	2.98	9%	-4					2.0		8.0			1.0			
33858	AS-AORT GRF F/AORTIC DSJ	090	911	922	11	1%	63.4	65.61	2.21	3%	-2				1.0	1.0		1.0	1.0	2.0	1.0		3.0	
33859	AS-AORT GRF F/DS OTH/THN DSJ	090	778	782	4	1%	45.13	47.01	1.88	4%	-2					1.0		1.0	1.0	2.0	1.0		2.0	
33863	ASCENDING AORTIC GRAFT	090	838	842	4	0%	58.79	60.67	1.88	3%	-2					1.0		1.0	1.0	2.0	1.0		2.0	
33864	ASCENDING AORTIC GRAFT	090	838	842	4	0%	60.08	61.96	1.88	3%	-2					1.0		1.0	1.0	2.0	1.0		2.0	
33871	TRANSVRS A-ARCH GRF HYPTHRM	090	901	905	4	0%	60.88	62.76	1.88	3%	-2					1.0		1.0	1.0	2.0	1.0		2.0	
33875	THORACIC AORTIC GRAFT	090	993	1006	13	1%	50.72	53.56	2.84	6%	-2				1.0	1.0		1.0	2.0	3.0		1.0	3.0	
33877	THORACOABDOMINAL GRAFT	090	1110	1130	20	2%	69.03	72.20	3.17	5%	-2				2.0	1.0		1.0	2.0	3.0		1.0	3.0	
33880	ENDOVASC TAA REPR INCL SUBCL	090	599	611	12	2%	34.58	36.30	1.72	5%	0				2.0			1.0	1.0	1.0	1.0			
33881	ENDOVASC TAA REPR W/O SUBCL	090	554	566	12	2%	29.58	31.30	1.72	6%	0				2.0			1.0	1.0	1.0	1.0			

33883	INSERT ENDOVASC PROSTH TAA	090	404	419	15	4%	21.09	22.41	1.32	6%	0				2.0			1.0	1.0		1.0			
33886	ENDOVASC PROSTH DELAYED	090	379	394	15	4%	18.09	19.41	1.32	7%	0				2.0			1.0	1.0		1.0			
33910	REMOVE LUNG ARTERY EMBOLI	090	889	893	4	0%	48.21	51.02	2.81	6%	-2				1.0	1.0		1.0	2.0	3.0	1.0		3.0	
33915	REMOVE LUNG ARTERY EMBOLI	090	858	904	46	5%	24.95	27.36	2.41	10%	-3					1.5		6.5			1.0		5.0	
33916	SURGERY OF GREAT VESSEL	090	1259	1258	-1	0%	78	82.05	4.05	5%	-2				1.0	1.0		2.0	3.0	5.0	1.0		3.0	1.0
33917	REPAIR PULMONARY ARTERY	090	608	651	43	7%	25.3	27.56	2.26	9%	-4					2.0		5.0			1.0			
33920	REPAIR PULMONARY ATRESIA	090	658	706	48	7%	32.74	35.24	2.50	8%	-4					2.0		6.0			1.0			
33922	TRANSECT PULMONARY ARTERY	090	546	587	41	8%	24.22	26.39	2.17	9%	-2				1.0	1.0		5.0			1.0			
33925	RPR PUL ART UNIFOCAL W/O CPB	090	641	665	24	4%	31.3	33.21	1.91	6%	0				1.0			4.0		1.0	1.0		1.0	
33926	REPR PUL ART UNIFOCAL W/CPB	090	846	891	45	5%	44.73	48.04	3.31	7%	0				1.0			9.0	1.0	1.0	1.0		1.0	
33935	TRANSPLANTATION HEART/LUNG	090	1713	1708	-5	0%	91.78	97.71	5.93	6%	-3				1.0	1.0	1.0	1.0	8.0	6.0		1.0	3.0	1.0
33945	TRANSPLANTATION OF HEART	090	1716	1745	29	2%	89.5	95.71	6.21	7%	-5				3.0	2.0	1.0	1.0	6.0	5.0		1.0	3.0	1.0
33951	ECMO/ECLS INSJ PRPH CANNULA	000	170	175	5	3%	8.15	8.39	0.24	3%	0							1.0						
33952	ECMO/ECLS INSJ PRPH CANNULA	000	158	163	5	3%	8.15	8.39	0.24	3%	0							1.0						
33953	ECMO/ECLS INSJ PRPH CANNULA	000	190	186	-4	-2%	9.11	9.31	0.20	2%	0								1.0					
33954	ECMO/ECLS INSJ PRPH CANNULA	000	178	174	-4	-2%	9.11	9.31	0.20	2%	0								1.0					
33955	ECMO/ECLS INSJ CTR CANNULA	000	250	250	0	0%	16	16.00	-	0%	0												1.0	
33956	ECMO/ECLS INSJ CTR CANNULA	000	250	250	0	0%	16	16.00	-	0%	0												1.0	
33957	ECMO/ECLS REPOS PERPH CNULA	000	130	135	5	4%	3.51	3.75	0.24	7%	0							1.0						
33958	ECMO/ECLS REPOS PERPH CNULA	000	118	123	5	4%	3.51	3.75	0.24	7%	0							1.0						
33959	ECMO/ECLS REPOS PERPH CNULA	000	130	135	5	4%	4.47	4.71	0.24	5%	0							1.0						
33962	ECMO/ECLS REPOS PERPH CNULA	000	118	123	5	4%	4.47	4.71	0.24	5%	0							1.0						
33963	ECMO/ECLS REPOS PERPH CNULA	000	183	180	-3	-2%	9	9.40	0.40	4%	0									1.0				
33964	ECMO/ECLS REPOS PERPH CNULA	000	195	192	-3	-2%	9.5	9.90	0.40	4%	0									1.0				
33965	ECMO/ECLS RMVL PERPH CANNU	000	130	135	5	4%	3.51	3.75	0.24	7%	0							1.0						
33966	ECMO/ECLS RMVL PRPH CANNUL	000	133	138	5	4%	4.5	4.74	0.24	5%	0							1.0						
33969	ECMO/ECLS RMVL PERPH CANNU	000	163	159	-4	-2%	5.22	5.42	0.20	4%	0								1.0					
33971	AORTIC CIRCULATION ASSIST	090	494	518	24	5%	11.99	13.35	1.36	11%	-2					1.0		3.0			1.0		3.0	
33974	REMOVE INTRA-AORTIC BALLOON	090	314	333	19	6%	15.03	16.15	1.12	7%	0				2.0			1.0			1.0			
33984	ECMO/ECLS RMVL PRPH CANNUL	000	153	149	-4	-3%	5.46	5.66	0.20	4%	0								1.0					
33985	ECMO/ECLS RMVL CTR CANNULA	000	200	197	-3	-2%	9.89	10.29	0.40	4%	0									1.0				
33986	ECMO/ECLS RMVL CTR CANNULA	000	205	202	-3	-1%	10	10.40	0.40	4%	0									1.0				
33988	INSERTION OF LEFT HEART VENT	000	250	250	0	0%	15	15.00	-	0%	0												1.0	
33989	REMOVAL OF LEFT HEART VENT	000	205	202	-3	-1%	9.5	9.90	0.40	4%	0									1.0				
34001	REMOVAL OF ARTERY CLOT	090	384	386	2	1%	17.88	19.36	1.48	8%	0				2.0				3.0		1.0			
34051	REMOVAL OF ARTERY CLOT	090	594	636.5	42.5	7%	16.99	19.56	2.57	15%	0			2.5				7.5			1.0		1.5	
34101	REMOVAL OF ARTERY CLOT	090	322	337	15	5%	10.93	12.38	1.45	13%	0			1.0	1.0			2.0	1.0		1.0			
34111	REMOVAL OF ARM ARTERY CLOT	090	307	322	15	5%	10.93	12.38	1.45	13%	0			1.0	1.0			2.0	1.0		1.0			
34151	REMOVAL OF ARTERY CLOT	090	508	531	23	5%	26.52	28.87	2.35	9%	0			2.0	1.0			4.0	2.0		1.0			
34201	REMOVAL OF ARTERY CLOT	090	422	438	16	4%	19.48	21.24	1.76	9%	0				2.0			2.0	2.0		1.0			
34203	REMOVAL OF LEG ARTERY CLOT	090	413	440	27	7%	17.86	19.88	2.02	11%	0			1.0	2.0			3.0	1.0		1.0			
34401	REMOVAL OF VEIN CLOT	090	503	526	23	5%	26.52	28.87	2.35	9%	0			2.0	1.0			4.0	2.0		1.0			
34421	REMOVAL OF VEIN CLOT	090	412	428	16	4%	13.37	15.26	1.89	14%	0			1.0	1.0			3.0	2.0		1.0			
34451	REMOVAL OF VEIN CLOT	090	533	556	23	4%	28.52	30.87	2.35	8%	0			2.0	1.0			4.0	2.0		1.0			
34471	REMOVAL OF VEIN CLOT	090	453	475	22	5%	21.11	23.02	1.91	9%	0			2.0	1.0			3.0	1.0		1.0			
34490	REMOVAL OF VEIN CLOT	090	367	387	20	5%	10.91	12.60	1.69	15%	0			1.0	1.0			3.0	1.0		1.0			
34501	REPAIR VALVE FEMORAL VEIN	090	393	405	12	3%	16.85	18.28	1.43	8%	0			2.0	1.0			1.0	1.0		1.0			
34502	RECONSTRUCT VENA CAVA	090	741	796	55	7%	28.07	30.90	2.83	10%	-4				1.0	2.0		6.0			1.0			
34510	TRANSPOSITION OF VEIN VALVE	090	448	465	17	4%	19.91	21.58	1.67	8%	0			2.0	1.0			2.0	1.0		1.0			
34520	CROSS-OVER VEIN GRAFT	090	443	465	22	5%	19.18	20.96	1.78	9%	0			1.0	2.0			2.0	1.0		1.0			
34530	LEG VEIN FUSION	090	436	460	24	6%	17.93	19.93	2.00	11%	0			2.0	2.0			2.0	1.0		1.0			
34701	EVASC RPR A-AO NDGFT	090	482	484	2	0%	23.71	25.08	1.37	6%	0			1.0	1.0				1.0	1.0	1.0			
34702	EVASC RPR A-AO NDGFT RPT	090	677	686	9	1%	36	38.63	2.63	7%	-2			1.0	1.0	1.0		1.0	2.0	2.0	1.0		1.0	
34703	EVASC RPR A-UNILAC NDGFT	090	507	509	2	0%	26.52	27.89	1.37	5%	0			1.0	1.0				1.0	1.0	1.0			
34704	EVASC RPR A-UNILAC NDGFT RPT	090	737	746	9	1%	45	47.63	2.63	6%	-2			1.0	1.0	1.0		1.0	2.0	2.0	1.0		1.0	
34705	EVAC RPR A-BIILIAC NDGFT	090	512	514	2	0%	29.58	30.95	1.37	5%	0			1.0	1.0				1.0	1.0	1.0			
34706	EVASC RPR A-BIILIAC RPT	090	735	744	9	1%	45	47.63	2.63	6%	-2			1.0	1.0	1.0		1.0	2.0	2.0	1.0		1.0	
34707	EVASC RPR ILIO-ILIAC NDGFT	090	482	484	2	0%	22.28	23.65	1.37	6%	0			1.0	1.0				1.0	1.0	1.0			
34708	EVASC RPR ILIO-ILIAC RPT	090	677	686	9	1%	36.5	39.13	2.63	7%	-2			1.0	1.0	1.0		1.0	2.0	2.0	1.0		1.0	
34710	DLYD PLMT XTN PROSTH 1ST VSL	090	397	407	10	3%	15	16.21	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
34712	TCAT DLVR ENHNCD FIXJ DEV	090	307	317	10	3%	12	13.21	1.21	10%	0			1.0	1.0			1.0	1.0		1.0			
34718	EVASC RPR N/A A-ILIAC NDGFT	090	477	479	2	0%	24	25.37	1.37	6%	0			1.0	1.0				1.0	1.0	1.0			
34830	OPEN AORTIC TUBE PROSTH REPR	090	665	682	17	3%	35.23	38.25	3.02	9%	0			1.0	2.0			3.0	2.0	2.0	1.0			
34831	OPEN AORTOILIAC PROSTH REPR	090	690	707	17	2%	37.98	41.00	3.02	8%	0			1.0	2.0			3.0	2.0	2.0	1.0			
34832	OPEN AORTOFEMOR PROSTH REP	090	710	727	17	2%	37.98	41.00	3.02	8%	0			1.0	2.0			3.0	2.0	2.0	1.0			
35001	REPAIR DEFECT OF ARTERY	090	568	617.5	49.5	9%	20.81	23.84	3.03	15%	0			3.5				8.5			1.0			
35002	REPAIR ARTERY RUPTURE NECK	090	592	644	52	9%	22.23	25.38	3.15	14%	0			3.5				9.0			1.0			
35005	REPAIR DEFECT OF ARTERY	090	551	600.5	49.5	9%	19.29	22.32	3.03	16%	0			3.5				8.5			1.0			
35011	REPAIR DEFECT OF ARTERY	090	357	376	19	5%	18.58	19.83	1.25	7%	0			1.0	1.0			2.0			1.0			
35013	REPAIR ARTERY RUPTURE ARM	090	433	455	22	5%	23.23	25.01	1.78	8%	0			1.0	2.0			2.0	1.0		1.0			
35021	REPAIR DEFECT OF ARTERY	090	745	797.5	52.5	7%	22.17	25.22	3.05	14%	0			2.5				9.5			1.0		2.5	
35022	REPAIR ARTERY RUPTURE CHEST	090	764	816.5	52.5	7%	25.7	28.75	3.05	12%	0			2.5				9.5			1.0		2.5	
35045	REPAIR DEFECT OF ARM ARTERY	090	329	342	13	4%	18.01	18.91	0.90	5%	0			0.5	1.0			1.0			1.0			

35081	REPAIR DEFECT OF ARTERY	090	677	693	16	2%	33.53	35.80	2.27	7%	-2			1.0	1.0	1.0		2.0	3.0		1.0		1.0	
35082	REPAIR ARTERY RUPTURE AORTA	090	792	810	18	2%	42.09	45.00	2.91	7%	-2			1.0	1.0	1.0		3.0	3.0	1.0	1.0		2.0	
35091	REPAIR DEFECT OF ARTERY	090	790	845	55	7%	35.35	38.21	2.86	8%	0							11.0			1.0		2.0	
35092	REPAIR ARTERY RUPTURE AORTA	090	1172	1179	7	1%	50.97	54.44	3.47	7%	-2			1.0	1.0	1.0		2.0	3.0	3.0	1.0		5.0	
35102	REPAIR DEFECT OF ARTERY	090	732	748	16	2%	36.53	38.80	2.27	6%	-2			1.0	1.0	1.0		2.0	3.0		1.0		1.0	
35103	REPAIR ARTERY RUPTURE AORTA	090	740	764	24	3%	43.62	46.28	2.66	6%	0			1.0	2.0			4.0	3.0		1.0		2.0	
35111	REPAIR DEFECT OF ARTERY	090	483	496	13	3%	26.28	28.15	1.87	7%	0			2.0	1.0			2.0	2.0		1.0			
35112	REPAIR ARTERY RUPTURE SPLEEN	090	690	708	18	3%	32.57	34.55	1.98	6%	0			1.0	2.0			2.0	2.0		1.0		2.0	
35121	REPAIR DEFECT OF ARTERY	090	563	586	23	4%	31.52	33.87	2.35	7%	0			2.0	1.0			4.0	2.0		1.0			
35122	REPAIR ARTERY RUPTURE BELLY	090	770	784	14	2%	37.89	40.07	2.18	6%	0			1.0	2.0			2.0	3.0		1.0		2.0	
35131	REPAIR DEFECT OF ARTERY	090	528	546	18	3%	26.4	28.51	2.11	8%	0			2.0	1.0			3.0	2.0		1.0			
35132	REPAIR ARTERY RUPTURE GROIN	090	655	673	18	3%	32.57	34.55	1.98	6%	0			1.0	2.0			2.0	2.0		1.0		2.0	
35141	REPAIR DEFECT OF ARTERY	090	427	442	15	4%	20.91	22.36	1.45	7%	0			1.0	1.0			2.0	1.0		1.0			
35142	REPAIR ARTERY RUPTURE THIGH	090	555	582	27	5%	25.16	27.18	2.02	8%	0			1.0	2.0			3.0	1.0		1.0		1.0	
35151	REPAIR DEFECT OF ARTERY	090	473	495	22	5%	23.72	25.63	1.91	8%	0			2.0	1.0			3.0	1.0		1.0			
35152	REPAIR RUPTD POPLITEAL ART	090	590	605	15	3%	27.66	30.04	2.38	9%	0			1.0	2.0			2.0	2.0	1.0	1.0			
35180	RPR CGEN AV FISTULA HEAD&NCI	090	500	541	41	8%	15.1	17.66	2.56	17%	0			3.0				7.0			1.0		1.0	
35182	RPR CGEN AV FISTULA THRX&ABI	090	553	572	19	3%	31.71	33.89	2.18	7%	0			1.0	2.0			2.0	1.0	1.0	1.0			
35184	RPR CGEN AV FISTULA XTR	090	413	424	11	3%	18.82	20.14	1.32	7%	0			1.5	1.0			1.0	1.0		1.0			
35188	RPR ACQ AV FISTULA HEAD&NECI	090	380	390	10	3%	18	19.21	1.21	7%	0			1.0	1.0			1.0	1.0		1.0			
35189	RPR ACQ AV FISTULA THRX&ABD	090	548	560.5	12.5	2%	29.98	32.24	2.26	8%	0			1.0	2.0			1.5	2.0	1.0	1.0			
35190	REPAIR ACQ AV FISTULA XTR	090	416	444.5	28.5	7%	13.42	15.38	1.96	15%	0			3.0				4.5			1.0			
35201	REPAIR BLOOD VESSEL DIR NECK	090	382	415.5	33.5	9%	16.93	19.13	2.20	13%	0			3.0				5.5			1.0			
35206	REPAIR BLOOD VESSEL DIR UXTR	090	282	301	19	7%	13.84	15.09	1.25	9%	0			1.0	1.0			2.0			1.0			
35207	RPR BLD VSL DIR HAND FINGER	090	376	409.5	33.5	9%	10.94	13.14	2.20	20%	0			3.0				5.5			1.0			
35211	RPR BLVSL DIR NTRATHRC W/BYP	090	806	856	50	6%	24.58	27.51	2.93	12%	0			2.5				9.0			1.0		2.5	
35216	RPR BLVSL DIR NTRTHRC WO BYP	090	658	677	19	3%	36.61	38.90	2.29	6%	-4		1.0		1.0	1.0		3.0	3.0		1.0		1.0	
35221	RPR BLD VSL DIR INTRA-ABDL	090	545	553	8	1%	26.62	28.67	2.05	8%	0			1.0	1.0			2.0	2.0	1.0	1.0		1.0	
35226	REPAIR BLOOD VESSEL DIR LXTR	090	327	337	10	3%	15.3	16.51	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
35231	REPAIR BLVSL VN GRF NECK	090	382	384	2	1%	21.16	22.53	1.37	6%	0			1.0	1.0				1.0	1.0	1.0			
35236	REPAIR BLVSL VN GRF UXTR	090	367	382	15	4%	18.02	19.47	1.45	8%	0			1.0	1.0			2.0	1.0		1.0			
35241	RPR BLVSL VN GRF NTRTHRC W/E	090	797	847	50	6%	25.58	28.51	2.93	11%	0			2.5				9.0			1.0		2.5	
35246	RPR BLVSL VN GRF NTRTHRC W/C	090	577	584	7	1%	28.23	29.84	1.61	6%	0			1.0	1.0			1.0	1.0	1.0	1.0		1.0	
35251	RPR BLVSL VN GRF INTRA-ABDL	090	532	540	8	2%	31.91	33.96	2.05	6%	0			1.0	1.0			2.0	2.0	1.0	1.0			
35256	REPAIR BLVSL VN GRF LXTR	090	347	371	24	7%	19.06	20.55	1.49	8%	0			1.0	1.0			3.0			1.0			
35261	RPR BLVSL GRF OTH/THN VN NCK	090	382	384	2	1%	18.96	20.33	1.37	7%	0			1.0	1.0				1.0	1.0	1.0			
35266	RPR BLVSL GRF OTH/TH VN UXTR	090	337	352	15	4%	15.83	17.28	1.45	9%	0			1.0	1.0			2.0	1.0		1.0			
35271	RPR BLVS GR OT/TH VN NTRTH W	090	778	828	50	6%	24.58	27.51	2.93	12%	0			2.5				9.0			1.0		2.5	
35276	RPR BLVS GR OT/T VN NTRTH WO	090	553.5	572	18.5	3%	25.83	27.45	1.62	6%	0			1.0	1.5			2.0	1.0		1.0		1.0	
35281	RPR BLVSL GR OT/TH VN NTR-AB	090	595	613	18	3%	30.06	32.04	1.98	7%	0			1.0	2.0			2.0	2.0		1.0		1.0	
35286	RPR BLVSL GRF OTH/TH VN LXTR	090	350	381	31	9%	17.19	19.01	1.82	11%	0			1.0	2.0			3.0			1.0			
35301	RECHANNELING OF ARTERY	090	404	411	7	2%	21.16	22.64	1.48	7%	0				2.0				1.0	1.0	1.0			
35302	RECHANNELING OF ARTERY	090	392	402	10	3%	21.35	22.56	1.21	6%	0			1.0	1.0			1.0	1.0		1.0			
35303	RECHANNELING OF ARTERY	090	392	402	10	3%	23.6	24.81	1.21	5%	0			1.0	1.0			1.0	1.0		1.0			
35304	RECHANNELING OF ARTERY	090	422	432	10	2%	24.6	25.81	1.21	5%	0			1.0	1.0			1.0	1.0		1.0			
35305	RECHANNELING OF ARTERY	090	402	412	10	2%	23.6	24.81	1.21	5%	0			1.0	1.0			1.0	1.0		1.0			
35311	RECHANNELING OF ARTERY	090	532	535	3	1%	28.6	30.41	1.81	6%	0			1.0	1.0			1.0	2.0	1.0	1.0			
35321	RECHANNELING OF ARTERY	090	337	356	19	6%	16.59	17.84	1.25	8%	0			1.0	1.0			2.0			1.0			
35331	RECHANNELING OF ARTERY	090	558	581	23	4%	27.72	30.07	2.35	8%	0			2.0	1.0			4.0	2.0		1.0			
35341	RECHANNELING OF ARTERY	090	549	596	47	9%	26.21	29.12	2.91	11%	0			3.5				8.0			1.0			
35351	RECHANNELING OF ARTERY	090	502	505	3	1%	24.61	26.42	1.81	7%	0			1.0	1.0			1.0	2.0	1.0	1.0			
35355	RECHANNELING OF ARTERY	090	457	473	16	4%	19.86	21.75	1.89	10%	0			1.0	1.0			3.0	2.0		1.0			
35361	RECHANNELING OF ARTERY	090	605	620	15	2%	30.24	32.62	2.38	8%	0			1.0	2.0			2.0	2.0	1.0	1.0			
35363	RECHANNELING OF ARTERY	090	655	675	20	3%	32.35	34.97	2.62	8%	0			1.0	2.0			3.0	2.0	1.0	1.0			
35371	RECHANNELING OF ARTERY	090	325	344	19	6%	15.31	16.56	1.25	8%	0			1.0	1.0			2.0			1.0			
35372	RECHANNELING OF ARTERY	090	347	366	19	5%	18.58	19.83	1.25	7%	0			1.0	1.0			2.0			1.0			
35501	ART BYP GRFT IPSILAT CAROTID	090	449	464	15	3%	29.09	30.41	1.32	5%	0				2.0			1.0	1.0		1.0			
35506	ART BYP GRFT SUBCLAV-CAROTID	090	452	464	12	3%	25.33	27.05	1.72	7%	0				2.0			1.0	1.0	1.0	1.0			
35508	ART BYP GRFT CAROTID-VERTBRL	090	404	419	15	4%	26.09	27.41	1.32	5%	0				2.0			1.0	1.0		1.0			
35509	ART BYP GRFT CONTRAL CAROTID	090	439	454	15	3%	28.09	29.41	1.32	5%	0				2.0			1.0	1.0		1.0			
35510	ART BYP GRFT CAROTID-BRCHIAL	090	497	508	11	2%	24.39	25.91	1.52	6%	0				2.0			1.0	2.0		1.0			
35511	ART BYP GRFT SUBCLAV-SUBCLAV	090	407	408	1	0%	22.2	23.37	1.17	5%	0			1.0	1.0				2.0		1.0			
35512	ART BYP GRFT SUBCLAV-BRCHIAL	090	462	473	11	2%	23.89	25.41	1.52	6%	0				2.0			1.0	2.0		1.0			
35515	ART BYP GRFT SUBCLAV-VERTBRL	090	414	429	15	4%	26.09	27.41	1.32	5%	0				2.0			1.0	1.0		1.0			
35516	ART BYP GRFT SUBCLAV-AXILARY	090	424	444	20	5%	24.21	25.77	1.56	6%	0				2.0			2.0	1.0		1.0			
35518	ART BYP GRFT AXILLARY-AXILRY	090	457	459	2	0%	22.65	24.26	1.61	7%	0			1.0	1.0			1.0	3.0		1.0			
35521	ART BYP GRFT AXILL-FEMORAL	090	530	540	10	2%	24.13	26.27	2.14	9%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35522	ART BYP GRFT AXILL-BRACHIAL	090	497	508	11	2%	23.15	24.67	1.52	7%	0				2.0			1.0	2.0		1.0			
35523	ART BYP GRFT BRCHL-ULNR-RDL	090	485	498	13	3%	24.13	25.87	1.74	7%	0			1.0	2.0			1.0	2.0		1.0			
35525	ART BYP GRFT BRACHIAL-BRCHL	090	415	430	15	4%	21.69	23.01	1.32	6%	0				2.0			1.0	1.0		1.0			
35526	ART BYP GRFT AOR/CAROT/INNO	090	562	565	3	1%	31.55	33.36	1.81	6%	0			1.0	1.0			1.0	2.0	1.0	1.0			
35531	ART BYP GRFT AORCEL/AORMESE	090	740	747	7	1%	39.11	41.65	2.54	6%	0			1.0	2.0			1.0	2.0	2.0	1.0		1.0	
35533	ART BYP GRFT AXILL/FEM/FEM	090	615	625	10	2%	29.92	32.06	2.14	7%	0			1.0	2.0			1.0	2.0	1.0	1.0			

35535	ART BYP GRFT HEPATORENAL	090	690	705	15	2%	38.13	40.51	2.38	6%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
35536	ART BYP GRFT SPLENORENAL	090	550	565	15	3%	33.73	36.11	2.38	7%	0			1.0	2.0			2.0	2.0	1.0	1.0			
35537	ART BYP GRFT AORTOILIAC	090	683	696	13	2%	41.88	43.62	1.74	4%	0			1.0	2.0			1.0	2.0		1.0		1.0	
35538	ART BYP GRFT AORTOBI-ILIAC	090	798	820	22	3%	47.03	49.19	2.16	5%	-2			1.0	2.0	1.0		1.0	2.0		1.0		1.0	
35539	ART BYP GRFT AORTOFEMORAL	090	720	738	18	2%	44.11	46.09	1.98	4%	0			1.0	2.0			2.0	2.0		1.0		1.0	
35540	ART BYP GRFT AORTBIFEMORAL	090	780	798	18	2%	49.33	51.31	1.98	4%	0			1.0	2.0			2.0	2.0		1.0		1.0	
35556	ART BYP GRFT FEM-POPLITEAL	090	586	605	19	3%	26.75	28.93	2.18	8%	0			1.0	2.0			2.0	1.0	1.0	1.0			
35558	ART BYP GRFT FEM-FEMORAL	090	530	540	10	2%	23.13	25.27	2.14	9%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35560	ART BYP GRFT AORTORENAL	090	590	605	15	3%	34.03	36.41	2.38	7%	0			1.0	2.0			2.0	2.0	1.0	1.0			
35563	ART BYP GRFT ILIOILIAC	090	535	545	10	2%	26.12	28.26	2.14	8%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35565	ART BYP GRFT ILIOFEMORAL	090	535	545	10	2%	25.13	27.27	2.14	9%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35566	ART BYP FEM-ANT-POST TIB/PRL	090	718	747	29	4%	32.35	35.00	2.65	8%	0			1.0	2.0			3.0	2.0	1.0		1.0		
35570	ART BYP TIBIAL-TIB/PERONEAL	090	667	683	16	2%	29.15	31.84	2.69	9%	0				3.0			2.0	3.0	1.0	1.0			
35571	ART BYP POP-TIBL-PRL-OTHER	090	510	542	32	6%	25.52	27.78	2.26	9%	0			1.0	2.0			4.0	1.0		1.0			
35583	VEIN BYP GRFT FEM-POPLITEAL	090	588	607	19	3%	27.75	29.93	2.18	8%	0			1.0	2.0			2.0	1.0	1.0	1.0			
35585	VEIN BYP FEM-TIBIAL PERONEAL	090	717	746	29	4%	32.35	35.00	2.65	8%	0			1.0	2.0			3.0	2.0	1.0		1.0		
35587	VEIN BYP POP-TIBL PERONEAL	090	523	555	32	6%	26.21	28.47	2.26	9%	0			1.0	2.0			4.0	1.0		1.0			
35601	ART BYP COMMON IPSI CAROTID	090	484	496	12	2%	27.09	28.81	1.72	6%	0				2.0			1.0	1.0	1.0	1.0			
35606	ART BYP CAROTID-SUBCLAVIAN	090	414	421	7	2%	22.46	23.94	1.48	7%	0				2.0				1.0	1.0	1.0			
35612	ART BYP SUBCLAV-SUBCLAVIAN	090	485	498	13	3%	20.35	22.09	1.74	9%	0			1.0	2.0			1.0	2.0		1.0			
35616	ART BYP SUBCLAV-AXILLARY	090	367	377	10	3%	21.82	23.03	1.21	6%	0			1.0	1.0			1.0	1.0		1.0			
35621	ART BYP AXILLARY-FEMORAL	090	412	432	20	5%	21.03	22.72	1.69	8%	0			1.0	1.0			3.0	1.0		1.0			
35623	ART BYP AXILLARY-POP-TIBIAL	090	475	485	10	2%	25.92	28.06	2.14	8%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35626	ART BYP AORSUBCL/CAROT/INNC	090	520	532	12	2%	29.14	30.99	1.85	6%	0			1.0	1.0			2.0	1.0	1.0	1.0			
35631	ART BYP AOR-CELIAC-MSN-RENAL	090	648	663	15	2%	36.03	38.41	2.38	7%	0			1.0	2.0			2.0	2.0	1.0	1.0			
35632	ART BYP ILIO-CELIAC	090	690	705	15	2%	36.13	38.51	2.38	7%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
35633	ART BYP ILIO-MESENTERIC	090	705	723	18	3%	39.11	41.09	1.98	5%	0			1.0	2.0			2.0	2.0		1.0		2.0	
35634	ART BYP ILIORENAL	090	680	695	15	2%	35.33	37.71	2.38	7%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
35636	ART BYP SPENORENAL	090	603	609	6	1%	31.75	34.09	2.34	7%	0			1.0	2.0			1.0	3.0	1.0	1.0			
35637	ART BYP AORTOILIAC	090	605	623	18	3%	33.05	35.03	1.98	6%	0			1.0	2.0			2.0	2.0		1.0		1.0	
35638	ART BYP AORTOBI-ILIAC	090	635	653	18	3%	33.6	35.58	1.98	6%	0			1.0	2.0			2.0	2.0		1.0		1.0	
35642	ART BYP CAROTID-VERTEBRAL	090	463	504	41	9%	18.94	21.50	2.56	14%	0			3.0				7.0			1.0			
35645	ART BYP SUBCLAV-VERTEBRL	090	463	504	41	9%	18.43	20.99	2.56	14%	0			3.0				7.0			1.0			
35646	ART BYP AORTOBIFEMORAL	090	645	662	17	3%	32.98	35.58	2.60	8%	-2			2.0		1.0		3.0	2.0	1.0	1.0			
35647	ART BYP AORTOFEMORAL	090	573	587	14	2%	29.73	32.04	2.31	8%	0			2.0	1.0			3.0	3.0		1.0			
35650	ART BYP AXILLARY-AXILLARY	090	382	384	2	1%	20.16	21.53	1.37	7%	0			1.0	1.0				1.0	1.0	1.0			
35654	ART BYP AXILL-FEM-FEMORAL	090	513	526	13	3%	26.28	28.15	1.87	7%	0			2.0	1.0			2.0	2.0		1.0			
35656	ART BYP FEMORAL-POPLITEAL	090	447	481	34	8%	20.47	22.44	1.97	10%	0			1.0	1.0			5.0			1.0			
35661	ART BYP FEMORAL-FEMORAL	090	440	467	27	6%	20.35	22.37	2.02	10%	0			1.0	2.0			3.0	1.0		1.0			
35663	ART BYP ILIOILIAC	090	503	513	10	2%	23.93	26.07	2.14	9%	0			1.0	2.0			1.0	2.0	1.0	1.0			
35665	ART BYP ILIOFEMORAL	090	480	507	27	6%	22.35	24.37	2.02	9%	0			1.0	2.0			3.0	1.0		1.0			
35666	ART BYP FEM-ANT-POST TIB/PRL	090	490	522	32	7%	23.66	25.92	2.26	10%	0			1.0	2.0			4.0	1.0		1.0			
35671	ART BYP POP-TIBL-PRL-OTHER	090	435	448	13	3%	20.77	22.51	1.74	8%	0			1.0	2.0			1.0	2.0		1.0			
35691	ART TRNSPOSJ VERTBRL CAROTID	090	417	433	16	4%	18.41	19.77	1.36	7%	0			3.0				2.0			1.0			
35693	ART TRNSPOSJ SUBCLAVIAN	090	372	388	16	4%	15.73	17.09	1.36	9%	0			3.0				2.0			1.0			
35694	ART TRNSPOSJ SUBCLAV CAROTID	090	456	472	16	4%	19.28	20.64	1.36	7%	0			3.0				2.0			1.0			
35695	ART TRNSPOSJ CAROTID SUBCLAV	090	532	535	3	1%	20.06	21.58	1.52	8%	0			3.0				1.0	2.0		1.0			
35701	EXPL N/FLWD SURG NECK ART	090	229	236	7	3%	7.5	8.18	0.68	9%	0			1.0				1.0			1.0			
35702	EXPL N/FLWD SURG UXTR ART	090	219	226	7	3%	7.12	7.80	0.68	10%	0			1.0				1.0			1.0			
35703	EXPL N/FLWD SURG LXTR ART	090	229	236	7	3%	7.5	8.18	0.68	9%	0			1.0				1.0			1.0			
35800	EXPLORE NECK VESSELS	090	336	345	9	3%	12	13.83	1.83	15%	0			2.0	1.0			1.0	1.0	1.0	1.0			
35820	EXPLORE CHEST VESSELS	090	799	787	-12	-2%	36.89	40.57	3.68	10%	-2					1.0		1.0	2.0	6.0	1.0		1.0	
35840	EXPLORE ABDOMINAL VESSELS	090	431	433	2	0%	20.75	23.18	2.43	12%	0			2.0	1.0			1.0	2.0	2.0	1.0			
35860	EXPLORE LIMB VESSELS	090	406	411	5	1%	15.25	17.28	2.03	13%	0			2.0	1.0			1.0	2.0	1.0	1.0			
35870	REPAIR VESSEL GRAFT DEFECT	090	715	759.5	44.5	6%	24.5	27.29	2.79	11%	0			3.5				7.5			1.0		2.5	
35875	REMOVAL OF CLOT IN GRAFT	090	297	316	19	6%	10.72	11.97	1.25	12%	0			1.0	1.0			2.0			1.0			
35876	REMOVAL OF CLOT IN GRAFT	090	402	431	29	7%	17.82	19.55	1.73	10%	0			1.0	1.0			4.0			1.0			
35879	REVISE GRAFT W/VEIN	090	421	448	27	6%	17.41	19.30	1.89	11%	-2				1.0	1.0		3.0	1.0		1.0			
35881	REVISE GRAFT W/VEIN	090	450	477	27	6%	19.35	21.37	2.02	10%	0			1.0	2.0			3.0	1.0		1.0			
35883	REVJ FEM ANAST NONAUTOG GR	090	462	468	6	1%	23.15	24.56	1.41	6%	0			1.0	1.0			1.0	2.0		1.0			
35884	REVJ FEM ANAST AUTOG VN GRF	090	482	488	6	1%	24.65	26.06	1.41	6%	0			1.0	1.0			1.0	2.0		1.0			
35901	EXCISION GRAFT NECK	090	482	510	28	6%	8.38	10.44	2.06	25%	0			4.0				4.0			1.0			
35903	EXCISION GRAFT EXTREMITY	090	416	437	21	5%	9.53	11.13	1.60	17%	0			3.0				3.0			1.0			
35905	EXCISION GRAFT THORAX	090	720	745	25	3%	33.52	36.38	2.86	9%	0			1.0	2.0			4.0	2.0	1.0	1.0			
35907	EXCISION GRAFT ABDOMEN	090	720	745	25	3%	37.27	40.13	2.86	8%	0			1.0	2.0			4.0	2.0	1.0	1.0			
36260	INSERTION OF INFUSION PUMP	090	287	295.5	8.5	3%	9.91	10.91	1.00	10%	0			3.0				0.5			1.0			
36261	REVISION OF INFUSION PUMP	090	233	240.5	7.5	3%	5.63	6.52	0.89	16%	0			2.5				0.5			1.0			
36262	REMOVAL OF INFUSION PUMP	090	181	185	4	2%	4.11	4.77	0.66	16%	0			2.0							1.0			
36557	INSERT TUNNELED CV CATH	010	117	119	2	2%	4.89	5.22	0.33	7%	0			1.0							0.5			
36558	INSERT TUNNELED CV CATH	010	111	113	2	2%	4.59	4.92	0.33	7%	0			1.0							0.5			
36560	INSERT TUNNELED CV CATH	010	134	136	2	1%	6.04	6.37	0.33	5%	0			1.0							0.5			
36561	INSERT TUNNELED CV CATH	010	120	122	2	2%	5.79	6.12	0.33	6%	0			1.0							0.5			
36563	INSERT TUNNELED CV CATH	010	140	142	2	1%	5.99	6.32	0.33	6%	0			1.0							0.5			

36565	INSERT TUNNELED CV CATH	010	120	122	2	2%	5.79	6.12	0.33	6%	0			1.0							0.5			
36566	INSERT TUNNELED CV CATH	010	135	137	2	1%	6.29	6.62	0.33	5%	0			1.0							0.5			
36570	INSERT PICVAD CATH	010	135	137	2	1%	5.11	5.44	0.33	6%	0			1.0							0.5			
36571	INSERT PICVAD CATH	010	130	132	2	2%	5.09	5.42	0.33	6%	0			1.0							0.5			
36576	REPAIR TUNNELED CV CATH	010	114	116	2	2%	2.99	3.32	0.33	11%	0			1.0							0.5			
36578	REPLACE TUNNELED CV CATH	010	106	108	2	2%	3.29	3.62	0.33	10%	0			1.0							0.5			
36581	REPLACE TUNNELED CV CATH	010	110	112	2	2%	3.23	3.56	0.33	10%	0			1.0							0.5			
36582	REPLACE TUNNELED CV CATH	010	146	148	2	1%	4.99	5.32	0.33	7%	0			1.0							0.5			
36583	REPLACE TUNNELED CV CATH	010	147	149	2	1%	5.04	5.37	0.33	7%	0			1.0							0.5			
36585	REPLACE PICVAD CATH	010	131	133	2	2%	4.59	4.92	0.33	7%	0			1.0							0.5			
36589	REMOVAL TUNNELED CV CATH	010	79	79	0	0%	2.28	2.39	0.11	5%	-2		1.0								0.5			
36590	REMOVAL TUNNELED CV CATH	010	105	107	2	2%	3.1	3.43	0.33	11%	0			1.0							0.5			
36818	AV FUSE UPPR ARM CEPHALIC	090	248	257	9	4%	12.39	13.05	0.66	5%	0			1.0	1.0						0.5			
36819	AV FUSE UPPR ARM BASILIC	090	283	292	9	3%	13.29	13.95	0.66	5%	0			1.0	1.0						0.5			
36820	AV FUSION/FOREARM VEIN	090	258	267	9	3%	13.07	13.73	0.66	5%	0			1.0	1.0						0.5			
36821	AV FUSION DIRECT ANY SITE	090	233	242	9	4%	11.9	12.56	0.66	6%	0			1.0	1.0						0.5			
36823	INSERTION OF CANNULA(S)	090	606	618	12	2%	22.98	25.34	2.36	10%	0			2.0	2.0			1.0	2.0	1.0	1.0			
36825	ARTERY-VEIN AUTOGRAFT	090	306	322	16	5%	14.17	15.16	0.99	7%	0			1.0	2.0						0.5			
36830	ARTERY-VEIN NONAUTOGRAFT	090	248	257	9	4%	12.03	12.69	0.66	5%	0			1.0	1.0						0.5			
36831	OPEN THROMBECT AV FISTULA	090	248	257	9	4%	11	11.66	0.66	6%	0			1.0	1.0						0.5			
36832	AV FISTULA REVISION OPEN	090	276	292	16	6%	13.5	14.49	0.99	7%	0			1.0	2.0						0.5			
36833	AV FISTULA REVISION	090	306	322	16	5%	14.5	15.49	0.99	7%	0			1.0	2.0						0.5			
36835	INSERTION THOMAS SHUNT	090	242	257	15	6%	7.51	8.76	1.25	17%	0			2.5				2.0			1.0			
36838	DIST REVAS LIGATION HEMO	090	424	439	15	4%	21.69	23.01	1.32	6%	0				2.0			1.0	1.0		1.0			
37140	REVISION OF CIRCULATION	090	845	866	21	2%	40	42.93	2.93	7%	0				3.0			3.0	3.0	1.0	1.0		2.0	
37145	REVISION OF CIRCULATION	090	798	823	25	3%	37	39.73	2.73	7%	0				3.0			3.0	2.0	1.0	1.0		2.0	
37160	REVISION OF CIRCULATION	090	785	810	25	3%	38	40.73	2.73	7%	0				3.0			3.0	2.0	1.0	1.0		2.0	
37180	REVISION OF CIRCULATION	090	805	830	25	3%	36.5	39.23	2.73	7%	0				3.0			3.0	2.0	1.0	1.0		2.0	
37181	SPLICE SPLEEN/KIDNEY VEINS	090	785	801	16	2%	40	42.69	2.69	7%	0				3.0			2.0	3.0	1.0	1.0		1.0	
37215	TRANSCATH STENT CCA W/EPS	090	337	347	10	3%	17.75	18.83	1.08	6%	0				2.0				1.0		1.0			
37216	TRANSCATH STENT CCA W/O EPS	090	341	351	10	3%	17.98	19.06	1.08	6%	0				2.0				1.0		1.0			
37217	STENT PLACEMT RETRO CAROTID	090	403	410	7	2%	20.38	21.86	1.48	7%	0				2.0				1.0	1.0	1.0			
37218	STENT PLACEMT ANTE CAROTID	090	255	274	19	7%	14.75	15.87	1.12	8%	0				2.0			1.0			1.0			
37500	ENDOSCOPY LIGATE PERF VEINS	090	261	277	16	6%	11.67	12.66	0.99	8%	0			1.0	2.0						0.5			
37565	LIGATION INT JUGULAR VEIN	090	312	314	2	1%	12.05	13.42	1.37	11%	0			1.0	1.0				1.0	1.0	1.0			
37600	LIGATION XTRNL CAROTID ART	090	322	324	2	1%	12.42	13.79	1.37	11%	0			1.0	1.0				1.0	1.0	1.0			
37605	LIGATION INT/COM CAROTID ART	090	342	344	2	1%	14.28	15.65	1.37	10%	0			1.0	1.0				1.0	1.0	1.0			
37606	LIG INT/COM CAROTID ART OCCL	090	606	637	31	5%	8.81	10.89	2.08	24%	0			3.0				5.0			1.0		3.5	
37607	LIG/BANDING ANGIOACS AV FSTL	090	242	246	4	2%	6.25	6.69	0.44	7%	0			2.0										
37609	LIGATION/BX TEMPORAL ARTERY	010	130	132	2	2%	3.05	3.38	0.33	11%	0			1.0							0.5			
37615	LIGATION MAJOR ARTERY NECK	090	489	511.5	22.5	5%	7.8	9.41	1.61	21%	0			2.5				3.5			1.0		3.0	
37616	LIGATION MAJOR ARTERY CHEST	090	656	696	40	6%	18.97	21.42	2.45	13%	0			2.5				7.0			1.0		3.0	
37617	LIGATION MAJOR ARTERY ABD	090	475	483	8	2%	23.79	25.84	2.05	9%	0			1.0	1.0			2.0	2.0	1.0	1.0			
37618	LIGATION MAJOR ARTERY XTR	090	359	376.5	17.5	5%	6.03	7.40	1.37	23%	0			2.5				2.5			1.0		1.5	
37619	LIGATION OF INF VENA CAVA	090	683	698	15	2%	30	32.38	2.38	8%	0			1.0	2.0			2.0	2.0	1.0	1.0		2.0	
37650	LIGATION OF FEMORAL VEIN	090	262	267	5	2%	8.49	9.46	0.97	11%	0			1.0	1.0				1.0		1.0			
37660	LIGATION COMMON ILIAC VEIN	090	397	404	7	2%	22.28	23.89	1.61	7%	0			1.0	1.0			1.0	1.0	1.0	1.0			
37700	LIGATION&DIV LONG SAPH VEIN	090	152	156	4	3%	3.82	4.37	0.55	14%	0			2.0							0.5			
37718	LIG DIV&STRPG SHORT SAPH VN	090	178	187	9	5%	7.13	7.79	0.66	9%	0			1.0	1.0						0.5			
37722	LIG DIV&STRPG LONG SAPH VEIN	090	198	207	9	5%	8.16	8.82	0.66	8%	0			1.0	1.0						0.5			
37735	LIG&DIV&COMPL STRPG SAPH VN	090	365	381	16	4%	10.9	12.26	1.36	12%	0			3.0				2.0			1.0			
37760	LIG PRFRATR VN RADICAL 1 LEG	090	335	348.5	13.5	4%	10.78	12.02	1.24	12%	0			3.0				1.5			1.0			
37761	LIGATE LEG VEINS OPEN	090	224	240	16	7%	9.13	10.12	0.99	11%	0			1.0	2.0						0.5			
37765	STAB PHLEB VEINS XTR 10-20	010	117	124	7	6%	4.8	5.13	0.33	7%	0				1.0									
37766	PHLEB VEINS - EXTREM 20+	010	133	140	7	5%	6	6.33	0.33	5%	0				1.0									
37780	REVISION OF LEG VEIN	090	179	183	4	2%	3.93	4.59	0.66	17%	0			2.0							1.0			
37785	LIGATE/DIVIDE/EXCISE VEIN	090	177	181	4	2%	3.93	4.48	0.55	14%	0			2.0							0.5			
37788	REVASCULARIZATION PENIS	090	627	624	-3	0%	23.33	25.23	1.90	8%	0			4.0					2.0	1.0	1.0			
37790	PENILE VENOUS OCCLUSION	090	257	261	4	2%	8.43	8.87	0.44	5%	0			2.0										
38100	REMOVAL OF SPLEEN TOTAL	090	442	459	17	4%	19.55	21.64	2.09	11%	0			1.0	1.0			3.0	1.0	1.0	1.0			
38101	REMOVAL OF SPLEEN PARTIAL	090	442	459	17	4%	19.55	21.64	2.09	11%	0			1.0	1.0			3.0	1.0	1.0	1.0			
38115	REPAIR OF RUPTURED SPLEEN	090	492	505	13	3%	21.88	24.17	2.29	10%	0			1.0	1.0			3.0	2.0	1.0	1.0			
38120	LAPAROSCOPY SPLENECTOMY	090	434	468	34	8%	17.07	18.91	1.84	11%	0				2.0			4.0			1.0			
38300	DRAINAGE LYMPH NODE LESION	010	134	143	9	7%	2.36	2.91	0.55	23%	0			1.0	1.0									
38305	DRAINAGE LYMPH NODE LESION	090	186	202	16	9%	6.68	7.67	0.99	15%	0			1.0	2.0						0.5			
38308	INCISION OF LYMPH CHANNELS	090	178	187	9	5%	6.81	7.47	0.66	10%	0			1.0	1.0						0.5			
38380	THORACIC DUCT PROCEDURE	090	350	370.5	20.5	6%	8.46	10.16	1.70	20%	0			4.0				2.5			1.0		1.0	
38381	THORACIC DUCT PROCEDURE	090	348	369.5	21.5	6%	13.38	14.88	1.50	11%	0			2.0				3.5			1.0			
38382	THORACIC DUCT PROCEDURE	090	335	359	24	7%	10.65	12.58	1.93	18%	0			4.5				3.0			1.0			
38500	BIOPSY/REMOVAL LYMPH NODES	010	115	117	2	2%	3.79	4.12	0.33	9%	0			1.0							0.5			
38510	BIOPSY/REMOVAL LYMPH NODES	010	152	159	7	5%	6.74	7.18	0.44	7%	0				1.0						0.5			
38520	BIOPSY/REMOVAL LYMPH NODES	090	193	202	9	5%	7.03	7.69	0.66	9%	0			1.0	1.0						0.5			
38525	BIOPSY/REMOVAL LYMPH NODES	090	178	187	9	5%	6.43	7.09	0.66	10%	0			1.0	1.0						0.5			

38530	BIOPSY/REMOVAL LYMPH NODES	090	205.5	214.5	9	4%	8.34	9.00	0.66	8%	0			1.0	1.0						0.5			
38531	OPEN BX/EXC INGUINOFEM NOD	090	223	237	14	6%	6.74	7.51	0.77	11%	0				2.0						0.5			
38542	EXPLORE DEEP NODE(S) NECK	090	198	212	14	7%	7.95	8.72	0.77	10%	0				2.0						0.5			
38550	REMOVAL NECK/ARMPIT LESION	090	211	219	8	4%	7.11	8.10	0.99	14%	0			4.0							0.5			
38555	REMOVAL NECK/ARMPIT LESION	090	536	564.5	28.5	5%	15.59	17.86	2.27	15%	0			5.5				3.5			1.0		1.5	
38562	REMOVAL PELVIC LYMPH NODES	090	326	350	24	7%	11.06	12.99	1.93	17%	0			4.5				3.0			1.0			
38564	REMOVAL ABDOMEN LYMPH NO	090	349	372.5	23.5	7%	11.38	13.10	1.72	15%	0			3.0				3.5			1.0			
38570	LAPAROSCOPY LYMPH NODE BIO	010	220	229	9	4%	8.49	9.26	0.77	9%	0			1.0	1.0						1.0			
38571	LAPAROSCOPY LYMPHADENECTO	010	250	259	9	4%	12	12.77	0.77	6%	0			1.0	1.0						1.0			
38572	LAPAROSCOPY LYMPHADENECTO	010	321	337	16	5%	15.6	16.57	0.97	6%	-2				1.0	1.0					1.0			
38573	LAPS PELVIC LYMPHADEC	010	360	376	16	4%	20	20.86	0.86	4%	-2				1.0	1.0					0.5			
38700	REMOVAL OF LYMPH NODES NEC	090	300	321	21	7%	12.81	14.15	1.34	10%	0			1.0	2.0			1.0			1.0			
38720	REMOVAL OF LYMPH NODES NEC	090	482	518	36	7%	21.95	24.26	2.31	11%	-2				3.0	1.0		2.0	1.0		1.0			
38724	REMOVAL OF LYMPH NODES NEC	090	512	548	36	7%	23.95	26.26	2.31	10%	-2				3.0	1.0		2.0	1.0		1.0			
38740	REMOVE ARMPIT LYMPH NODES	090	231	247	16	7%	10.7	11.69	0.99	9%	0			1.0	2.0						0.5			
38745	REMOVE ARMPIT LYMPH NODES	090	270.5	288.5	18	7%	13.87	14.95	1.08	8%	-2			1.0	1.0	1.0					0.5			
38760	REMOVE GROIN LYMPH NODES	090	241	257	16	7%	13.62	14.61	0.99	7%	0			1.0	2.0						0.5			
38765	REMOVE GROIN LYMPH NODES	090	465	475	10	2%	21.91	24.05	2.14	10%	0			1.0	2.0			1.0	2.0	1.0	1.0			
38770	REMOVE PELVIS LYMPH NODES	090	403	438	35	9%	14.06	16.27	2.21	16%	0			2.5				6.0			1.0			
38780	REMOVE ABDOMEN LYMPH NOD	090	551	597.5	46.5	8%	17.7	20.71	3.01	17%	0			4.5				7.5			1.0			
38794	ACCESS THORACIC LYMPH DUCT	090	207	214	7	3%	4.62	5.61	0.99	21%	0			3.5							1.0			
39000	EXPLORATION OF CHEST	090	381.5	412	30.5	8%	7.57	9.25	1.68	22%	0				1.5			4.0			1.0		1.0	
39010	EXPLORATION OF CHEST	090	423.5	451.5	28	7%	13.19	14.75	1.56	12%	0				1.5			3.5			1.0		1.0	
39200	RESECT MEDIASTINAL CYST	090	459	493.5	34.5	8%	15.09	16.96	1.87	12%	0				1.0			5.5			1.0		1.0	
39220	RESECT MEDIASTINAL TUMOR	090	436	442	6	1%	19.55	20.96	1.41	7%	0			1.0	1.0			1.0	2.0		1.0			
39401	MEDIASTINOSCPY W/MEDSTNL B	000	142	142	0	0%	5.44	5.55	0.11	2%	0										0.5			
39402	MEDIASTINOSCPY W/LMPH NOD	000	157	157	0	0%	7.25	7.36	0.11	2%	0										0.5			
39501	REPAIR DIAPHRAGM LACERATION	090	378	411.5	33.5	9%	13.98	16.18	2.20	16%	0			3.0				5.5			1.0			
39503	REPAIR OF DIAPHRAGM HERNIA	090	2138	2139	1	0%	108.91	113.68	4.77	4%	-2			2.0	2.0	1.0			5.0	5.0		1.0	14.0	6.0
39540	REPAIR OF DIAPHRAGM HERNIA	090	490	521.5	31.5	6%	14.57	16.55	1.98	14%	0			2.0				5.5			1.0		1.0	
39541	REPAIR OF DIAPHRAGM HERNIA	090	522	557	35	7%	15.75	17.96	2.21	14%	0			2.5				6.0			1.0		1.0	
39545	REVISION OF DIAPHRAGM	090	466	499.5	33.5	7%	14.67	16.87	2.20	15%	0			3.0				5.5			1.0		1.0	
39560	RESECT DIAPHRAGM SIMPLE	090	323	350	27	8%	13.06	15.12	2.06	16%	0			3.0				5.0	1.0					
39561	RESECT DIAPHRAGM COMPLEX	090	505	549	44	9%	19.99	22.85	2.86	14%	-6					3.0		5.0	2.0					
40500	PARTIAL EXCISION OF LIP	090	206	214	8	4%	4.47	5.35	0.88	20%	0			4.0										
40510	PARTIAL EXCISION OF LIP	090	153	158	5	3%	4.82	5.37	0.55	11%	0			2.5										
40520	PARTIAL EXCISION OF LIP	090	151	156	5	3%	4.79	5.34	0.55	11%	0			2.5										
40525	RECONSTRUCT LIP WITH FLAP	090	270	277	7	3%	7.72	8.60	0.88	11%	0			3.5							0.5			
40527	RECONSTRUCT LIP WITH FLAP	090	316	324	8	3%	9.32	10.42	1.10	12%	0			4.0							1.0			
40530	PARTIAL REMOVAL OF LIP	090	191	197	6	3%	5.54	6.31	0.77	14%	0			3.0							0.5			
40650	RPR LIP FTH VERMILION ONLY	090	126	132	6	5%	3.78	4.44	0.66	17%	0			3.0										
40652	RPR LIP FTH	090	154	161	7	5%	4.43	5.20	0.77	17%	0			3.5										
40654	RPR LIP FTH>1HALF VER HT/CPX	090	183	190	7	4%	5.48	6.25	0.77	14%	0			3.5										
40700	REPAIR CLEFT LIP/NASAL	090	337	370	33	10%	14.17	15.95	1.78	13%	0				4.0			1.0			1.0			
40701	REPAIR CLEFT LIP/NASAL	090	380	413	33	9%	17.23	19.01	1.78	10%	0				4.0			1.0			1.0			
40702	REPAIR CLEFT LIP/NASAL	090	348.5	378	29.5	8%	14.27	15.89	1.62	11%	0				3.5			1.0			1.0			
40720	REPAIR CLEFT LIP/NASAL	090	357.5	384.5	27	8%	14.72	16.22	1.50	10%	0				3.5			0.5			1.0			
40761	REPAIR CLEFT LIP/NASAL	090	387	415.5	28.5	7%	15.84	17.41	1.57	10%	0				3.0			1.5			1.0			
40800	DRAINAGE OF MOUTH LESION	010	63	65	2	3%	1.23	1.45	0.22	18%	-2		1.0	1.0										
40801	DRAINAGE OF MOUTH LESION	010	87	91	4	5%	2.63	3.07	0.44	17%	0			2.0										
40804	REMOVAL FOREIGN BODY MOUT	010	78	80	2	3%	1.3	1.52	0.22	17%	-2		1.0	1.0										
40805	REMOVAL FOREIGN BODY MOUT	010	97	101	4	4%	2.79	3.23	0.44	16%	0			2.0										
40808	BIOPSY OF MOUTH LESION	010	46	48	2	4%	1.05	1.27	0.22	21%	0			1.0										
40810	EXCISION OF MOUTH LESION	010	56	58	2	4%	1.36	1.58	0.22	16%	0			1.0										
40812	EXCISE/REPAIR MOUTH LESION	010	68	70	2	3%	2.37	2.59	0.22	9%	-2		1.0	1.0										
40814	EXCISE/REPAIR MOUTH LESION	090	96	100	4	4%	3.52	3.96	0.44	13%	-2		1.0	2.0										
40816	EXCISION OF MOUTH LESION	090	114	118	4	4%	3.77	4.21	0.44	12%	-2		1.0	2.0										
40818	EXCISE ORAL MUCOSA FOR GRAF	090	123	134	11	9%	2.83	3.60	0.77	27%	0			2.0	1.0									
40819	EXCISE LIP OR CHEEK FOLD	090	77	81	4	5%	2.51	2.95	0.44	18%	0			2.0										
40820	TREATMENT OF MOUTH LESION	010	68	70	2	3%	1.34	1.56	0.22	16%	-2		1.0	1.0										
40830	REPAIR MOUTH LACERATION	010	68	70	2	3%	1.82	2.04	0.22	12%	-2		1.0	1.0										
40831	REPAIR MOUTH LACERATION	010	99	103	4	4%	2.57	3.01	0.44	17%	-2		1.0	2.0										
40840	RECONSTRUCTION OF MOUTH	090	272	283	11	4%	9.15	9.92	0.77	8%	-2		1.0	2.0	1.0									
40842	RECONSTRUCTION OF MOUTH	090	250	261	11	4%	9.15	9.92	0.77	8%	-2		1.0	2.0	1.0									
40843	RECONSTRUCTION OF MOUTH	090	370	392	22	6%	12.79	13.81	1.02	8%	-3		1.0		1.0		1.0							
40844	RECONSTRUCTION OF MOUTH	090	417	443	26	6%	16.8	18.26	1.46	9%	-3		1.0	2.0	1.0		1.0							
40845	RECONSTRUCTION OF MOUTH	090	397	423	26	7%	19.36	20.82	1.46	8%	-3		1.0	2.0	1.0		1.0							
41000	DRAINAGE OF MOUTH LESION	010	51	53	2	4%	1.35	1.57	0.22	16%	0			1.0										
41005	DRAINAGE OF MOUTH LESION	010	53	55	2	4%	1.31	1.53	0.22	17%	0			1.0										
41006	DRAINAGE OF MOUTH LESION	090	104	108	4	4%	3.34	3.89	0.55	16%	0			2.0							0.5			
41007	DRAINAGE OF MOUTH LESION	090	106	110	4	4%	3.2	3.75	0.55	17%	0			2.0							0.5			
41008	DRAINAGE OF MOUTH LESION	090	109	113	4	4%	3.46	4.01	0.55	16%	0			2.0							0.5			
41009	DRAINAGE OF MOUTH LESION	090	119	124	5	4%	3.71	4.37	0.66	18%	0			2.5							0.5			

41010	INCISION OF TONGUE FOLD	010	40	42	2	5%	1.11	1.33	0.22	20%	0			1.0									
41015	DRAINAGE OF MOUTH LESION	090	131	136	5	4%	4.08	4.74	0.66	16%	0			2.5							0.5		
41016	DRAINAGE OF MOUTH LESION	090	169	174	5	3%	4.19	4.96	0.77	18%	0			2.5							1.0		
41017	DRAINAGE OF MOUTH LESION	090	176	181	5	3%	4.19	4.96	0.77	18%	0			2.5							1.0		
41018	DRAINAGE OF MOUTH LESION	090	179	184	5	3%	5.22	5.99	0.77	15%	0			2.5							1.0		
41100	BIOPSY OF TONGUE	010	66	68	2	3%	1.42	1.64	0.22	15%	0			1.0									
41105	BIOPSY OF TONGUE	010	51	53	2	4%	1.47	1.69	0.22	15%	0			1.0									
41108	BIOPSY OF FLOOR OF MOUTH	010	42	44	2	5%	1.1	1.32	0.22	20%	0			1.0									
41110	EXCISION OF TONGUE LESION	010	56	58	2	4%	1.56	1.78	0.22	14%	0			1.0									
41112	EXCISION OF TONGUE LESION	090	93	97	4	4%	2.83	3.27	0.44	16%	0			2.0									
41113	EXCISION OF TONGUE LESION	090	104	108	4	4%	3.29	3.73	0.44	13%	0			2.0									
41114	EXCISION OF TONGUE LESION	090	275	289.5	14.5	5%	8.82	10.17	1.35	15%	0			3.5				1.5			1.0		
41115	EXCISION OF TONGUE FOLD	010	48	50	2	4%	1.79	2.01	0.22	12%	0			1.0									
41116	EXCISION OF MOUTH LESION	090	74	77	3	4%	2.52	2.85	0.33	13%	0			1.5									
41120	PARTIAL REMOVAL OF TONGUE	090	278	308	30	11%	11.14	12.66	1.52	14%	-2				3.0	1.0					0.5		
41130	PARTIAL REMOVAL OF TONGUE	090	407	452	45	11%	15.74	18.09	2.35	15%	-2				3.0	1.0		3.0			1.0		
41135	TONGUE AND NECK SURGERY	090	696	734	38	5%	30.14	33.60	3.46	11%	-2			1.0	4.0	1.0		2.0	2.0	1.0	1.0		
41140	REMOVAL OF TONGUE	090	728	769	41	6%	29.15	33.14	3.99	14%	-4			1.0	3.0	2.0		3.0	3.0	1.0	1.0		
41145	TONGUE REMOVAL NECK SURGEF	090	913	964	51	6%	37.93	42.40	4.47	12%	-4			1.0	3.0	2.0		5.0	3.0	1.0	1.0		
41150	TONGUE MOUTH JAW SURGERY	090	713	758	45	6%	29.86	33.65	3.79	13%	-4			1.0	3.0	2.0		3.0	2.0	1.0	1.0		
41153	TONGUE MOUTH NECK SURGERY	090	826	865	39	5%	33.59	37.49	3.90	12%	-2			1.0	4.0	1.0		3.0	3.0	1.0	1.0		
41155	TONGUE JAW & NECK SURGERY	090	968	1011	43	4%	44.3	48.93	4.63	10%	-4			1.0	3.0	2.0		4.0	3.0	2.0	1.0		
41250	REPAIR TONGUE LACERATION	010	69	71	2	3%	1.96	2.18	0.22	11%	0			1.0									
41251	REPAIR TONGUE LACERATION	010	80	82	2	2%	2.32	2.54	0.22	9%	0			1.0									
41252	REPAIR TONGUE LACERATION	010	91	93	2	2%	3.02	3.24	0.22	7%	0			1.0									
41510	TONGUE TO LIP SURGERY	090	97	101	4	4%	3.51	3.95	0.44	13%	0			2.0									
41512	TONGUE SUSPENSION	090	209	220	11	5%	6.86	7.74	0.88	13%	0			2.0	1.0						0.5		
41520	RECONSTRUCTION TONGUE FOLD	090	90	94	4	4%	2.83	3.27	0.44	16%	0			2.0									
41800	DRAINAGE OF GUM LESION	010	59	63	4	7%	1.27	1.71	0.44	35%	0			2.0									
41805	REMOVAL FOREIGN BODY GUM	010	55	59	4	7%	1.34	1.78	0.44	33%	0			2.0									
41806	REMOVAL FOREIGN BODY JAWBO	010	80	84	4	5%	2.79	3.23	0.44	16%	0			2.0									
41822	EXCISION OF GUM LESION	010	107	111	4	4%	2.41	2.85	0.44	18%	0			2.0									
41823	EXCISION OF GUM LESION	090	138	151	13	9%	3.77	4.76	0.99	26%	0			3.0	1.0								
41825	EXCISION OF GUM LESION	010	57	61	4	7%	1.41	1.85	0.44	31%	0			2.0									
41826	EXCISION OF GUM LESION	010	73	77	4	5%	2.41	2.85	0.44	18%	0			2.0									
41827	EXCISION OF GUM LESION	090	141	152	11	8%	3.83	4.60	0.77	20%	0			2.0	1.0								
41828	EXCISION OF GUM LESION	010	129	131	2	2%	3.14	3.36	0.22	7%	0			1.0									
41830	REMOVAL OF GUM TISSUE	010	154	158	4	3%	3.45	3.89	0.44	13%	-2		1.0	2.0									
41872	GINGIVOPLASTY EACH QUADRAN	090	122	133	11	9%	3.01	3.78	0.77	26%	0			2.0	1.0								
41874	ALVEOLOPLASTY EACH QUADRAN	090	152	156	4	3%	3.19	3.63	0.44	14%	0			2.0									
42000	DRAINAGE MOUTH ROOF LESION	010	49	51	2	4%	1.28	1.50	0.22	17%	0			1.0									
42100	BIOPSY ROOF OF MOUTH	010	42	44	2	5%	1.36	1.58	0.22	16%	0			1.0									
42104	EXCISION LESION MOUTH ROOF	010	52	54	2	4%	1.69	1.91	0.22	13%	0			1.0									
42106	EXCISION LESION MOUTH ROOF	010	68	70	2	3%	2.15	2.37	0.22	10%	0			1.0									
42107	EXCISION LESION MOUTH ROOF	090	160	165	5	3%	4.56	5.22	0.66	14%	0			2.5							0.5		
42120	REMOVE PALATE/LESION	090	306	329	23	8%	11.86	13.42	1.56	13%	0			2.0	2.0			1.0			1.0		
42140	EXCISION OF UVULA	090	84	87	3	4%	1.7	2.03	0.33	19%	0			1.5									
42145	REPAIR PALATE PHARYNX/UVULA	090	262	283	21	8%	9.78	10.99	1.21	12%	0				3.0						1.0		
42160	TREATMENT MOUTH ROOF LESIO	010	54	56	2	4%	1.85	2.07	0.22	12%	0			1.0									
42180	REPAIR LAC PALATE	010	65	67	2	3%	2.55	2.77	0.22	9%	0			1.0									
42182	REPAIR PALATE	010	90	92	2	2%	3.87	4.09	0.22	6%	0			1.0									
42200	RECONSTRUCT CLEFT PALATE	090	330	346	16	5%	12.53	13.76	1.23	10%	-2		1.0	2.0	1.0			1.0			1.0		
42205	RECONSTRUCT CLEFT PALATE	090	288	304	16	6%	13.66	15.02	1.36	10%	0			3.0				2.0			1.0		
42210	RECONSTRUCT CLEFT PALATE	090	390	406	16	4%	15.03	16.26	1.23	8%	-2		1.0	2.0	1.0			1.0			1.0		
42215	RECONSTRUCT CLEFT PALATE	090	265	272	7	3%	8.99	9.98	0.99	11%	0			3.5							1.0		
42220	RECONSTRUCT CLEFT PALATE	090	260	266	6	2%	7.16	8.04	0.88	12%	0			3.0							1.0		
42225	RECONSTRUCT CLEFT PALATE	090	287	296.5	9.5	3%	9.77	10.88	1.11	11%	0			3.5				0.5			1.0		
42226	LENGTHENING OF PALATE	090	316	330.5	14.5	5%	10.35	11.70	1.35	13%	0			3.5				1.5			1.0		
42227	LENGTHENING OF PALATE	090	291	307	16	5%	9.9	11.26	1.36	14%	0			3.0				2.0			1.0		
42235	REPAIR PALATE	090	248	254	6	2%	8.01	8.89	0.88	11%	0			3.0							1.0		
42260	REPAIR NOSE TO LIP FISTULA	090	280	291	11	4%	10.22	11.21	0.99	10%	-2		1.0	2.0	1.0						1.0		
42280	PREPARATION PALATE MOLD	010	53	55	2	4%	1.59	1.81	0.22	14%	0			1.0									
42281	INSERTION PALATE PROSTHESIS	010	83	85	2	2%	1.98	2.31	0.33	17%	0			1.0							0.5		
42300	DRAINAGE OF SALIVARY GLAND	010	66	68	2	3%	1.98	2.20	0.22	11%	0			1.0									
42305	DRAINAGE OF SALIVARY GLAND	090	203	213	10	5%	6.31	7.32	1.01	16%	0			2.5				1.0			1.0		
42310	DRAINAGE OF SALIVARY GLAND	010	57	59	2	4%	1.61	1.83	0.22	14%	0			1.0									
42320	DRAINAGE OF SALIVARY GLAND	010	77	79	2	3%	2.4	2.62	0.22	9%	0			1.0									
42330	REMOVAL OF SALIVARY STONE	010	63	65	2	3%	2.26	2.48	0.22	10%	0			1.0									
42335	REMOVAL OF SALIVARY STONE	090	98	102	4	4%	3.41	3.85	0.44	13%	0			2.0									
42340	REMOVAL OF SALIVARY STONE	090	136	141	5	4%	4.72	5.27	0.55	12%	0			2.5									
42405	BIOPSY OF SALIVARY GLAND	010	95	97	2	2%	3.34	3.56	0.22	7%	0			1.0									
42408	EXCISION OF SALIVARY CYST	090	134	139	5	4%	4.66	5.21	0.55	12%	0			2.5									
42409	DRAINAGE OF SALIVARY CYST	090	87	91	4	5%	2.91	3.35	0.44	15%	0			2.0									

42410	EXCISE PAROTID GLAND/LESION	090	285	294.5	9.5	3%	9.57	10.68	1.11	12%	0			3.5				0.5			1.0			
42415	EXCISE PAROTID GLAND/LESION	090	333	349	16	5%	17.16	18.15	0.99	6%	0			1.0	2.0						0.5			
42420	EXCISE PAROTID GLAND/LESION	090	383	399	16	4%	19.53	20.52	0.99	5%	0			1.0	2.0						0.5			
42425	EXCISE PAROTID GLAND/LESION	090	348	365	17	5%	13.42	14.89	1.47	11%	0			3.5				2.0			1.0			
42426	EXCISE PAROTID GLAND/LESION	090	654	692	38	6%	22.66	25.20	2.54	11%	0			4.0				6.0			1.0		1.0	
42440	EXCISE SUBMAXILLARY GLAND	090	198	207	9	5%	6.14	6.80	0.66	11%	0			1.0	1.0						0.5			
42450	EXCISE SUBLINGUAL GLAND	090	155	160	5	3%	4.74	5.40	0.66	14%	0			2.5							0.5			
42500	REPAIR SALIVARY DUCT	090	148	153	5	3%	4.42	5.08	0.66	15%	0			2.5							0.5			
42505	REPAIR SALIVARY DUCT	090	207	213	6	3%	6.32	7.09	0.77	12%	0			3.0							0.5			
42507	PAROTID DUCT DIVERSION	090	191	197	6	3%	6.25	6.91	0.66	11%	0			3.0										
42509	PAROTID DUCT DIVERSION	090	349	358.5	9.5	3%	11.76	12.87	1.11	9%	0			3.5				0.5			1.0			
42510	PAROTID DUCT DIVERSION	090	270	278.5	8.5	3%	8.35	9.35	1.00	12%	0			3.0				0.5			1.0			
42600	CLOSURE OF SALIVARY FISTULA	090	163	168	5	3%	4.94	5.60	0.66	13%	0			2.5							0.5			
42665	LIGATION OF SALIVARY DUCT	090	92	96	4	4%	2.63	3.07	0.44	17%	0			2.0										
42700	DRAINAGE OF TONSIL ABSCESS	010	53	55	2	4%	1.67	1.89	0.22	13%	0			1.0										
42720	DRAINAGE OF THROAT ABSCESS	010	278	280	2	1%	6.31	7.41	1.10	17%	0							2.0	2.0		1.0			
42725	DRAINAGE OF THROAT ABSCESS	090	390	413	23	6%	12.41	14.63	2.22	18%	0			1.0	2.0			3.0	2.0		1.0			
42800	BIOPSY OF THROAT	010	45	47	2	4%	1.44	1.66	0.22	15%	0			1.0										
42804	BIOPSY OF UPPER NOSE/THROAT	010	49	51	2	4%	1.29	1.51	0.22	17%	0			1.0										
42806	BIOPSY OF UPPER NOSE/THROAT	010	74	76	2	3%	1.63	1.85	0.22	13%	0			1.0										
42808	EXCISE PHARYNX LESION	010	87	89	2	2%	2.35	2.57	0.22	9%	0			1.0										
42809	REMOVE PHARYNX FOREIGN BOD	010	72	74	2	3%	1.86	2.08	0.22	12%	0			1.0										
42810	EXCISION OF NECK CYST	090	126	131	5	4%	3.38	3.93	0.55	16%	0			2.5										
42815	EXCISION OF NECK CYST	090	240	250	10	4%	7.31	8.32	1.01	14%	0			2.5				1.0			1.0			
42820	REMOVE TONSILS AND ADENOIDS	090	151	158	7	5%	4.22	4.77	0.55	13%	0				1.0						1.0			
42821	REMOVE TONSILS AND ADENOIDS	090	141	144	3	2%	4.36	4.80	0.44	10%	0			1.5							0.5			
42825	REMOVAL OF TONSILS	090	130	134	4	3%	3.51	4.06	0.55	16%	0			2.0							0.5			
42826	REMOVAL OF TONSILS	090	124	127	3	2%	3.45	3.89	0.44	13%	0			1.5							0.5			
42830	REMOVAL OF ADENOIDS	090	103	106	3	3%	2.65	2.98	0.33	12%	0			1.5										
42831	REMOVAL OF ADENOIDS	090	93	97	4	4%	2.81	3.25	0.44	16%	0			2.0										
42835	REMOVAL OF ADENOIDS	090	81	84	3	4%	2.38	2.71	0.33	14%	0			1.5										
42836	REMOVAL OF ADENOIDS	090	84	87	3	4%	3.26	3.59	0.33	10%	0			1.5										
42842	EXTENSIVE SURGERY OF THROAT	090	330	360	30	9%	12.23	13.99	1.76	14%	-2			1.0	2.0	1.0		1.0			1.0			
42844	EXTENSIVE SURGERY OF THROAT	090	445	476	31	7%	17.78	19.98	2.20	12%	-2			1.0	2.0	1.0		2.0	1.0		1.0			
42845	EXTENSIVE SURGERY OF THROAT	090	825	852	27	3%	32.56	36.44	3.88	12%	-2			1.0	2.0	1.0		4.0	3.0	2.0	1.0			
42860	EXCISION OF TONSIL TAGS	090	76	79	3	4%	2.3	2.63	0.33	14%	0			1.5										
42870	EXCISION OF LINGUAL TONSIL	090	167	172	5	3%	5.52	6.18	0.66	12%	0			2.5							0.5			
42890	LIMITED PHARYNGECTOMY	090	510	542	32	6%	19.13	21.77	2.64	14%	-2			1.0	2.0	1.0		3.0	2.0		1.0			
42892	REVISION OF PHARYNGEAL WALL	090	643	679	36	6%	26.03	29.40	3.37	13%	-2			1.0	3.0	1.0		3.0	2.0	1.0	1.0			
42894	REVISION OF PHARYNGEAL WALL	090	836	871	35	4%	33.92	38.02	4.10	12%	-2			1.0	4.0	1.0		3.0	4.0	1.0	1.0			
42900	REPAIR THROAT WOUND	010	163	165	2	1%	5.29	5.73	0.44	8%	0			1.0							1.0			
42950	RECONSTRUCTION OF THROAT	090	293	300	7	2%	8.27	9.26	0.99	12%	0			3.5							1.0			
42953	REPAIR THROAT ESOPHAGUS	090	409	429.5	20.5	5%	9.45	11.15	1.70	18%	0			4.0				2.5			1.0			
42955	SURGICAL OPENING OF THROAT	090	282	308	26	9%	8.01	9.85	1.84	23%	0			3.0				4.0			1.0			
42960	CONTROL THROAT BLEEDING	010	70	72	2	3%	2.38	2.60	0.22	9%	0			1.0										
42961	CONTROL THROAT BLEEDING	090	193	200.5	7.5	4%	5.77	6.66	0.89	15%	0			2.5				0.5			1.0			
42962	CONTROL THROAT BLEEDING	090	234	245	11	5%	7.4	8.52	1.12	15%	0			3.0				1.0			1.0			
42970	CONTROL NOSE/THROAT BLEEDIN	090	193	209.5	16.5	9%	5.82	7.08	1.26	22%	0			2.0				2.5			1.0			
42971	CONTROL NOSE/THROAT BLEEDIN	090	227	243.5	16.5	7%	6.6	7.86	1.26	19%	0			2.0				2.5			1.0			
42972	CONTROL NOSE/THROAT BLEEDIN	090	243	259.5	16.5	7%	7.59	8.85	1.26	17%	0			2.0				2.5			1.0			
43020	INCISION OF ESOPHAGUS	090	221	227	6	3%	8.23	9.11	0.88	11%	0			3.0							1.0			
43030	CRICOPHARYNGEAL MYOTOMY	090	244	256.5	12.5	5%	7.99	9.12	1.13	14%	0			2.5				1.5			1.0			
43045	ESOPHAGOTOMY THRC RMVL FB	090	536.5	588.5	52	10%	21.88	24.58	2.70	12%	0				3.5			5.5			1.0			
43100	EXCISION OF ESOPHAGUS LESION	090	334	353.5	19.5	6%	9.66	11.25	1.59	16%	0			3.5				2.5			1.0			
43101	EXCISION OF ESOPHAGUS LESION	090	459	494	35	8%	17.07	19.28	2.21	13%	0			2.5				6.0			1.0			
43107	REMOVAL OF ESOPHAGUS	090	977	1003	26	3%	52.05	55.48	3.43	7%	-2			1.0	2.0	1.0		2.0	3.0	2.0		1.0	2.0	
43108	REMOVAL OF ESOPHAGUS	090	1358	1358	0	0%	82.87	87.86	4.99	6%	-2			1.0	2.0	1.0		1.0	6.0	5.0		1.0	1.0	
43112	ESPHG TOT W/THRCM	090	1097	1128	31	3%	62	65.67	3.67	6%	-2			1.0	2.0	1.0		3.0	3.0	2.0		1.0	2.0	
43113	REMOVAL OF ESOPHAGUS	090	1358	1358	0	0%	80.06	85.05	4.99	6%	-2			1.0	2.0	1.0		1.0	6.0	5.0		1.0	2.0	
43116	PARTIAL REMOVAL OF ESOPHAGU	090	1403	1406	3	0%	92.99	97.58	4.59	5%	-2			1.0	2.0	1.0		1.0	6.0	4.0		1.0	1.0	
43117	PARTIAL REMOVAL OF ESOPHAGU	090	1067	1098	31	3%	57.5	61.17	3.67	6%	-2			1.0	2.0	1.0		3.0	3.0	2.0		1.0	2.0	
43118	PARTIAL REMOVAL OF ESOPHAGU	090	1184	1188	4	0%	67.07	71.86	4.79	7%	-2			1.0	2.0	1.0		1.0	5.0	5.0		1.0	1.0	
43121	PARTIAL REMOVAL OF ESOPHAGU	090	962	977	15	2%	51.43	55.42	3.99	8%	-2			1.0	2.0	1.0		1.0	3.0	4.0		1.0	1.0	
43122	PARTIAL REMOVAL OF ESOPHAGU	090	1015	1054	39	4%	44.18	47.69	3.51	8%	-2			1.0	2.0	1.0		4.0	3.0	1.0		1.0	2.0	
43123	PARTIAL REMOVAL OF ESOPHAGU	090	1419	1411	-8	-1%	83.12	88.51	5.39	6%	-2			1.0	2.0	1.0		1.0	8.0	5.0		1.0	1.0	
43124	REMOVAL OF ESOPHAGUS	090	1398	1398	0	0%	69.09	75.01	5.92	9%	-2			1.0	3.0	1.0		1.0	7.0	6.0		1.0	3.0	
43130	REMOVAL OF ESOPHAGUS POUCH	090	362	395	33	9%	12.53	14.83	2.30	18%	0			4.0				5.0			1.0			
43135	REMOVAL OF ESOPHAGUS POUCH	090	571	570	-1	0%	26.17	28.18	2.01	8%	0			1.0	1.0			1.0	3.0	1.0	1.0			
43180	ESOPHAGOSCOPY RIGID TRNSO	090	201	208	7	3%	9.03	9.58	0.55	6%	0				1.0						1.0			
43279	LAP MYOTOMY HELLER	090	404	419	15	4%	22.1	23.42	1.32	6%	0				2.0			1.0	1.0		1.0			
43280	LAPAROSCOPY FUNDOPLASTY	090	404	428	24	6%	18.1	19.46	1.36	8%	0				2.0			2.0			1.0			
43281	LAP PARAESOPHAG HERN REPAIR	090	424	439	15	4%	26.6	27.92	1.32	5%	0				2.0			1.0	1.0		1.0			
43282	LAP PARAESOPH HER RPR W/MES	090	454	469	15	3%	30.1	31.42	1.32	4%	0				2.0			1.0	1.0		1.0			

43284	LAPS ESOPHGL SPHNCTR AGMNT	090	218	232	14	6%	10.13	10.90	0.77	8%	0				2.0						0.5			
43285	RMVL ESOPHGL SPHNCTR DEV	090	233	247	14	6%	10.47	11.24	0.77	7%	0				2.0						0.5			
43286	ESPHG TOT W/LAPS MOBLJ	090	957	983	26	3%	55	58.43	3.43	6%	-2			1.0	2.0	1.0		2.0	3.0	2.0		1.0	1.0	
43287	ESPHG DSTL 2/3 W/LAPS MOBLJ	090	1097	1123	26	2%	63	66.43	3.43	5%	-2			1.0	2.0	1.0		2.0	3.0	2.0		1.0	2.0	
43288	ESPHG THRSC MOBLJ	090	1157	1183	26	2%	66.42	69.85	3.43	5%	-2			1.0	2.0	1.0		2.0	3.0	2.0		1.0	2.0	
43300	REPAIR OF ESOPHAGUS	090	312	320	8	3%	9.33	10.43	1.10	12%	0			4.0							1.0			
43305	REPAIR ESOPHAGUS AND FISTULA	090	403	433.5	30.5	8%	18.1	20.28	2.18	12%	0			4.0				4.5			1.0			
43310	REPAIR OF ESOPHAGUS	090	528	565.5	37.5	7%	26.26	28.59	2.33	9%	0			2.5				6.5			1.0			
43312	REPAIR ESOPHAGUS AND FISTULA	090	563	599	36	6%	29.25	31.26	2.01	7%	0			0.5				7.0			1.0			
43313	ESOPHAGOPLASTY CONGENITAL	090	713	758	45	6%	48.45	51.72	3.27	7%	-2				4.0	1.0		2.0	2.0	1.0		1.0		
43314	TRACHEO-ESOPHAGOPLASTY CON	090	713	758	45	6%	53.43	56.70	3.27	6%	-2				4.0	1.0		2.0	2.0	1.0		1.0		
43320	FUSE ESOPHAGUS & STOMACH	090	740	748	8	1%	23.31	26.29	2.98	13%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
43325	REVISE ESOPHAGUS & STOMACH	090	600	612	12	2%	22.6	25.38	2.78	12%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43327	ESOPH FUNDOPLASTY LAP	090	412	424	12	3%	13.35	15.07	1.72	13%	0				2.0			1.0	1.0	1.0	1.0			
43328	ESOPH FUNDOPLASTY THOR	090	514	523	9	2%	19.91	22.03	2.12	11%	0				2.0			1.0	1.0	2.0	1.0			
43330	ESOPHAGOMYOTOMY ABDOMIN	090	550	557	7	1%	22.19	24.73	2.54	11%	0			1.0	2.0			1.0	2.0	2.0	1.0			
43331	ESOPHAGOMYOTOMY THORACIC	090	620	627	7	1%	23.06	25.60	2.54	11%	0			1.0	2.0			1.0	2.0	2.0	1.0		1.0	
43332	TRANSAB ESOPH HIAT HERN RPR	090	482	490	8	2%	19.62	21.54	1.92	10%	0				2.0			1.0	2.0	1.0	1.0			
43333	TRANSAB ESOPH HIAT HERN RPR	090	512	520	8	2%	21.46	23.38	1.92	9%	0				2.0			1.0	2.0	1.0	1.0			
43334	TRANSTHOR DIAPHRAG HERN RPI	090	549	562	13	2%	22.12	24.28	2.16	10%	0				2.0			2.0	2.0	1.0	1.0			
43335	TRANSTHOR DIAPHRAG HERN RPI	090	569	582	13	2%	23.97	26.13	2.16	9%	0				2.0			2.0	2.0	1.0	1.0			
43336	THORABD DIAPHR HERN REPAIR	090	695	710	15	2%	25.81	28.19	2.38	9%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
43337	THORABD DIAPHR HERN REPAIR	090	715	730	15	2%	27.65	30.03	2.38	9%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
43340	FUSE ESOPHAGUS & INTESTINE	090	770	778	8	1%	22.99	25.97	2.98	13%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
43341	FUSE ESOPHAGUS & INTESTINE	090	770	778	8	1%	24.23	27.21	2.98	12%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
43351	SURGICAL OPENING ESOPHAGUS	090	778	793	15	2%	22.05	25.36	3.31	15%	0			1.0	3.0			2.0	3.0	2.0	1.0		1.0	
43352	SURGICAL OPENING ESOPHAGUS	090	570	582	12	2%	17.81	20.59	2.78	16%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43360	GASTROINTESTINAL REPAIR	090	830	852	22	3%	40.11	43.75	3.64	9%	-2			1.0	2.0	1.0		3.0	3.0	2.0	1.0			
43361	GASTROINTESTINAL REPAIR	090	1108	1120	12	1%	45.68	49.39	3.71	8%	0			1.0	3.0			2.0	3.0	3.0	1.0		3.0	
43400	LIGATE ESOPHAGUS VEINS	090	835	843	8	1%	25.6	28.58	2.98	12%	0			1.0	2.0			2.0	3.0	2.0	1.0		3.0	
43405	LIGATE/STAPLE ESOPHAGUS	090	873	888	15	2%	24.73	28.04	3.31	13%	0			1.0	3.0			2.0	3.0	2.0	1.0		3.0	
43410	REPAIR ESOPHAGUS WOUND	090	590	597	7	1%	16.41	18.95	2.54	15%	0			1.0	2.0			1.0	2.0	2.0	1.0		1.0	
43415	REPAIR ESOPHAGUS WOUND	090	842	863	21	2%	44.88	47.53	2.65	6%	-4			1.0	1.0	2.0		1.0	2.0	1.0	1.0		3.0	
43420	REPAIR ESOPHAGUS OPENING	090	520	527	7	1%	16.78	19.32	2.54	15%	0			1.0	2.0			1.0	2.0	2.0	1.0			
43425	REPAIR ESOPHAGUS OPENING	090	845	858	13	2%	25.04	28.26	3.22	13%	0			1.0	2.0			3.0	3.0	2.0	1.0		2.0	
43496	FREE JEJUNUM FLAP MICROVASC	090	902	979	77	9%	0	4.14	4.14	#DIV/0!	0			2.0	4.0			9.0			1.0			
43497	TRANSORL LWR ESOPHGL MYOTO	090	281	295	14	5%	13.29	14.06	0.77	6%	0				2.0						0.5			
43500	SURGICAL OPENING OF STOMACH	090	402	410	8	2%	12.79	14.84	2.05	16%	0			1.0	1.0			2.0	2.0	1.0	1.0			
43501	SURGICAL REPAIR OF STOMACH	090	555	570	15	3%	22.6	24.98	2.38	11%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
43502	SURGICAL REPAIR OF STOMACH	090	555	570	15	3%	25.69	28.07	2.38	9%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
43510	SURGICAL OPENING OF STOMACH	090	485	500	15	3%	15.14	17.52	2.38	16%	0			1.0	2.0			2.0	2.0	1.0	1.0			
43520	INCISION OF PYLORIC MUSCLE	090	342	349	7	2%	11.29	12.90	1.61	14%	0			1.0	1.0			1.0	1.0	1.0	1.0			
43605	BIOPSY OF STOMACH	090	402	410	8	2%	13.72	15.77	2.05	15%	0			1.0	1.0			2.0	2.0	1.0	1.0			
43610	EXCISION OF STOMACH LESION	090	432	440	8	2%	16.34	18.39	2.05	13%	0			1.0	1.0			2.0	2.0	1.0	1.0			
43611	EXCISION OF STOMACH LESION	090	520	532	12	2%	20.38	23.16	2.78	14%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43620	REMOVAL OF STOMACH	090	695	711	16	2%	34.04	36.86	2.82	8%	0			1.0	2.0			3.0	3.0	1.0	1.0		1.0	
43621	REMOVAL OF STOMACH	090	790	803	13	2%	39.53	42.75	3.22	8%	0			1.0	2.0			3.0	3.0	2.0	1.0		1.0	
43622	REMOVAL OF STOMACH	090	790	803	13	2%	40.03	43.25	3.22	8%	0			1.0	2.0			3.0	3.0	2.0	1.0		1.0	
43631	REMOVAL OF STOMACH PARTIAL	090	535	568	33	6%	24.51	27.21	2.70	11%	0			1.0	2.0			5.0	2.0		1.0			
43632	REMOVAL OF STOMACH PARTIAL	090	725	743	18	2%	35.14	38.60	3.46	10%	0			1.0	2.0			4.0	3.0	2.0	1.0			
43633	REMOVAL OF STOMACH PARTIAL	090	740	758	18	2%	33.14	36.60	3.46	10%	0			1.0	2.0			4.0	3.0	2.0	1.0			
43634	REMOVAL OF STOMACH PARTIAL	090	740	758	18	2%	36.64	40.10	3.46	9%	0			1.0	2.0			4.0	3.0	2.0	1.0			
43640	VAGOTOMY & PYLORUS REPAIR	090	540	552	12	2%	19.56	22.34	2.78	14%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43641	VAGOTOMY & PYLORUS REPAIR	090	570	582	12	2%	19.81	22.59	2.78	14%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43644	LAP GASTRIC BYPASS/ROUX-EN-Y	090	502	517	15	3%	29.4	31.23	1.83	6%	-2			1.0	1.0	1.0		1.0	2.0		1.0			
43645	LAP GASTR BYPASS INCL SMLL I	090	537	552	15	3%	31.53	33.36	1.83	6%	-2			1.0	1.0	1.0		1.0	2.0		1.0			
43653	LAPAROSCOPY GASTROSTOMY	090	264	283	19	7%	8.48	9.60	1.12	13%	0				2.0			1.0			1.0			
43770	LAP PLACE GASTR ADJ DEVICE	090	367	384	17	5%	18	19.41	1.41	8%	0				3.0				1.0		1.0			
43771	LAP REVISE GASTR ADJ DEVICE	090	377	394	17	5%	20.79	22.20	1.41	7%	0				3.0				1.0		1.0			
43772	LAP RMVL GASTR ADJ DEVICE	090	317	322	5	2%	15.7	16.67	0.97	6%	0			1.0	1.0				1.0		1.0			
43773	LAP REPLACE GASTR ADJ DEVICE	090	377	394	17	5%	20.79	22.20	1.41	7%	0				3.0				1.0		1.0			
43774	LAP RMVL GASTR ADJ ALL PARTS	090	304	323	19	6%	15.76	16.88	1.12	7%	0				2.0			1.0			1.0			
43775	LAP SLEEVE GASTRECTOMY	090	412	431	19	5%	20.38	22.01	1.63	8%	-2			1.0	1.0	1.0		1.0	1.0		1.0			
43800	PYLOROPLASTY	090	432	440	8	2%	15.43	17.48	2.05	13%	0			1.0	1.0			2.0	2.0	1.0	1.0			
43810	GASTRODUODENOSTOMY	090	502	507	5	1%	16.88	19.33	2.45	15%	0			1.0	1.0			2.0	2.0	2.0	1.0			
43820	GASTROJEJUNOSTOMY WO VAGO	090	545	561	16	3%	22.53	25.35	2.82	13%	0			1.0	2.0			3.0	3.0	1.0	1.0			
43825	GASTROJEJUNOSTOMY W/VAGOT	090	540	552	12	2%	21.76	24.54	2.78	13%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43830	GSTRST OPEN WO CONSTJ TUBE	090	319	344	25	8%	10.85	12.65	1.80	17%	0				2.0			3.0	1.0		1.0			
43831	GASTROSTOMY OPEN NEONATAL	090	293	320	27	9%	8.49	10.44	1.95	23%	0			3.5				4.0			1.0			
43832	GSTRST OPEN W/CONSTJ TUBE	090	417	425	8	2%	17.34	19.39	2.05	12%	0			1.0	1.0			2.0	2.0	1.0	1.0			
43840	REPAIR OF STOMACH LESION	090	565	590	25	4%	22.83	25.69	2.86	13%	0			1.0	2.0			4.0	2.0	1.0	1.0		1.0	
43842	V-BAND GASTROPLASTY	090	585	600	15	3%	21.03	23.41	2.38	11%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	
43843	GASTROPLASTY W/O V-BAND	090	585	600	15	3%	21.21	23.59	2.38	11%	0			1.0	2.0			2.0	2.0	1.0	1.0		1.0	

43845	GASTROPLASTY DUODENAL SWIT	090	628	648	20	3%	33.3	35.37	2.07	6%	0			1.0	3.0			1.0	2.0		1.0		1.0	
43846	GASTRIC BYPASS FOR OBESITY	090	693	712	19	3%	27.41	30.52	3.11	11%	0			1.0	3.0			2.0	2.0	2.0	1.0		1.0	
43847	GASTRIC BYPASS INCL SMALL I	090	733	752	19	3%	30.28	33.39	3.11	10%	0			1.0	3.0			2.0	2.0	2.0	1.0		1.0	
43848	REVISION GASTROPLASTY	090	708	727	19	3%	32.75	35.86	3.11	9%	0			1.0	3.0			2.0	2.0	2.0	1.0		1.0	
43860	REVISE STOMACH-BOWEL FUSION	090	675	702	27	4%	27.89	31.39	3.50	13%	0			1.0	2.0			5.0	2.0	2.0	1.0			
43865	REVISE STOMACH-BOWEL FUSION	090	615	627	12	2%	29.05	31.83	2.78	10%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43870	REPAIR STOMACH OPENING	090	402	410	8	2%	11.44	13.49	2.05	18%	0			1.0	1.0			2.0	2.0	1.0	1.0			
43880	REPAIR STOMACH-BOWEL FISTUL	090	540	552	12	2%	27.18	29.96	2.78	10%	0			1.0	2.0			2.0	2.0	2.0	1.0			
43886	REVISE GASTRIC PORT OPEN	090	155	169	14	9%	4.64	5.41	0.77	17%	0				2.0						0.5			
43887	REMOVE GASTRIC PORT OPEN	090	148	157	9	6%	4.32	4.98	0.66	15%	0			1.0	1.0						0.5			
43888	CHANGE GASTRIC PORT OPEN	090	180	194	14	8%	6.44	7.21	0.77	12%	0				2.0						0.5			
44005	FREEING OF BOWEL ADHESION	090	517	522	5	1%	18.46	20.91	2.45	13%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44010	INCISION OF SMALL BOWEL	090	432	440	8	2%	14.26	16.31	2.05	14%	0			1.0	1.0			2.0	2.0	1.0	1.0			
44020	EXPLORE SMALL INTESTINE	090	487	492	5	1%	16.22	18.67	2.45	15%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44021	DECOMPRESS SMALL BOWEL	090	487	492	5	1%	16.31	18.76	2.45	15%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44025	INCISION OF LARGE BOWEL	090	487	492	5	1%	16.51	18.96	2.45	15%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44050	REDUCE BOWEL OBSTRUCTION	090	409.5	430.5	21	5%	15.52	17.65	2.13	14%	0			1.0	1.0			4.0	2.0		1.0			
44055	CORRECT MALROTATION OF BOW	090	663	659	-4	-1%	25.63	28.15	2.52	10%	0				2.0			1.0	5.0	1.0	1.0		1.0	1.0
44110	EXCISE INTESTINE LESION(S)	090	487	492	5	1%	14.04	16.49	2.45	17%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44111	EXCISION OF BOWEL LESION(S)	090	517	522	5	1%	16.52	18.97	2.45	15%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44120	REMOVAL OF SMALL INTESTINE	090	611	622	11	2%	20.82	23.95	3.13	15%	0			1.0	1.0			4.0	3.0	2.0	1.0			
44125	REMOVAL OF SMALL INTESTINE	090	524	534	10	2%	20.03	22.59	2.56	13%	0				2.0			2.0	2.0	2.0	1.0			
44126	ENTERECTOMY W/O TAPER CONG	090	1125	1167	42	4%	42.23	48.55	6.32	15%	-2			1.0	2.0	1.0		10.0	6.0	3.0	1.0		2.0	
44127	ENTERECTOMY W/TAPER CONG	090	1357	1416	59	4%	49.3	56.97	7.67	16%	-2			1.0	2.0	1.0		13.0	7.0	4.0		1.0	2.0	1.0
44130	BOWEL TO BOWEL FUSION	090	516	550	34	7%	22.11	25.01	2.90	13%	0			1.0	2.0			5.0	1.0	1.0	1.0			
44140	PARTIAL REMOVAL OF COLON	090	480	517	37	8%	22.59	25.09	2.50	11%	0			1.0	2.0			5.0	1.0		1.0			
44141	PARTIAL REMOVAL OF COLON	090	672	696	24	4%	29.91	33.26	3.35	11%	-2			1.0	1.0	1.0		4.0	2.0	2.0	1.0			
44143	PARTIAL REMOVAL OF COLON	090	607	626	19	3%	27.79	30.90	3.11	11%	-2			1.0	1.0	1.0		3.0	2.0	2.0	1.0			
44144	PARTIAL REMOVAL OF COLON	090	677	701	24	4%	29.91	33.26	3.35	11%	-2			1.0	1.0	1.0		4.0	2.0	2.0	1.0			
44145	PARTIAL REMOVAL OF COLON	090	615	635	20	3%	28.58	31.20	2.62	9%	0			1.0	2.0			3.0	2.0	1.0	1.0			
44146	PARTIAL REMOVAL OF COLON	090	692	714	22	3%	35.3	38.01	2.71	8%	-2			1.0	1.0	1.0		3.0	2.0	1.0	1.0			
44147	PARTIAL REMOVAL OF COLON	090	710	727	17	2%	33.69	36.71	3.02	9%	0			1.0	2.0			3.0	2.0	2.0	1.0			
44150	REMOVAL OF COLON	090	638	658	20	3%	30.18	33.31	3.13	10%	-2			2.0	1.0	1.0		3.0	3.0	1.0	1.0			
44151	REMOVAL OF COLON/ILEOSTOMY	090	738	768	30	4%	34.92	38.53	3.61	10%	-2			2.0	1.0	1.0		5.0	3.0	1.0	1.0			
44155	REMOVAL OF COLON/ILEOSTOMY	090	738	768	30	4%	34.42	38.03	3.61	10%	-2			2.0	1.0	1.0		5.0	3.0	1.0	1.0			
44156	REMOVAL OF COLON/ILEOSTOMY	090	798	828	30	4%	37.42	41.03	3.61	10%	-2			2.0	1.0	1.0		5.0	3.0	1.0	1.0			
44157	COLECTOMY W/ILEOANAL ANAST	090	705	743	38	5%	35.7	39.02	3.32	9%	-2			1.0	2.0	1.0		5.0	3.0		1.0			
44158	COLECTOMY W/NEO-RECTUM PO	090	725	763	38	5%	36.7	40.02	3.32	9%	-2			1.0	2.0	1.0		5.0	3.0		1.0			
44160	REMOVAL OF COLON	090	551	558	7	1%	20.89	23.56	2.67	13%	0			2.0	1.0			2.0	2.0	2.0	1.0			
44180	LAP ENTEROLYSIS	090	407	436	29	7%	15.27	17.00	1.73	11%	0			1.0	1.0			4.0			1.0			
44186	LAP JEJUNOSTOMY	090	267	286	19	7%	10.38	11.63	1.25	12%	0			1.0	1.0			2.0			1.0			
44187	LAP ILEO/JEJUNO-STOMY	090	385	398	13	3%	17.4	19.14	1.74	10%	0			1.0	2.0			1.0	2.0		1.0			
44188	LAP COLOSTOMY	090	407	425	18	4%	19.35	21.20	1.85	10%	0				3.0			1.0	2.0		1.0			
44202	LAP ENTERECTOMY	090	505	532	27	5%	23.39	25.41	2.02	9%	0			1.0	2.0			3.0	1.0		1.0			
44204	LAPARO PARTIAL COLECTOMY	090	455	482	27	6%	26.42	28.44	2.02	8%	0			1.0	2.0			3.0	1.0		1.0			
44205	LAP COLECTOMY PART W/ILEUM	090	428.5	459.5	31	7%	22.95	25.03	2.08	9%	0			3.0				5.0			1.0			
44206	LAP PART COLECTOMY W/STOMA	090	647	662	15	2%	29.79	32.86	3.07	10%	-2			1.0	1.0	1.0		2.0	1.0	3.0	1.0			
44207	L COLECTOMY/COLOPROCTOSTO	090	560	570	10	2%	31.92	34.06	2.14	7%	0			1.0	2.0			1.0	2.0	1.0	1.0			
44208	L COLECTOMY/COLOPROCTOSTO	090	595	614	19	3%	33.99	36.41	2.42	7%	0			1.0	2.0			3.0	3.0		1.0			
44210	LAPARO TOTAL PROCTOCOLECTO	090	630	662	32	5%	30.09	32.73	2.64	9%	-2			1.0	2.0	1.0		3.0	2.0		1.0			
44211	LAP COLECTOMY W/PROCTECTOM	090	695	727	32	5%	37.08	39.72	2.64	7%	-2			1.0	2.0	1.0		3.0	2.0		1.0			
44212	LAPARO TOTAL PROCTOCOLECTO	090	660	692	32	5%	34.58	37.22	2.64	8%	-2			1.0	2.0	1.0		3.0	2.0		1.0			
44227	LAP CLOSE ENTEROSTOMY	090	530	541	11	2%	28.62	30.96	2.34	8%	0			1.0	2.0			1.0	1.0	2.0	1.0			
44300	OPEN BOWEL TO SKIN	090	389	410	21	5%	13.75	15.75	2.00	15%	0				2.0			3.0	2.0		1.0			
44310	ILEOSTOMY/JEJUNOSTOMY	090	391.5	412.5	21	5%	17.59	19.59	2.00	11%	0				2.0			3.0	2.0		1.0			
44312	REVISION OF ILEOSTOMY	090	349	360	11	3%	9.43	10.95	1.52	16%	0				2.0			1.0	2.0		1.0			
44314	REVISION OF ILEOSTOMY	090	465	488	23	5%	16.74	18.96	2.22	13%	0			1.0	2.0			3.0	2.0		1.0			
44316	DEVISE BOWEL POUCH	090	590	606	16	3%	23.59	26.41	2.82	12%	0			1.0	2.0			3.0	3.0	1.0	1.0			
44320	COLOSTOMY	090	507	529	22	4%	19.91	22.62	2.71	14%	-2			1.0	1.0	1.0		3.0	2.0	1.0	1.0			
44322	COLOSTOMY WITH BIOPSIES	090	483	539	56	12%	13.32	16.91	3.59	27%	0			5.5				9.0			1.0			
44340	REVISION OF COLOSTOMY	090	382	397	15	4%	9.28	11.11	1.83	20%	-2			1.0	1.0	1.0		1.0	2.0		1.0			
44345	REVISION OF COLOSTOMY	090	482	507	25	5%	17.22	19.53	2.31	13%	-2			1.0	1.0	1.0		3.0	2.0		1.0			
44346	REVISION OF COLOSTOMY	090	572	586	14	2%	19.63	22.50	2.87	15%	-2			1.0	1.0	1.0		2.0	2.0	2.0	1.0			
44602	SUTURE SMALL INTESTINE	090	562	571	9	2%	24.72	27.21	2.49	10%	0			1.0	1.0			3.0	3.0	1.0	1.0		1.0	
44603	SUTURE SMALL INTESTINE	090	635	656	21	3%	28.16	31.22	3.06	11%	0			1.0	2.0			4.0	3.0	1.0	1.0		1.0	
44604	SUTURE LARGE INTESTINE	090	459	477	18	4%	18.16	20.56	2.40	13%	0				2.0			3.0	2.0	1.0	1.0			
44605	REPAIR OF BOWEL LESION	090	562	563	1	0%	22.08	24.73	2.65	12%	0			1.0	1.0			2.0	3.0	2.0	1.0			
44615	INTESTINAL STRICTUROPLASTY	090	502	507	5	1%	18.16	20.61	2.45	13%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44620	REPAIR BOWEL OPENING	090	487	492	5	1%	14.43	16.88	2.45	17%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44625	REPAIR BOWEL OPENING	090	517	522	5	1%	17.28	19.73	2.45	14%	0			1.0	1.0			2.0	2.0	2.0	1.0			
44626	REPAIR BOWEL OPENING	090	587	588	1	0%	27.9	30.55	2.65	9%	0			1.0	1.0			2.0	3.0	2.0	1.0			
44640	REPAIR BOWEL-SKIN FISTULA	090	587	588	1	0%	24.2	26.85	2.65	11%	0			1.0	1.0			2.0	3.0	2.0	1.0			
44650	REPAIR BOWEL FISTULA	090	587	588	1	0%	25.12	27.77	2.65	11%	0			1.0	1.0			2.0	3.0	2.0	1.0			

44660	REPAIR BOWEL-BLADDER FISTULA	090	587	588	1	0%	23.91	26.56	2.65	11%	0			1.0	1.0			2.0	3.0	2.0	1.0			
44661	REPAIR BOWEL-BLADDER FISTULA	090	617	618	1	0%	27.35	30.00	2.65	10%	0			1.0	1.0			2.0	3.0	2.0	1.0			
44680	SURGICAL REVISION INTESTINE	090	602	603	1	0%	17.96	20.61	2.65	15%	0			1.0	1.0			2.0	3.0	2.0	1.0			
44700	SUSPEND BOWEL W/PROSTHESIS	090	402	418	16	4%	17.48	19.37	1.89	11%	0			1.0	1.0			3.0	2.0		1.0			
44800	EXCISION OF BOWEL POUCH	090	366	400.5	34.5	9%	12.05	14.36	2.31	19%	0			3.5				5.5			1.0			
44820	EXCISION OF MESENTERY LESION	090	404	425	21	5%	13.73	15.73	2.00	15%	0				2.0			3.0	2.0		1.0			
44850	REPAIR OF MESENTERY	090	367	383	16	4%	12.11	14.00	1.89	16%	0			1.0	1.0			3.0	2.0		1.0			
44900	DRAIN APPENDIX ABSCESS OPEN	090	450	457	7	2%	12.57	15.11	2.54	20%	0			1.0	2.0			1.0	2.0	2.0	1.0			
44950	APPENDECTOMY	090	252	271	19	8%	10.6	11.85	1.25	12%	0			1.0	1.0			2.0			1.0			
44960	APPENDECTOMY	090	458	460	2	0%	14.5	16.93	2.43	17%	0			2.0	1.0			1.0	2.0	2.0	1.0			
44970	LAPAROSCOPY APPENDECTOMY	090	242	261	19	8%	9.45	10.57	1.12	12%	0				2.0			1.0			1.0			
45000	DRAINAGE OF PELVIC ABSCESS	090	384	387	3	1%	6.3	7.98	1.68	27%	0				2.0				2.0	1.0	1.0			
45005	DRAINAGE OF RECTAL ABSCESS	010	54	55	1	2%	2.02	2.13	0.11	5%	0			0.5										
45020	DRAINAGE OF RECTAL ABSCESS	090	255	276	21	8%	8.56	9.90	1.34	16%	0			1.0	2.0			1.0			1.0			
45100	BIOPSY OF RECTUM	090	178	187	9	5%	4.04	4.70	0.66	16%	0			1.0	1.0						0.5			
45108	ANORECTAL MYOMECTOMY	090	193	202	9	5%	5.12	5.78	0.66	13%	0			1.0	1.0						0.5			
45110	REMOVAL OF RECTUM	090	678	703	25	4%	30.76	34.13	3.37	11%	-2			2.0	1.0	1.0		4.0	3.0	1.0	1.0			
45111	PARTIAL REMOVAL OF RECTUM	090	496	539	43	9%	18.01	20.79	2.78	15%	0			4.0				7.0			1.0		1.0	
45112	REMOVAL OF RECTUM	090	675	692	17	3%	33.18	36.20	3.02	9%	0			1.0	2.0			3.0	2.0	2.0	1.0			
45113	PARTIAL PROCTECTOMY	090	675	692	17	3%	33.22	36.24	3.02	9%	0			1.0	2.0			3.0	2.0	2.0	1.0			
45114	PARTIAL REMOVAL OF RECTUM	090	792	802	10	1%	30.79	33.86	3.07	10%	-2			1.0	1.0	1.0		2.0	3.0	2.0	1.0		1.0	
45116	PARTIAL REMOVAL OF RECTUM	090	702	716	14	2%	27.72	30.59	2.87	10%	-2			1.0	1.0	1.0		2.0	2.0	2.0	1.0		1.0	
45119	REMOVE RECTUM W/RESERVOIR	090	685	702	17	2%	33.48	36.50	3.02	9%	0			1.0	2.0			3.0	2.0	2.0	1.0			
45120	REMOVAL OF RECTUM	090	689	744	55	8%	26.4	29.88	3.48	13%	0			5.0				9.0			1.0		1.0	
45121	REMOVAL OF RECTUM AND COLO	090	741	806	65	9%	29.08	33.04	3.96	14%	0			5.0				11.0			1.0		1.0	
45123	PARTIAL PROCTECTOMY	090	687	704	17	2%	18.86	21.33	2.47	13%	-2			1.0	1.0	1.0		2.0	2.0	1.0	1.0			
45126	PELVIC EXENTERATION	090	755	776	21	3%	49.1	52.30	3.20	7%	-2			1.0	2.0	1.0		2.0	2.0	2.0	1.0		2.0	
45130	EXCISION OF RECTAL PROLAPSE	090	520	535	15	3%	18.5	20.88	2.38	13%	0			1.0	2.0			2.0	2.0	1.0	1.0			
45135	EXCISION OF RECTAL PROLAPSE	090	735	761	26	4%	22.36	25.80	3.44	15%	-2			1.0	2.0	1.0		3.0	2.0	2.0	1.0			
45136	EXCISE ILEOANAL RESERVIOR	090	783	795	12	2%	30.82	34.11	3.29	11%	-2			2.0	1.0	1.0		2.0	3.0	2.0	1.0		1.0	
45150	EXCISION OF RECTAL STRICTURE	090	184	191.5	7.5	4%	5.85	6.74	0.89	15%	0			2.5				0.5			1.0			
45160	EXCISION OF RECTAL LESION	090	342	370	28	8%	16.33	18.00	1.67	10%	-2			1.0	1.0	1.0		2.0			1.0			
45171	EXC RECT TUM TRANSANAL PART	090	209	225	16	8%	8.13	9.12	0.99	12%	0			1.0	2.0						0.5			
45172	EXC RECT TUM TRANSANAL FULL	090	290	311	21	7%	12.13	13.47	1.34	11%	0			1.0	2.0			1.0			1.0			
45190	DESTRUCTION RECTAL TUMOR	090	266	282	16	6%	10.42	11.41	0.99	10%	0			1.0	2.0						0.5			
45395	LAP REMOVAL OF RECTUM	090	645	669	24	4%	33	35.80	2.80	8%	-2			1.0	2.0	1.0		2.0	2.0	1.0	1.0			
45397	LAP REMOVE RECTUM W/POUCH	090	675	699	24	4%	36.5	39.30	2.80	8%	-2			1.0	2.0	1.0		2.0	2.0	1.0	1.0			
45400	LAPAROSCOPIC PROC	090	410	437	27	7%	19.44	21.46	2.02	10%	0			1.0	2.0			3.0	1.0		1.0			
45402	LAP PROCTOPEXY W/SIG RESECT	090	470	483	13	3%	26.51	28.25	1.74	7%	0			1.0	2.0			1.0	2.0		1.0			
45500	REPAIR OF RECTUM	090	266	284.5	18.5	7%	7.73	9.21	1.48	19%	0			3.0				2.5			1.0			
45505	REPAIR OF RECTUM	090	300.5	318.5	18	6%	8.36	9.44	1.08	13%	-2			1.0	1.0	1.0					0.5			
45540	CORRECT RECTAL PROLAPSE	090	481.5	493.5	12	2%	18.12	20.08	1.96	11%	0				2.0			2.0	3.0		1.0			
45541	CORRECT RECTAL PROLAPSE	090	420	433	13	3%	14.85	16.59	1.74	12%	0			1.0	2.0			1.0	2.0		1.0			
45550	REPAIR RECTUM/REMOVE SIGMO	090	540	568	28	5%	24.8	27.26	2.46	10%	0			1.0	2.0			4.0	2.0		1.0			
45560	REPAIR OF RECTOCELE	090	367	382	15	4%	11.5	12.95	1.45	13%	0			1.0	1.0			2.0	1.0		1.0			
45562	EXPLORATION/REPAIR OF RECTUI	090	561	575	14	2%	17.98	20.98	3.00	17%	0			2.0	2.0			2.0	2.0	2.0	1.0			
45563	EXPLORATION/REPAIR OF RECTUI	090	636	646	10	2%	26.38	29.58	3.20	12%	0			2.0	2.0			2.0	3.0	2.0	1.0			
45800	REPAIR RECT/BLADDER FISTULA	090	570	582	12	2%	20.31	23.09	2.78	14%	0			1.0	2.0			2.0	2.0	2.0	1.0			
45805	REPAIR FISTULA W/COLOSTOMY	090	595	607	12	2%	23.32	26.10	2.78	12%	0			1.0	2.0			2.0	2.0	2.0	1.0			
45820	REPAIR RECTOURETHRAL FISTULA	090	480	494	14	3%	20.37	22.55	2.18	11%	0			1.0	2.0			2.0	3.0		1.0			
45825	REPAIR FISTULA W/COLOSTOMY	090	646	656	10	2%	24.17	27.37	3.20	13%	0			2.0	2.0			2.0	3.0	2.0	1.0			
45900	REDUCTION OF RECTAL PROLAPSI	010	219	217	-2	-1%	2.99	3.63	0.64	21%	0			1.0					1.0		1.0			
45905	DILATION OF ANAL SPHINCTER	010	130	132	2	2%	2.35	2.68	0.33	14%	0			1.0							0.5			
45910	DILATION OF RECTAL NARROWIN	010	130	132	2	2%	2.85	3.18	0.33	12%	0			1.0							0.5			
45915	REMOVE RECTAL OBSTRUCTION	010	145	147	2	1%	3.19	3.52	0.33	10%	0			1.0							0.5			
46040	INCISION OF RECTAL ABSCESS	090	184	195	11	6%	5.37	6.25	0.88	16%	0			2.0	1.0						0.5			
46045	INCISION OF RECTAL ABSCESS	090	197	206	9	5%	5.87	6.64	0.77	13%	0			1.0	1.0						1.0			
46050	INCISION OF ANAL ABSCESS	010	59	61	2	3%	1.24	1.46	0.22	18%	0			1.0										
46060	INCISION OF RECTAL ABSCESS	090	201	217	16	8%	6.37	7.36	0.99	16%	0			1.0	2.0						0.5			
46070	INCISION ANAL SEPTUM INFANT	090	74	77	3	4%	2.79	3.12	0.33	12%	0			1.5										
46080	INCISION OF ANAL SPHINCTER	010	99	100	1	1%	2.52	2.74	0.22	9%	0			0.5							0.5			
46083	INCISE EXTERNAL HEMORRHOID	010	51	53	2	4%	1.45	1.67	0.22	15%	0			1.0										
46200	REMOVAL OF ANAL FISSURE	090	171	178	7	4%	3.59	4.47	0.88	25%	0			3.5							0.5			
46220	EXCISE ANAL EXT TAG/PAPILLA	010	67	69	2	3%	1.61	1.83	0.22	14%	0			1.0										
46221	LIGATION OF HEMORRHOID(S)	010	68	75	7	10%	2.36	2.69	0.33	14%	0				1.0									
46230	REMOVAL OF ANAL TAGS	010	74	76	2	3%	2.62	2.84	0.22	8%	0			1.0										
46250	REMOVE EXT HEM GROUPS 2+	090	188	197	9	5%	4.25	4.91	0.66	16%	0			1.0	1.0						0.5			
46255	REMOVE INT/EXT HEM 1 GROUP	090	193	202	9	5%	4.96	5.62	0.66	13%	0			1.0	1.0						0.5			
46257	REMOVE IN/EX HEM GRP & FISS	090	203	212	9	4%	5.76	6.42	0.66	11%	0			1.0	1.0						0.5			
46258	REMOVE IN/EX HEM GRP W/FIST	090	241	257	16	7%	6.41	7.40	0.99	15%	0			1.0	2.0						0.5			
46260	REMOVE IN/EX HEM GROUPS 2+	090	208	217	9	4%	6.73	7.39	0.66	10%	0			1.0	1.0						0.5			
46261	REMOVE IN/EX HEM GRPS & FISS	090	241	257	16	7%	7.76	8.75	0.99	13%	0			1.0	2.0						0.5			
46262	REMOVE IN/EX HEM GRPS W/FIS	090	179	190	11	6%	7.91	8.79	0.88	11%	0			2.0	1.0						0.5			

46270	REMOVE ANAL FIST SUBQ	090	169	180	11	7%	4.92	5.80	0.88	18%	0			2.0	1.0						0.5			
46275	REMOVE ANAL FIST INTER	090	184	195	11	6%	5.42	6.30	0.88	16%	0			2.0	1.0						0.5			
46280	REMOVE ANAL FIST COMPLEX	090	199	210	11	6%	6.39	7.27	0.88	14%	0			2.0	1.0						0.5			
46285	REMOVE ANAL FIST 2 STAGE	090	184	195	11	6%	5.42	6.30	0.88	16%	0			2.0	1.0						0.5			
46288	REPAIR ANAL FISTULA	090	236	252	16	7%	7.81	8.80	0.99	13%	0			1.0	2.0						0.5			
46320	REMOVAL OF HEMORRHOID CLO	010	55	56	1	2%	1.64	1.75	0.11	7%	0			0.5										
46500	INJECTION INTO HEMORRHOID(S)	010	61	68	7	11%	1.74	2.07	0.33	19%	0				1.0									
46505	CHEMODENERVATION ANAL MUS	010	102	109	7	7%	3.18	3.62	0.44	14%	0				1.0						0.5			
46700	REPAIR OF ANAL STRICTURE	090	283.5	299.5	16	6%	9.81	10.80	0.99	10%	0			1.0	2.0						0.5			
46705	REPAIR OF ANAL STRICTURE	090	277	299	22	8%	7.43	9.14	1.71	23%	0			3.5				3.0			1.0			
46706	REPR OF ANAL FISTULA W/GLUE	010	100	102	2	2%	2.44	2.77	0.33	14%	0			1.0							0.5			
46707	REPAIR ANORECTAL FIST W/PLUG	090	187	198	11	6%	6.39	7.27	0.88	14%	0			2.0	1.0						0.5			
46710	REPR PER/VAG POUCH SNGL PRO	090	370	387	17	5%	17.14	18.68	1.54	9%	0			1.0	2.0			1.0	1.0		1.0			
46712	REPR PER/VAG POUCH DBL PROC	090	670	677	7	1%	36.45	38.99	2.54	7%	0			1.0	2.0			1.0	2.0	2.0	1.0			
46715	REP PERF ANOPER FISTU	090	265	282.5	17.5	7%	7.62	8.99	1.37	18%	0			2.5				2.5			1.0			
46716	REP PERF ANOPER/VESTIB FISTU	090	530	594	64	12%	17.54	20.37	2.83	16%	-10					5.0		2.0				1.0		
46730	CONSTRUCTION OF ABSENT ANUS	090	775	832	57	7%	30.65	34.46	3.81	12%	-12					6.0		1.0	2.0	1.0		1.0		
46735	CONSTRUCTION OF ABSENT ANUS	090	850	916	66	8%	36.14	40.23	4.09	11%	-12					6.0		3.0	3.0			1.0		
46740	CONSTRUCTION OF ABSENT ANUS	090	775	832	57	7%	33.9	37.71	3.81	11%	-12					6.0		1.0	2.0	1.0		1.0		
46742	REPAIR OF IMPERFORATED ANUS	090	895	953	58	6%	40.14	44.39	4.25	11%	-12					6.0		2.0	3.0	1.0		1.0		
46744	REPAIR OF CLOACAL ANOMALY	090	1303	1355	52	4%	58.94	63.99	5.05	9%	-12					6.0		2.0	3.0	3.0		1.0	2.0	
46746	REPAIR OF CLOACAL ANOMALY	090	1566	1625	59	4%	65.44	71.20	5.76	9%	-11					5.0	1.0	3.0	4.0	3.0		1.0	3.0	
46748	REPAIR OF CLOACAL ANOMALY	090	1686	1745	59	3%	71.42	77.18	5.76	8%	-11					5.0	1.0	3.0	4.0	3.0		1.0	3.0	
46750	REPAIR OF ANAL SPHINCTER	090	475	489	14	3%	12.15	14.33	2.18	18%	0			1.0	2.0			2.0	3.0		1.0			
46751	REPAIR OF ANAL SPHINCTER	090	299	321	22	7%	9.3	11.01	1.71	18%	0			3.5				3.0			1.0			
46753	RECONSTRUCTION OF ANUS	090	297	316	19	6%	8.89	10.14	1.25	14%	0			1.0	1.0			2.0			1.0			
46754	REMOVAL OF SUTURE FROM ANU	010	175	196	21	12%	3.01	4.35	1.34	45%	0			1.0	2.0			1.0			1.0			
46760	REPAIR OF ANAL SPHINCTER	090	676	699	23	3%	17.45	20.87	3.42	20%	-2			2.0	2.0	1.0		2.0	2.0	2.0	1.0			
46761	REPAIR OF ANAL SPHINCTER	090	410	423	13	3%	15.29	17.03	1.74	11%	0			1.0	2.0			1.0	2.0		1.0			
46900	DESTRUCTION ANAL LESION(S)	010	63	70	7	11%	1.91	2.24	0.33	17%	0				1.0									
46910	DESTRUCTION ANAL LESION(S)	010	73	75	2	3%	1.91	2.13	0.22	12%	0			1.0										
46916	CRYOSURGERY ANAL LESION(S)	010	67	69	2	3%	1.91	2.13	0.22	12%	0			1.0										
46917	LASER SURGERY ANAL LESIONS	010	73	75	2	3%	1.91	2.13	0.22	12%	0			1.0										
46922	EXCISION OF ANAL LESION(S)	010	83	85	2	2%	1.91	2.13	0.22	12%	0			1.0										
46924	DESTRUCTION ANAL LESION(S)	010	93	95	2	2%	2.81	3.03	0.22	8%	0			1.0										
46930	DESTROY INTERNAL HEMORRHOI	090	46	53	7	15%	1.61	1.94	0.33	20%	0				1.0									
46940	TREATMENT OF ANAL FISSURE	010	63	64	1	2%	2.35	2.46	0.11	5%	0			0.5										
46942	TREATMENT OF ANAL FISSURE	010	67	68	1	1%	2.07	2.18	0.11	5%	0			0.5										
46945	INT HRHC LIG 1 HROID W/O IMG	090	133	142	9	7%	3.69	4.35	0.66	18%	0			1.0	1.0						0.5			
46946	INT HRHC LIG 2+HROID W/O IMG	090	148	157	9	6%	4.5	5.16	0.66	15%	0			1.0	1.0						0.5			
46947	HEMORRHOIDOPEXY BY STAPLIN	090	170	179	9	5%	5.57	6.23	0.66	12%	0			1.0	1.0						0.5			
46948	INT HRHC TRANAL DARTLZJ 2+	090	163	172	9	6%	5.57	6.23	0.66	12%	0			1.0	1.0						0.5			
47010	HEPATOT OPN DRG ABSC/CST 1/2	090	645	653	8	1%	19.4	22.38	2.98	15%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
47015	LAPT ASPIR&/NJX HEP PRST CST	090	665	673	8	1%	18.5	21.48	2.98	16%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
47100	WEDGE BIOPSY OF LIVER	090	345	367	22	6%	12.91	14.69	1.78	14%	0			1.0	2.0			2.0	1.0		1.0			
47120	PARTIAL REMOVAL OF LIVER	090	803	815	12	1%	39.01	42.30	3.29	8%	-2			2.0	1.0	1.0		2.0	3.0	2.0	1.0		1.0	
47122	EXTENSIVE REMOVAL OF LIVER	090	1000	1008	8	1%	59.48	62.46	2.98	5%	0			1.0	2.0			2.0	3.0	2.0	1.0		3.0	
47125	PARTIAL REMOVAL OF LIVER	090	855	863	8	1%	53.04	56.02	2.98	6%	0			1.0	2.0			2.0	3.0	2.0	1.0		2.0	
47130	PARTIAL REMOVAL OF LIVER	090	870	878	8	1%	57.19	60.17	2.98	5%	0			1.0	2.0			2.0	3.0	2.0	1.0		2.0	
47135	TRANSPLANTATION OF LIVER	090	1648	1708	60	4%	90	97.03	7.03	8%	-13				1.0	6.0	1.0	1.0	3.0	6.0		1.0	2.0	1.0
47140	PARTIAL REMOVAL DONOR LIVER	090	1073	1088	15	1%	59.4	63.95	4.55	8%	0			1.0	3.0			3.0	2.0	5.0	1.0			
47141	PARTIAL REMOVAL DONOR LIVER	090	1101	1135	34	3%	71.5	76.02	4.52	6%	0			1.0	4.0			4.0	1.0	4.0	1.0			
47142	PARTIAL REMOVAL DONOR LIVER	090	1221	1256	35	3%	79.44	84.40	4.96	6%	0			1.0	4.0			5.0	2.0	4.0	1.0			
47300	SURGERY FOR LIVER LESION	090	605	617	12	2%	18.14	20.92	2.78	15%	0			1.0	2.0			2.0	2.0	2.0	1.0		1.0	
47350	REPAIR LIVER WOUND	090	575	582	7	1%	22.49	25.03	2.54	11%	0			1.0	2.0			1.0	2.0	2.0	1.0		1.0	
47360	REPAIR LIVER WOUND	090	857.5	865.5	8	1%	31.31	34.29	2.98	10%	0			1.0	2.0			2.0	3.0	2.0	1.0		3.0	
47361	REPAIR LIVER WOUND	090	1035	1045	10	1%	52.6	56.22	3.62	7%	0			1.0	2.0			3.0	3.0	3.0	1.0		4.0	
47362	REPAIR LIVER WOUND	090	880	893	13	1%	23.54	26.76	3.22	14%	0			1.0	2.0			3.0	3.0	2.0	1.0		4.0	
47370	LAPARO ABLATE LIVER TUMOR RF	090	450	467	17	4%	20.8	22.34	1.54	7%	0			1.0	2.0			1.0	1.0		1.0			
47371	LAPARO ABLATE LIVER CRYOSURG	090	455	472	17	4%	20.8	22.34	1.54	7%	0			1.0	2.0			1.0	1.0		1.0			
47380	OPEN ABLATE LIVER TUMOR RF	090	550	568	18	3%	24.56	26.54	1.98	8%	0			1.0	2.0			2.0	2.0		1.0			
47381	OPEN ABLATE LIVER TUMOR CRY	090	576	596	20	3%	24.88	27.08	2.20	9%	0			2.0	2.0			2.0	2.0		1.0			
47382	PERCUT ABLATE LIVER RF	010	265	267	2	1%	14.97	15.30	0.33	2%	0			1.0							0.5			
47383	PERQ ABLTJ LVR CRYOABLATION	010	196	198	2	1%	8.88	9.21	0.33	4%	0			1.0							0.5			
47400	INCISION OF LIVER DUCT	090	810	818	8	1%	36.36	39.34	2.98	8%	0			1.0	2.0			2.0	3.0	2.0	1.0		2.0	
47420	INCISION OF BILE DUCT	090	588	590	2	0%	22.03	24.46	2.43	11%	0			2.0	1.0			1.0	2.0	2.0	1.0			
47425	INCISION OF BILE DUCT	090	628	626	-2	0%	22.31	24.94	2.63	12%	0			2.0	1.0			1.0	3.0	2.0	1.0			
47460	INCISE BILE DUCT SPHINCTER	090	578	576	-2	0%	20.52	23.15	2.63	13%	0			2.0	1.0			1.0	3.0	2.0	1.0			
47480	INCISION OF GALLBLADDER	090	495	502	7	1%	13.25	15.79	2.54	19%	0			1.0	2.0			1.0	2.0	2.0	1.0			
47490	INCISION OF GALLBLADDER	010	133	143	10	8%	4.76	5.24	0.48	10%	0							2.0						
47562	LAPAROSCOPIC CHOLECYSTECTOM	090	251	267	16	6%	10.47	11.46	0.99	9%	0			1.0	2.0						0.5			
47563	LAPARO CHOLECYSTECTOMY/GRA	090	238	247	9	4%	11.47	12.13	0.66	6%	0			1.0	1.0						0.5			
47564	LAPARO CHOLECYSTECTOMY/EXP	090	415	428	13	3%	18	19.74	1.74	10%	0			1.0	2.0			1.0	2.0		1.0			

47600	CHOLECYSTECTOMY	090	475	485	10	2%	17.48	19.62	2.14	12%	0			1.0	2.0			1.0	2.0	1.0	1.0			
47605	CHOLECYSTECTOMY W/CHOLANG	090	490	500	10	2%	18.48	20.62	2.14	12%	0			1.0	2.0			1.0	2.0	1.0	1.0			
47610	REMOVAL OF GALLBLADDER	090	512	512	0	0%	20.92	23.13	2.21	11%	0			1.0	1.0			1.0	2.0	2.0	1.0			
47612	REMOVAL OF GALLBLADDER	090	597	593	-4	-1%	21.21	23.62	2.41	11%	0			1.0	1.0			1.0	3.0	2.0	1.0			
47620	REMOVAL OF GALLBLADDER	090	627	623	-4	-1%	23.07	25.48	2.41	10%	0			1.0	1.0			1.0	3.0	2.0	1.0			
47700	EXPLORATION OF BILE DUCTS	090	456	493	37	8%	16.5	18.93	2.43	15%	0			3.5				6.0			1.0			
47701	BILE DUCT REVISION	090	498	537.5	39.5	8%	28.73	31.28	2.55	9%	0			3.5				6.5			1.0			
47711	EXCISION OF BILE DUCT TUMOR	090	670	678	8	1%	25.9	28.88	2.98	12%	0			1.0	2.0			2.0	3.0	2.0	1.0			
47712	EXCISION OF BILE DUCT TUMOR	090	790	803	13	2%	33.72	36.94	3.22	10%	0			1.0	2.0			3.0	3.0	2.0	1.0		1.0	
47715	EXCISION OF BILE DUCT CYST	090	650	653	3	0%	21.55	24.29	2.74	13%	0			1.0	2.0			1.0	3.0	2.0	1.0			
47720	FUSE GALLBLADDER & BOWEL	090	520	527	7	1%	18.34	20.88	2.54	14%	0			1.0	2.0			1.0	2.0	2.0	1.0			
47721	FUSE UPPER GI STRUCTURES	090	610	618	8	1%	21.99	24.97	2.98	14%	0			1.0	2.0			2.0	3.0	2.0	1.0			
47740	FUSE GALLBLADDER & BOWEL	090	590	593	3	1%	21.23	23.97	2.74	13%	0			1.0	2.0			1.0	3.0	2.0	1.0			
47741	FUSE GALLBLADDER & BOWEL	090	640	648	8	1%	24.21	27.19	2.98	12%	0			1.0	2.0			2.0	3.0	2.0	1.0			
47760	FUSE BILE DUCTS AND BOWEL	090	759	783	24	3%	38.32	41.54	3.22	8%	-2				2.0	1.0		3.0	2.0	2.0	1.0		1.0	
47765	FUSE LIVER DUCTS & BOWEL	090	882	911	29	3%	52.19	55.65	3.46	7%	-2				2.0	1.0		4.0	2.0	2.0	1.0		1.0	
47780	FUSE BILE DUCTS AND BOWEL	090	799	823	24	3%	42.32	45.54	3.22	8%	-2				2.0	1.0		3.0	2.0	2.0	1.0		1.0	
47785	FUSE BILE DUCTS AND BOWEL	090	939	968	29	3%	56.19	59.65	3.46	6%	-2				2.0	1.0		4.0	2.0	2.0	1.0		1.0	
47800	RECONSTRUCTION OF BILE DUCTS	090	652.5	660.5	8	1%	26.17	29.15	2.98	11%	0			1.0	2.0			2.0	3.0	2.0	1.0			
47801	PLACEMENT BILE DUCT SUPPORT	090	525	532	7	1%	17.6	20.14	2.54	14%	0			1.0	2.0			1.0	2.0	2.0	1.0			
47900	SUTURE BILE DUCT INJURY	090	570	582	12	2%	22.44	25.22	2.78	12%	0			1.0	2.0			2.0	2.0	2.0	1.0			
48000	DRAINAGE OF ABDOMEN	090	743	751	8	1%	31.95	34.93	2.98	9%	0			1.0	2.0			2.0	3.0	2.0	1.0		2.0	
48001	PLACEMENT OF DRAIN PANCREAS	090	815.5	815.5	0	0%	39.69	42.83	3.14	8%	0			1.0	2.0			1.0	3.0	3.0	1.0		2.0	
48020	REMOVAL OF PANCREATIC STONE	090	678	686	8	1%	19.09	22.07	2.98	16%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
48100	BIOPSY OF PANCREAS OPEN	090	497.5	502.5	5	1%	14.46	16.91	2.45	17%	0			1.0	1.0			2.0	2.0	2.0	1.0			
48102	NEEDLE BIOPSY PANCREAS	010	120	121	1	1%	4.7	4.92	0.22	5%	0			0.5							0.5			
48105	RESECT/DEBRIDE PANCREAS	090	1220	1250.5	30.5	2%	49.26	55.18	5.92	12%	-2			1.0	2.0	1.0		7.5	5.0	4.0	1.0		3.0	
48120	REMOVAL OF PANCREAS LESION	090	595	596	1	0%	18.41	21.06	2.65	14%	0			1.0	1.0			2.0	3.0	2.0	1.0			
48140	PARTIAL REMOVAL OF PANCREAS	090	725	733	8	1%	26.32	29.30	2.98	11%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
48145	PARTIAL REMOVAL OF PANCREAS	090	762.5	770.5	8	1%	27.39	30.37	2.98	11%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
48146	PANCREATECTOMY	090	893	908	15	2%	30.6	33.91	3.31	11%	0			1.0	3.0			2.0	3.0	2.0	1.0		2.0	
48148	REMOVAL OF PANCREATIC DUCT	090	700	712	12	2%	20.39	23.17	2.78	14%	0			1.0	2.0			2.0	2.0	2.0	1.0		1.0	
48150	PARTIAL REMOVAL OF PANCREAS	090	1110	1133	23	2%	52.84	56.92	4.08	8%	-2			1.0	2.0	1.0		4.0	4.0	2.0	1.0		2.0	
48152	PANCREATECTOMY	090	1063	1085	22	2%	48.65	52.84	4.19	9%	0			1.0	3.0			4.0	3.0	3.0	1.0		2.0	
48153	PANCREATECTOMY	090	1078	1100	22	2%	52.79	56.98	4.19	8%	0			1.0	3.0			4.0	3.0	3.0	1.0		2.0	
48154	PANCREATECTOMY	090	1033	1050	17	2%	48.88	52.83	3.95	8%	0			1.0	3.0			3.0	3.0	3.0	1.0		2.0	
48155	REMOVAL OF PANCREAS	090	1043	1060	17	2%	29.45	33.40	3.95	13%	0			1.0	3.0			3.0	3.0	3.0	1.0		2.0	
48500	SURGERY OF PANCREATIC CYST	090	603	611	8	1%	18.16	21.14	2.98	16%	0			1.0	2.0			2.0	3.0	2.0	1.0			
48510	DRAIN PANCREATIC PSEUDOCYST	090	580.5	588.5	8	1%	17.19	20.17	2.98	17%	0			1.0	2.0			2.0	3.0	2.0	1.0			
48520	FUSE PANCREAS CYST AND BOWE	090	580	581	1	0%	18.15	20.80	2.65	15%	0			1.0	1.0			2.0	3.0	2.0	1.0			
48540	FUSE PANCREAS CYST AND BOWE	090	560	565	5	1%	21.94	24.39	2.45	11%	0			1.0	1.0			2.0	2.0	2.0	1.0			
48545	PANCREATORRHAPHY	090	773	782	9	1%	22.23	25.41	3.18	14%	0			1.0	2.0			2.0	2.0	3.0	1.0		2.0	
48547	DUODENAL EXCLUSION	090	903	912	9	1%	30.38	33.56	3.18	10%	0			1.0	2.0			2.0	2.0	3.0	1.0		3.0	
48548	FUSE PANCREAS AND BOWEL	090	765	773	8	1%	28.09	31.07	2.98	11%	0			1.0	2.0			2.0	3.0	2.0	1.0		1.0	
48554	TRANSPL ALLOGRAFT PANCREAS	090	1237	1337	100	8%	37.8	42.45	4.65	12%	-9				4.0	3.0	3.0							
48556	REMOVAL ALLOGRAFT PANCREAS	090	952	1011	59	6%	19.47	24.06	4.59	24%	-2				3.0	1.0		9.0	4.0		1.0			
49000	EXPLORATION OF ABDOMEN	090	304	328	24	8%	12.54	13.90	1.36	11%	0				2.0			2.0			1.0			
49002	REOPENING OF ABDOMEN	090	437	450	13	3%	17.63	19.92	2.29	13%	0			1.0	1.0			3.0	2.0	1.0	1.0			
49010	EXPLORATION BEHIND ABDOMEN	090	357	377	20	6%	16.06	17.75	1.69	11%	0			1.0	1.0			3.0	1.0		1.0			
49020	DRAINAGE ABDOM ABSCESS OPE	090	710	746	36	5%	26.67	30.59	3.92	15%	-2			1.0	2.0	1.0		5.0	2.0	2.0	1.0		1.0	
49040	DRAIN OPEN ABDOM ABSCESS	090	603	601	-2	0%	16.52	19.15	2.63	16%	0			2.0	1.0			1.0	3.0	2.0	1.0		1.0	
49060	DRAIN OPEN RETROPERI ABSCESS	090	563	565	2	0%	18.53	20.96	2.43	13%	0			2.0	1.0			1.0	2.0	2.0	1.0		1.0	
49062	DRAIN TO PERITONEAL CAVITY	090	334	358	24	7%	12.22	13.58	1.36	11%	0				2.0			2.0			1.0			
49186	OPN EXC/DSTR NTRA-ABD 5 CM/	090	442	471	29	7%	22	23.98	1.98	9%	-2				2.0	1.0		2.0	1.0		1.0			
49187	OPN EXC/DSTR NTRA-ABD 5.1-10	090	542	568	26	5%	28.65	31.03	2.38	8%	-2				2.0	1.0		2.0	1.0	1.0	1.0			
49188	OPN EXC/DST NTRA-ABD 10.1-20	090	717	747	30	4%	34	37.10	3.10	9%	-2				3.0	1.0		1.0	2.0	2.0		1.0		
49189	OPN EXC/DST NTRA-ABD 20.1-30	090	814	849	35	4%	40	43.34	3.34	8%	-2				3.0	1.0		2.0	2.0	2.0		1.0		
49190	OPN EXC/DSTR NTRA-ABD >30 CM	090	1046	1069	23	2%	50	54.39	4.39	9%	-4				2.0	2.0		1.0	2.0	5.0		1.0		
49215	EXCISE SACRAL SPINE TUMOR	090	855	859	4	0%	37.81	40.62	2.81	7%	0				3.0				2.0	3.0	1.0		2.0	1.0
49250	EXCISION OF UMBILICUS	090	292	319.5	27.5	9%	9.01	10.86	1.85	21%	0			2.5				4.5			1.0			
49255	REMOVAL OF OMENTUM	090	345	386	41	12%	12.56	14.73	2.17	17%	0				3.0			4.0			1.0			
49320	DIAG LAPARO SEPARATE PROC	010	157	164	7	4%	5.14	5.58	0.44	9%	0				1.0						0.5			
49321	LAPAROSCOPY BIOPSY	010	201	213	12	6%	5.44	6.23	0.79	15%	0				1.0			1.0			1.0			
49322	LAPAROSCOPY ASPIRATION	010	133	140	7	5%	6.01	6.34	0.33	5%	0				1.0									
49323	LAPARO DRAIN LYMPHOCELE	090	299	318	19	6%	10.23	11.35	1.12	11%	0				2.0			1.0			1.0			
49324	LAP INSERT TUNNEL IP CATH	010	162	169	7	4%	6.32	6.76	0.44	7%	0				1.0						0.5			
49325	LAP REVISION PERM IP CATH	010	162	169	7	4%	6.82	7.26	0.44	6%	0				1.0						0.5			
49402	REMOVE FOREIGN BODY ADBOM	090	422	421	-1	0%	14.09	16.10	2.01	14%	0			1.0	1.0			1.0	3.0	1.0	1.0			
49419	INSERT TUN IP CATH W/PORT	090	231	243	12	5%	7.08	7.87	0.79	11%	0				1.0			1.0			1.0			
49425	INSERT ABDOMEN-VENOUS DRAI	090	367	403	36	10%	12.22	14.54	2.32	19%	0			3.0				6.0			1.0			
49426	REVISE ABDOMEN-VENOUS SHUN	090	330	362.5	32.5	10%	10.41	12.50	2.09	20%	0			2.5				5.5			1.0			
49428	LIGATION OF SHUNT	010	239.5	249.5	10	4%	6.87	8.08	1.21	18%	0			1.0	1.0			1.0	1.0		1.0			
49429	REMOVAL OF SHUNT	010	317	349	32	10%	7.44	9.32	1.88	25%	0			1.0				6.0			1.0			

49436	EMBEDDED IP CATH EXIT-SITE	010	93	95	2	2%	2.72	3.05	0.33	12%	0			1.0							0.5			
49440	PLACE GASTROSTOMY TUBE PERC	010	116	121	5	4%	3.93	4.17	0.24	6%	0							1.0						
49441	PLACE DUOD/JEJ TUBE PERC	010	123	128	5	4%	4.52	4.76	0.24	5%	0							1.0						
49442	PLACE CECOSTOMY TUBE PERC	010	108	113	5	5%	3.75	3.99	0.24	6%	0							1.0						
49491	RPR HERN PREEMIE REDUC	090	398	406	8	2%	12.53	13.92	1.39	11%	0			2.0	1.0					1.0	1.0		1.0	
49492	RPR ING HERN PREMIE BLOCKED	090	398	406	8	2%	15.43	16.82	1.39	9%	0			2.0	1.0					1.0	1.0		1.0	
49495	RPR ING HERNIA BABY REDUC	090	148	155	7	5%	6.2	6.53	0.33	5%	0				1.0									
49496	RPR ING HERNIA BABY BLOCKED	090	246	260	14	6%	9.42	10.08	0.66	7%	0				2.0									
49500	RPR ING HERNIA INIT REDUCE	090	178	187	9	5%	5.84	6.50	0.66	11%	0			1.0	1.0						0.5			
49501	RPR ING HERNIA INIT BLOCKED	090	232	246	14	6%	9.36	10.37	1.01	11%	0			1.0	1.0			1.0			1.0			
49505	PRP I/HERN INIT REDUC >5 YR	090	198	207	9	5%	7.96	8.62	0.66	8%	0			1.0	1.0						0.5			
49507	PRP I/HERN INIT BLOCK >5 YR	090	231	240	9	4%	9.09	9.75	0.66	7%	0			1.0	1.0						0.5			
49520	REREPAIR ING HERNIA REDUCE	090	185.5	194.5	9	5%	9.99	10.65	0.66	7%	0			1.0	1.0						0.5			
49521	REREPAIR ING HERNIA BLOCKED	090	251	260	9	4%	11.48	12.14	0.66	6%	0			1.0	1.0						0.5			
49525	REPAIR ING HERNIA SLIDING	090	193	202	9	5%	8.93	9.59	0.66	7%	0			1.0	1.0						0.5			
49540	REPAIR LUMBAR HERNIA	090	218	227	9	4%	10.74	11.40	0.66	6%	0			1.0	1.0						0.5			
49550	RPR REM HERNIA INIT REDUCE	090	193	202	9	5%	8.99	9.65	0.66	7%	0			1.0	1.0						0.5			
49553	RPR FEM HERNIA INIT BLOCKED	090	247	261	14	6%	9.92	10.93	1.01	10%	0			1.0	1.0			1.0			1.0			
49555	REREPAIR FEM HERNIA REDUCE	090	218	227	9	4%	9.39	10.05	0.66	7%	0			1.0	1.0						0.5			
49557	REREPAIR FEM HERNIA BLOCKED	090	262	276	14	5%	11.62	12.63	1.01	9%	0			1.0	1.0			1.0			1.0			
49600	REPAIR UMBILICAL LESION	090	286	311	25	9%	11.55	13.28	1.73	15%	0			2.5				4.0			1.0			
49605	REPAIR UMBILICAL LESION	090	1720	1746	26	2%	87.09	92.80	5.71	7%	-6					3.0		5.0	5.0	5.0		1.0	9.0	2.0
49606	REPAIR UMBILICAL LESION	090	297	314.5	17.5	6%	19	20.37	1.37	7%	0			2.5				2.5			1.0			
49610	REPAIR UMBILICAL LESION	090	282	299.5	17.5	6%	10.91	12.28	1.37	13%	0			2.5				2.5			1.0			
49611	REPAIR UMBILICAL LESION	090	270	287.5	17.5	6%	9.34	10.71	1.37	15%	0			2.5				2.5			1.0			
49650	LAP ING HERNIA REPAIR INIT	090	147	151	4	3%	6.36	6.80	0.44	7%	0			2.0										
49651	LAP ING HERNIA REPAIR RECUR	090	193	199	6	3%	8.38	9.04	0.66	8%	0			3.0										
49900	REPAIR OF ABDOMINAL WALL	090	567	658	91	16%	12.41	16.98	4.57	37%	0				3.0			14.0			1.0			2.0
49904	OMENTAL FLAP EXTRA-ABDOM	090	670	703	33	5%	22.35	25.69	3.34	15%	0			3.0	2.0			5.0	3.0		1.0			
49906	FREE OMENTAL FLAP MICROVASC	090	892	964	72	8%	0	3.90	3.90	#DIV/0!	0			2.0	4.0			8.0			1.0			
50010	RENAL EXPLORATION	090	341	377	36	11%	12.28	14.21	1.93	16%	0				3.0			3.0			1.0			
50020	DRG PERIRNL/RENAL ABSC OPEN	090	650	697	47	7%	18.08	22.10	4.02	22%	0				4.0			7.0	4.0		1.0			
50040	NFROS NFROT W/DRG	090	405	453	48	12%	16.68	19.18	2.50	15%	0				4.0			4.0			1.0			
50045	NEPHROTOMY W/EXPLORATION	090	382	420.5	38.5	10%	16.82	18.87	2.05	12%	0				3.0			3.5			1.0			
50060	NL REMOVAL CALCULUS	090	440	491	51	12%	20.95	23.60	2.65	13%	0				3.0			6.0			1.0			
50065	NL SEC SURG OPERJ CALCULUS	090	471	517	46	10%	22.32	24.73	2.41	11%	0				3.0			5.0			1.0			
50070	NL COMP CGEN KDN ABNORMAL	090	482	528	46	10%	21.85	24.26	2.41	11%	0				3.0			5.0			1.0			
50075	NL RMVL LG STAGHORN CALCULU	090	569.5	621.5	52	9%	27.09	29.79	2.70	10%	0				3.5			5.5			1.0			
50080	PERQ NL/PL LITHOTRP SMPL<2CM	090	244	258	14	6%	12.41	13.18	0.77	6%	0				2.0						0.5			
50081	PERQ NL/PL LITHOTRP CPLX>2CM	090	302	316	14	5%	20.91	21.68	0.77	4%	0				2.0						0.5			
50100	TRNSXJ/REPOS ABRRNT RNL VSLS	090	400	438.5	38.5	10%	17.45	19.50	2.05	12%	0				3.0			3.5			1.0			
50120	PYELOTOMY W/EXPLORATION	090	362	398	36	10%	17.21	19.14	1.93	11%	0				3.0			3.0			1.0			
50125	PYELOTOMY W/DRG PYELOSTOM	090	364	400	36	10%	17.82	19.75	1.93	11%	0				3.0			3.0			1.0			
50130	PYELOTOMY W/REMOVAL CALCU	090	427	473	46	11%	18.82	21.23	2.41	13%	0				3.0			5.0			1.0			
50205	RENAL BX SURG EXPOSURE KDN	090	324	353	29	9%	12.29	13.89	1.60	13%	0				2.0			3.0			1.0			
50220	REMOVE KIDNEY OPEN	090	432	478	46	11%	18.68	21.09	2.41	13%	0				3.0			5.0			1.0			
50225	REMOVAL KIDNEY OPEN COMPLE	090	512	563	51	10%	21.88	24.53	2.65	12%	0				3.0			6.0			1.0			
50230	REMOVAL KIDNEY OPEN RADICAL	090	573.5	631	57.5	10%	23.81	26.78	2.97	12%	0				2.5			8.0			1.0			
50234	REMOVAL OF KIDNEY & URETER	090	512	563	51	10%	24.05	26.70	2.65	11%	0				3.0			6.0			1.0			
50236	REMOVAL OF KIDNEY & URETER	090	570	633	63	11%	26.94	30.16	3.22	12%	0				4.0			7.0			1.0			
50240	NEPHRECTOMY PARTIAL	090	605	673	68	11%	24.21	27.67	3.46	14%	0				4.0			8.0			1.0			
50250	OPN ABLTJ 1/> RNL MAS CRYSRG	090	541	563	22	4%	22.22	25.06	2.84	13%	0			2.0	2.0			3.0	2.0	1.0	1.0			
50280	EXC/UNROOFING CYST KIDNEY	090	379	420	41	11%	17.09	19.26	2.17	13%	0				3.0			4.0			1.0			
50290	EXCISION PERINEPHRIC CYST	090	386	427	41	11%	16.15	18.32	2.17	13%	0				3.0			4.0			1.0			
50320	REMOVE KIDNEY LIVING DONOR	090	524	554	30	6%	22.43	24.71	2.28	10%	0			5.0				4.0			1.0			
50340	RECIPIENT NEPHRECTOMY	090	436.5	493.5	57	13%	14.04	16.98	2.94	21%	0				3.5			6.5			1.0			
50360	RNL ALTRNSPLJ W/O RCP NFRCT	090	774	805	31	4%	39.88	43.40	3.52	9%	-5				1.0	2.0	1.0	1.0	2.0	2.0	1.0			
50365	RNL ALTRNSPLJ W/RCP NFRCT	090	1446	1455	9	1%	46.13	52.02	5.89	13%	0				9.0				13.5		1.0		4.0	
50370	RMVL TRANSPLANTED RNL ALGRI	090	898	961	63	7%	18.88	22.10	3.22	17%	0				4.0			7.0			1.0		6.0	
50380	RNL AUTOTRNSPLJ RIMPLTJ KDN	090	1469	1478	9	1%	30.11	36.00	5.89	20%	0				9.0				13.5		1.0		4.0	
50400	REVISION OF KIDNEY/URETER	090	483	539	56	12%	21.27	24.16	2.89	14%	0				3.0			7.0			1.0			
50405	REVISION OF KIDNEY/URETER	090	550.5	610	59.5	11%	25.86	28.92	3.06	12%	0				3.5			7.0			1.0			
50500	REPAIR OF KIDNEY WOUND	090	463	514	51	11%	21.22	23.87	2.65	12%	0				3.0			6.0			1.0			
50520	CLOSE KIDNEY-SKIN FISTULA	090	465	516	51	11%	18.88	21.53	2.65	14%	0				3.0			6.0			1.0			
50525	CLOSE NEPHROVISCERAL FISTULA	090	569.5	636.5	67	12%	24.39	27.81	3.42	14%	0				3.5			8.5			1.0			
50526	CLOSE NEPHROVISCERAL FISTULA	090	624.5	699	74.5	12%	26.31	30.09	3.78	14%	0				3.5			10.0			1.0			
50540	REVISION OF HORSESHOE KIDNEY	090	421	452	31	7%	21.1	22.79	1.69	8%	0				3.0			2.0			1.0			
50541	LAPARO ABLATE RENAL CYST	090	319	343	24	8%	16.86	18.22	1.36	8%	0				2.0			2.0			1.0			
50542	LAPARO ABLATE RENAL MASS	090	449	468	19	4%	21.36	22.86	1.50	7%	-2				2.0	1.0			1.0		1.0			
50543	LAPARO PARTIAL NEPHRECTOMY	090	557	593	36	6%	27.41	29.72	2.31	8%	-2				3.0	1.0		2.0	1.0		1.0			
50544	LAPAROSCOPY PYELOPLASTY	090	459	488	29	6%	23.37	24.97	1.60	7%	0				2.0			3.0			1.0			
50545	LAPARO RADICAL NEPHRECTOMY	090	491	522	31	6%	25.06	26.75	1.69	7%	-2				1.0	1.0		3.0			1.0			
50546	LAPAROSCOPIC NEPHRECTOMY	090	466.5	504.5	38	8%	21.87	23.89	2.02	9%	-2				2.0	1.0		3.0			1.0			

50547	LAPARO REMOVAL DONOR KIDNE	090	501.5	525.5	24	5%	26.34	27.70	1.36	5%	0				2.0			2.0			1.0			
50548	LAPARO REMOVE W/URETER	090	494	523	29	6%	25.36	26.96	1.60	6%	0				2.0			3.0			1.0			
50562	RENAL SCOPE W/TUMOR RESECT	090	187.5	187.5	0	0%	10.9	11.01	0.11	1%	0										0.5			
50590	FRAGMENTING OF KIDNEY STONE	090	207	223	16	8%	9.77	10.76	0.99	10%	0			1.0	2.0						0.5			
50592	PERC RF ABLATE RENAL TUMOR	010	145	147	2	1%	6.55	6.88	0.33	5%	0			1.0							0.5			
50593	PERC CRYO ABLATE RENAL TUM	010	207	214	7	3%	8.88	9.32	0.44	5%	0				1.0						0.5			
50600	EXPLORATION OF URETER	090	361.5	401.5	40	11%	17.17	19.30	2.13	12%	0				2.5			4.5			1.0			
50605	INSERT URETERAL SUPPORT	090	361.5	401.5	40	11%	16.79	18.92	2.13	13%	0				2.5			4.5			1.0			
50610	REMOVAL OF URETER STONE	090	354.5	394.5	40	11%	17.25	19.38	2.13	12%	0				2.5			4.5			1.0			
50620	REMOVAL OF URETER STONE	090	330.5	368	37.5	11%	16.43	18.44	2.01	12%	0				2.5			4.0			1.0			
50630	REMOVAL OF URETER STONE	090	339.5	377	37.5	11%	16.21	18.22	2.01	12%	0				2.5			4.0			1.0			
50650	REMOVAL OF URETER	090	387	428	41	11%	18.82	20.99	2.17	12%	0				3.0			4.0			1.0			
50660	REMOVAL OF URETER	090	434	477.5	43.5	10%	21.02	23.31	2.29	11%	0				3.0			4.5			1.0			
50688	CHANGE OF URETER TUBE/STENT	010	52	53	1	2%	1.2	1.31	0.11	9%	0			0.5										
50700	REVISION OF URETER	090	415	458.5	43.5	10%	16.69	18.98	2.29	14%	0				3.0			4.5			1.0			
50715	RELEASE OF URETER	090	467	504	37	8%	20.64	23.01	2.37	11%	0				3.0			4.0	1.0		1.0			
50722	RELEASE OF URETER	090	423	471.5	48.5	11%	17.95	20.48	2.53	14%	0				3.0			5.5			1.0			
50725	RELEASE/REVISE URETER	090	486	539.5	53.5	11%	20.2	22.97	2.77	14%	0				3.0			6.5			1.0			
50727	REVISE URETER	090	225	241	16	7%	8.28	9.51	1.23	15%	0			2.0	1.0			1.0			1.0			
50728	REVISE URETER	090	286	314	28	10%	12.18	13.85	1.67	14%	0			1.0	3.0			1.0			1.0			
50740	FUSION OF URETER & KIDNEY	090	465	516	51	11%	20.07	22.72	2.65	13%	0				3.0			6.0			1.0			
50750	FUSION OF URETER & KIDNEY	090	507	560.5	53.5	11%	21.22	23.99	2.77	13%	0				3.0			6.5			1.0			
50760	URETEROURETEROSTOMY	090	451	502	51	11%	20.07	22.72	2.65	13%	0				3.0			6.0			1.0			
50770	SPLICING OF URETERS	090	489	542.5	53.5	11%	21.22	23.99	2.77	13%	0				3.0			6.5			1.0			
50780	REIMPLANT URETER IN BLADDER	090	413	461.5	48.5	12%	19.95	22.48	2.53	13%	0				3.0			5.5			1.0			
50782	REIMPLANT URETER IN BLADDER	090	384	415	31	8%	19.66	21.35	1.69	9%	0				3.0			2.0			1.0			
50783	REIMPLANT URETER IN BLADDER	090	427	460	33	8%	20.7	22.61	1.91	9%	0			1.0	3.0			2.0			1.0			
50785	REIMPLANT URETER IN BLADDER	090	485	538.5	53.5	11%	22.23	25.00	2.77	12%	0				3.0			6.5			1.0			
50800	IMPLANT URETER IN BOWEL	090	470.5	527.5	57	12%	16.41	19.35	2.94	18%	0				3.5			6.5			1.0			
50810	FUSION OF URETER & BOWEL	090	731.5	810.5	79	11%	22.61	26.60	3.99	18%	0				4.5			9.5			1.0			
50815	URINE SHUNT TO INTESTINE	090	630	703	73	12%	22.26	25.96	3.70	17%	0				4.0			9.0			1.0			
50820	CONSTRUCT BOWEL BLADDER	090	606.5	676	69.5	11%	24.07	27.61	3.54	15%	0				3.5			9.0			1.0			
50825	CONSTRUCT BOWEL BLADDER	090	761	841.5	80.5	11%	30.68	34.74	4.06	13%	0				4.0			10.5			1.0			
50830	REVISE URINE FLOW	090	761	841.5	80.5	11%	33.77	37.83	4.06	12%	0				4.0			10.5			1.0			
50840	REPLACE URETER BY BOWEL	090	678	753.5	75.5	11%	22.39	26.21	3.82	17%	0				4.0			9.5			1.0			
50845	APPENDICO-VESICOSTOMY	090	613	673	60	10%	22.46	25.53	3.07	14%	0				5.0			5.0			1.0			
50860	TRANSPLANT URETER TO SKIN	090	434	487.5	53.5	12%	17.08	19.85	2.77	16%	0				3.0			6.5			1.0			
50900	REPAIR OF URETER	090	363	404	41	11%	15.04	17.21	2.17	14%	0				3.0			4.0			1.0			
50920	CLOSURE URETER/SKIN FISTULA	090	409	452.5	43.5	11%	15.81	18.10	2.29	14%	0				3.0			4.5			1.0			
50930	CLOSURE URETER/BOWEL FISTUL	090	438	481.5	43.5	10%	20.19	22.48	2.29	11%	0				3.0			4.5			1.0			
50940	RELEASE OF URETER	090	383	424	41	11%	15.93	18.10	2.17	14%	0				3.0			4.0			1.0			
50945	LAPAROSCOPY URETEROLITHOTO	090	341.5	370.5	29	8%	17.97	19.57	1.60	9%	0				2.0			3.0			1.0			
50947	LAPARO NEW URETER/BLADDER	090	512	548	36	7%	25.78	27.71	1.93	7%	0				3.0			3.0			1.0			
50948	LAPARO NEW URETER/BLADDER	090	506	524	18	4%	23.82	25.43	1.61	7%	-2				1.0	1.0		1.0		1.0	1.0			
51020	CYSTOTOMY/CYSTOSTOMY W/FU	090	266.5	291.5	25	9%	7.69	9.10	1.41	18%	0				2.5			1.5			1.0			
51040	INCISE & DRAIN BLADDER	090	139	143	4	3%	4.49	5.04	0.55	12%	0			2.0							0.5			
51045	INCISE BLADDER/DRAIN URETER	090	271.5	299	27.5	10%	7.81	9.34	1.53	20%	0				2.5			2.0			1.0			
51050	REMOVAL OF BLADDER STONE	090	276	307.5	31.5	11%	7.97	9.69	1.72	22%	0				2.0			3.5			1.0			
51060	REMOVAL OF URETER STONE	090	319.5	349.5	30	9%	9.95	11.60	1.65	17%	0				2.5			2.5			1.0			
51065	REMOVE URETER CALCULUS	090	318.5	348.5	30	9%	9.95	11.60	1.65	17%	0				2.5			2.5			1.0			
51080	DRAINAGE OF BLADDER ABSCESS	090	238	257	19	8%	6.71	7.83	1.12	17%	0				2.0			1.0			1.0			
51500	REMOVAL OF BLADDER CYST	090	290.5	313	22.5	8%	11.05	12.34	1.29	12%	0				2.5			1.0			1.0			
51520	REMOVAL OF BLADDER LESION	090	271.5	294	22.5	8%	10.21	11.50	1.29	13%	0				2.5			1.0			1.0			
51525	REMOVAL OF BLADDER LESION	090	386.5	431.5	45	12%	15.42	17.79	2.37	15%	0				2.5			5.5			1.0			
51530	REMOVAL OF BLADDER LESION	090	357.5	397.5	40	11%	13.71	15.84	2.13	15%	0				2.5			4.5			1.0			
51535	REPAIR OF URETER LESION	090	374.5	414.5	40	11%	13.9	16.03	2.13	15%	0				2.5			4.5			1.0			
51550	PARTIAL REMOVAL OF BLADDER	090	419.5	469.5	50	12%	17.23	19.84	2.61	15%	0				2.5			6.5			1.0			
51555	PARTIAL REMOVAL OF BLADDER	090	534	597.5	63.5	12%	23.18	26.43	3.25	14%	0				3.0			8.5			1.0			
51565	REVISE BLADDER & URETER(S)	090	571.5	636	64.5	11%	23.68	26.98	3.30	14%	0				3.5			8.0			1.0			
51570	REMOVAL OF BLADDER	090	710	773.5	63.5	9%	27.46	30.71	3.25	12%	0				3.0			8.5			1.0		2.5	
51575	REMOVAL OF BLADDER & NODES	090	863.5	945.5	82	9%	34.18	38.32	4.14	12%	0				3.5			11.5			1.0		2.5	
51580	REMOVE BLADDER/REVISE TRACT	090	987.5	1086.5	99	10%	35.37	40.32	4.95	14%	0				4.5			13.5			1.0		2.5	
51585	REMOVAL OF BLADDER & NODES	090	1073.5	1177.5	104	10%	39.64	44.83	5.19	13%	0				4.5			14.5			1.0		2.5	
51590	REMOVE BLADDER/REVISE TRACT	090	990.5	1070	79.5	8%	36.33	40.35	4.02	11%	0				3.5			11.0			1.0		2.5	
51595	REMOVE BLADDER/REVISE TRACT	090	1039	1137	98	9%	41.32	46.22	4.90	12%	0				4.0			14.0			1.0		2.5	
51596	REMOVE BLADDER/CREATE POUC	090	1231	1346	115	9%	44.26	49.97	5.71	13%	0				5.0			16.0			1.0		2.5	
51597	REMOVAL OF PELVIC STRUCTURE	090	1023	1093	70	7%	42.86	48.37	5.51	13%	0				5.0			11.0	5.0		1.0			
51800	REVISION OF BLADDER/URETHRA	090	434	477.5	43.5	10%	18.89	21.18	2.29	12%	0				3.0			4.5			1.0			
51820	REVISION OF URINARY TRACT	090	511.5	561	49.5	10%	19.59	22.17	2.58	13%	0				3.5			5.0			1.0			
51840	ATTACH BLADDER/URETHRA	090	319	346.5	27.5	9%	11.36	13.21	1.85	16%	0			2.5				4.5			1.0			
51841	ATTACH BLADDER/URETHRA	090	354	381.5	27.5	8%	13.68	15.53	1.85	14%	0			2.5				4.5			1.0			
51845	REPAIR BLADDER NECK	090	265	282.5	17.5	7%	10.15	11.52	1.37	13%	0			2.5				2.5			1.0			
51860	REPAIR OF BLADDER WOUND	090	308	332.5	24.5	8%	12.6	14.43	1.83	15%	0			3.5				3.5			1.0			

51865	REPAIR OF BLADDER WOUND	090	398	430	32	8%	15.8	17.99	2.19	14%	0			3.5				5.0			1.0			
51880	REPAIR OF BLADDER OPENING	090	216	225	9	4%	7.87	8.77	0.90	11%	0			2.0				1.0			1.0			
51900	REPAIR BLADDER/VAGINA LESION	090	487	538	51	10%	14.63	17.28	2.65	18%	0				3.0			6.0			1.0			
51920	CLOSE BLADDER-UTERUS FISTULA	090	458	506.5	48.5	11%	13.41	15.94	2.53	19%	0				3.0			5.5			1.0			
51925	HYSTERECTOMY/BLADDER REPAI	090	536.5	596	59.5	11%	17.53	20.59	3.06	17%	0				3.5			7.0			1.0			
51940	CORRECTION OF BLADDER DEFEC	090	671.5	743.5	72	11%	30.66	34.32	3.66	12%	0				3.5			9.5			1.0			
51960	REVISION OF BLADDER & BOWEL	090	663	738.5	75.5	11%	25.4	29.22	3.82	15%	0				4.0			9.5			1.0			
51980	CONSTRUCT BLADDER OPENING	090	320.5	355.5	35	11%	12.57	14.46	1.89	15%	0				2.5			3.5			1.0			
51990	LAPARO URETHRAL SUSPENSION	090	324	348	24	7%	13.36	14.72	1.36	10%	0				2.0			2.0			1.0			
51992	LAPARO SLING OPERATION	090	324	348	24	7%	14.87	16.23	1.36	9%	0				2.0			2.0			1.0			
52301	CYSTOSCOPY AND TREATMENT	000	183	183	0	0%	5.5	5.72	0.22	4%	0										1.0			
52400	CYSTOURETERO W/CONGEN REPI	090	197.5	199.5	2	1%	8.69	9.02	0.33	4%	0			1.0							0.5			
52450	INCISION OF PROSTATE	090	209	230	21	10%	7.78	8.88	1.10	14%	0				3.0						0.5			
52500	REVISION OF BLADDER NECK	090	230.5	251.5	21	9%	8.14	9.24	1.10	14%	0				3.0						0.5			
52601	PROSTATECTOMY (TURP)	090	236	250	14	6%	13.16	13.93	0.77	6%	0				2.0						0.5			
52630	REMOVE PROSTATE REGROWTH	090	222	233	11	5%	6.55	7.43	0.88	13%	0			2.0	1.0						0.5			
52640	RELIEVE BLADDER CONTRACTURE	090	184	200	16	9%	4.79	5.78	0.99	21%	0			1.0	2.0						0.5			
52647	LASER SURGERY OF PROSTATE	090	219	240	21	10%	11.3	12.29	0.99	9%	0				3.0									
52648	LASER SURGERY OF PROSTATE	090	249	270	21	8%	12.15	13.14	0.99	8%	0				3.0									
52649	PROSTATE LASER ENUCLEATION	090	279	295	16	6%	14.56	15.55	0.99	7%	0			1.0	2.0						0.5			
52700	DRAINAGE OF PROSTATE ABSCESS	090	201	217.5	16.5	8%	7.49	8.49	1.00	13%	0				2.0			0.5			1.0			
53000	INCISION OF URETHRA	010	138	140	2	1%	2.33	2.77	0.44	19%	0			1.0							1.0			
53010	INCISION OF URETHRA	090	228	249.5	21.5	9%	4.45	5.69	1.24	28%	0				2.0			1.5			1.0			
53040	DRAINAGE OF URETHRA ABSCESS	090	179	185.5	6.5	4%	6.55	7.33	0.78	12%	0			2.0				0.5			1.0			
53060	DRAINAGE OF URETHRA ABSCESS	010	68	70	2	3%	2.68	2.90	0.22	8%	0			1.0										
53080	DRAINAGE OF URINARY LEAKAGE	090	193	207	14	7%	6.92	7.80	0.88	13%	0				2.0						1.0			
53085	DRAINAGE OF URINARY LEAKAGE	090	254.5	277	22.5	9%	11.18	12.47	1.29	11%	0				2.5			1.0			1.0			
53210	REMOVAL OF URETHRA	090	325.5	358	32.5	10%	13.72	15.49	1.77	13%	0				2.5			3.0			1.0			
53215	REMOVAL OF URETHRA	090	371.5	409	37.5	10%	16.85	18.86	2.01	12%	0				2.5			4.0			1.0			
53220	TREATMENT OF URETHRA LESION	090	201	215	14	7%	7.63	8.51	0.88	12%	0				2.0						1.0			
53230	REMOVAL OF URETHRA LESION	090	267.5	287.5	20	7%	10.44	11.61	1.17	11%	0				2.5			0.5			1.0			
53235	REMOVAL OF URETHRA LESION	090	281.5	301.5	20	7%	10.99	12.16	1.17	11%	0				2.5			0.5			1.0			
53240	SURGERY FOR URETHRA POUCH	090	199	213	14	7%	7.08	7.96	0.88	12%	0				2.0						1.0			
53250	REMOVAL OF URETHRA GLAND	090	153	167	14	9%	6.52	7.18	0.66	10%	0				2.0									
53260	TREATMENT OF URETHRA LESION	010	74	76	2	3%	3.03	3.25	0.22	7%	0			1.0										
53265	TREATMENT OF URETHRA LESION	010	76	78	2	3%	3.17	3.39	0.22	7%	0			1.0										
53270	REMOVAL OF URETHRA GLAND	010	93	95	2	2%	3.14	3.47	0.33	11%	0			1.0							0.5			
53275	REPAIR OF URETHRA DEFECT	010	121	123	2	2%	4.57	4.90	0.33	7%	0			1.0							0.5			
53400	REVISE URETHRA STAGE 1	090	343	381.5	38.5	11%	14.13	16.18	2.05	15%	0				3.0			3.5			1.0			
53405	REVISE URETHRA STAGE 2	090	330	361	31	9%	15.66	17.35	1.69	11%	0				3.0			2.0			1.0			
53410	RECONSTRUCTION OF URETHRA	090	364	397.5	33.5	9%	17.68	19.49	1.81	10%	0				3.0			2.5			1.0			
53415	RECONSTRUCTION OF URETHRA	090	424	460	36	8%	20.7	22.63	1.93	9%	0				3.0			3.0			1.0			
53420	RECONSTRUCT URETHRA STAGE 1	090	340.5	370.5	30	9%	15.17	16.82	1.65	11%	0				2.5			2.5			1.0			
53425	RECONSTRUCT URETHRA STAGE 2	090	349.5	379.5	30	9%	17.07	18.72	1.65	10%	0				2.5			2.5			1.0			
53430	RECONSTRUCTION OF URETHRA	090	344.5	374.5	30	9%	17.43	19.08	1.65	9%	0				2.5			2.5			1.0			
53431	RECONSTRUCT URETHRA/BLADDE	090	426	462	36	8%	21.18	23.11	1.93	9%	0				3.0			3.0			1.0			
53440	MALE SLING PROCEDURE	090	248	264	16	6%	13.36	14.35	0.99	7%	0			1.0	2.0						0.5			
53442	REMOVE/REVISE MALE SLING	090	395	415	20	5%	13.49	15.43	1.94	14%	0				4.0				2.0		1.0			
53444	INSERT TANDEM CUFF	090	320	341	21	7%	14.19	15.53	1.34	9%	0			1.0	2.0			1.0			1.0			
53445	INSERT URO/VES NCK SPHINCTER	090	314	337	23	7%	13	14.32	1.32	10%	0			1.0	3.0						0.5			
53446	REMOVE URO SPHINCTER	090	300	321	21	7%	11.02	12.36	1.34	12%	0			1.0	2.0			1.0			1.0			
53447	REMOVE/REPLACE UR SPHINCTER	090	340	361	21	6%	14.28	15.62	1.34	9%	0			1.0	2.0			1.0			1.0			
53448	REMOV/REPLC UR SPHINCTR CON	090	564	604	40	7%	23.44	26.34	2.90	12%	-2				2.0	1.0		5.0	2.0		1.0			
53449	REPAIR URO SPHINCTER	090	280.5	300.5	20	7%	10.56	11.73	1.17	11%	0				2.5			0.5			1.0			
53450	REVISION OF URETHRA	090	202	216	14	7%	6.77	7.65	0.88	13%	0				2.0						1.0			
53460	REVISION OF URETHRA	090	205	219	14	7%	7.75	8.63	0.88	11%	0				2.0						1.0			
53500	URETHRLYS TRANSVAG W/ SCOPE	090	289	310	21	7%	13	14.34	1.34	10%	0			1.0	2.0			1.0			1.0			
53502	REPAIR OF URETHRA INJURY	090	212	226	14	7%	8.26	9.14	0.88	11%	0				2.0						1.0			
53505	REPAIR OF URETHRA INJURY	090	218	232	14	6%	8.26	9.14	0.88	11%	0				2.0						1.0			
53510	REPAIR OF URETHRA INJURY	090	270.5	290.5	20	7%	10.96	12.13	1.17	11%	0				2.5			0.5			1.0			
53515	REPAIR OF URETHRA INJURY	090	322.5	345	22.5	7%	14.22	15.51	1.29	9%	0				2.5			1.0			1.0			
53520	REPAIR OF URETHRA DEFECT	090	250.5	268	17.5	7%	9.48	10.53	1.05	11%	0				2.5						1.0			
53850	PROSTATIC MICROWAVE THERM(	090	151	172	21	14%	5.42	6.41	0.99	18%	0				3.0									
53852	PROSTATIC RF THERMOTX	090	142	163	21	15%	5.93	6.92	0.99	17%	0				3.0									
53854	TRURL DSTRJ PRST8 TISS RF WV	090	137	158	21	15%	5.93	6.92	0.99	17%	0				3.0									
53860	TRANSURETHRAL RF TREATMENT	090	98	112	14	14%	3.97	4.63	0.66	17%	0				2.0									
54000	SLITTING OF PREPUCE	010	54	56	2	4%	1.59	1.81	0.22	14%	0			1.0										
54001	SLITTING OF PREPUCE	010	69	71	2	3%	2.24	2.46	0.22	10%	0			1.0										
54015	DRAIN PENIS LESION	010	119	121	2	2%	5.36	5.69	0.33	6%	0			1.0							0.5			
54050	DESTRUCTION PENIS LESION(S)	010	54	56	2	4%	1.29	1.51	0.22	17%	0			1.0										
54055	DESTRUCTION PENIS LESION(S)	010	44	45	1	2%	1.25	1.36	0.11	9%	0			0.5										
54056	CRYOSURGERY PENIS LESION(S)	010	56	58	2	4%	1.29	1.51	0.22	17%	0			1.0										
54057	LASER SURG PENIS LESION(S)	010	73	75	2	3%	1.29	1.51	0.22	17%	0			1.0										

54060	EXCISION OF PENIS LESION(S)	010	66	68	2	3%	1.98	2.20	0.22	11%	0			1.0									
54065	DESTRUCTION PENIS LESION(S)	010	68	70	2	3%	2.47	2.69	0.22	9%	0			1.0									
54105	BIOPSY OF PENIS	010	102	104	2	2%	3.54	3.76	0.22	6%	0			1.0									
54110	TREATMENT OF PENIS LESION	090	256.5	274	17.5	7%	10.92	11.97	1.05	10%	0				2.5						1.0		
54111	TREAT PENIS LESION GRAFT	090	318.5	338.5	20	6%	14.42	15.59	1.17	8%	0				2.5			0.5			1.0		
54112	TREAT PENIS LESION GRAFT	090	368	396.5	28.5	8%	16.98	18.55	1.57	9%	0				3.0			1.5			1.0		
54115	TREATMENT OF PENIS LESION	090	207.5	225	17.5	8%	6.95	8.00	1.05	15%	0				2.5						1.0		
54120	PARTIAL REMOVAL OF PENIS	090	272.5	300	27.5	10%	11.01	12.54	1.53	14%	0				2.5			2.0			1.0		
54125	REMOVAL OF PENIS	090	298.5	326	27.5	9%	14.56	16.09	1.53	10%	0				2.5			2.0			1.0		
54130	REMOVE PENIS & NODES	090	502.5	552	49.5	10%	21.84	24.42	2.58	12%	0				3.5			5.0			1.0		
54135	REMOVE PENIS & NODES	090	599.5	654	54.5	9%	28.17	30.99	2.82	10%	0				3.5			6.0			1.0		
54160	CIRCUMCISION NEONATE	010	83	85	2	2%	2.53	2.75	0.22	9%	0			1.0									
54161	CIRCUM 28 DAYS OR OLDER	010	88	90	2	2%	3.32	3.54	0.22	7%	0			1.0									
54162	LYSIS PENIL CIRCUMIC LESION	010	107	114	7	7%	3.32	3.76	0.44	13%	0				1.0						0.5		
54163	REPAIR OF CIRCUMCISION	010	107	114	7	7%	3.32	3.76	0.44	13%	0				1.0						0.5		
54164	FRENULOTOMY OF PENIS	010	97	104	7	7%	2.82	3.26	0.44	16%	0				1.0						0.5		
54200	INJECTION PX PEYRONIE DS	010	71	73	2	3%	1.11	1.33	0.22	20%	0			1.0									
54205	NJX PX PEYRONIE DS EXPS PLAQ	090	262.5	290	27.5	10%	8.97	10.50	1.53	17%	0				2.5			2.0			1.0		
54300	REVISION OF PENIS	090	268.5	286	17.5	7%	11.2	12.14	0.94	8%	0				2.5						0.5		
54304	REVISION OF PENIS	090	273.5	291	17.5	6%	13.28	14.22	0.94	7%	0				2.5						0.5		
54308	RECONSTRUCTION OF URETHRA	090	234.5	252	17.5	7%	12.62	13.45	0.83	7%	0				2.5								
54312	RECONSTRUCTION OF URETHRA	090	317	338	21	7%	14.51	15.61	1.10	8%	0				3.0						0.5		
54316	RECONSTRUCTION OF URETHRA	090	401	434.5	33.5	8%	18.05	19.86	1.81	10%	0				3.0			2.5			1.0		
54318	RECONSTRUCTION OF URETHRA	090	309	340	31	10%	12.43	14.12	1.69	14%	0				3.0			2.0			1.0		
54322	RECONSTRUCTION OF URETHRA	090	307.5	332.5	25	8%	13.98	15.39	1.41	10%	0				2.5			1.5			1.0		
54324	RECONSTRUCTION OF URETHRA	090	374	407.5	33.5	9%	17.55	19.36	1.81	10%	0				3.0			2.5			1.0		
54326	RECONSTRUCTION OF URETHRA	090	437	473	36	8%	17.02	18.95	1.93	11%	0				3.0			3.0			1.0		
54328	REVISE PENIS/URETHRA	090	395	428.5	33.5	8%	16.89	18.70	1.81	11%	0				3.0			2.5			1.0		
54332	REVISE PENIS/URETHRA	090	421	457	36	9%	18.37	20.30	1.93	11%	0				3.0			3.0			1.0		
54336	REVISE PENIS/URETHRA	090	450.5	495	44.5	10%	21.62	23.96	2.34	11%	0				3.5			4.0			1.0		
54340	RPR HYPSPAD COMP SIMPLE	090	234.5	252	17.5	7%	9.71	10.65	0.94	10%	0				2.5						0.5		
54344	RRP HYPSPAD COMP MOBLJ&UR	090	371	399.5	28.5	8%	17.06	18.63	1.57	9%	0				3.0			1.5			1.0		
54348	RPR HYPSPAD COMP DSJ & URTP	090	408	439	31	8%	18.32	20.01	1.69	9%	0				3.0			2.0			1.0		
54352	REVJ PRIOR HYPSPAD REPAIR	090	497.5	534.5	37	7%	26.13	28.11	1.98	8%	0				3.5			2.5			1.0		
54360	PENIS PLASTIC SURGERY	090	280.5	300.5	20	7%	12.78	13.95	1.17	9%	0				2.5			0.5			1.0		
54380	REPAIR PENIS	090	337	360.5	23.5	7%	14.18	15.51	1.33	9%	0				3.0			0.5			1.0		
54385	REPAIR PENIS	090	424.5	451.5	27	6%	16.56	18.06	1.50	9%	0				3.5			0.5			1.0		
54390	REPAIR PENIS AND BLADDER	090	464.5	491.5	27	6%	22.77	24.27	1.50	7%	0				3.5			0.5			1.0		
54400	INSERT SEMI-RIGID PROSTHESIS	090	237	244.5	7.5	3%	9.17	10.06	0.89	10%	0			2.5				0.5			1.0		
54401	INSERT SELF-CONTD PROSTHESIS	090	248	271	23	9%	10.44	11.63	1.19	11%	-2				2.0	1.0					0.5		
54405	INSERT MULTI-COMP PENIS PROS	090	272.5	290	17.5	6%	14.52	15.46	0.94	6%	0				2.5						0.5		
54406	REMOVE MUTI-COMP PENIS PRO	090	295	316	21	7%	12.89	14.23	1.34	10%	0			1.0	2.0			1.0			1.0		
54408	REPAIR MULTI-COMP PENIS PROS	090	334	362	28	8%	13.91	15.45	1.54	11%	-2				2.0	1.0		1.0			1.0		
54410	REMOVE/REPLACE PENIS PROSTH	090	329	352	23	7%	15.18	16.50	1.32	9%	0			1.0	3.0						0.5		
54411	REMOV/REPLC PENIS PROS COMP	090	580	622	42	7%	18.35	21.47	3.12	17%	-2			1.0	2.0	1.0		5.0	2.0		1.0		
54415	REMOVE SELF-CONTD PENIS PRO	090	221	237	16	7%	8.88	9.87	0.99	11%	0			1.0	2.0						0.5		
54416	REMV/REPL PENIS CONTAIN PROS	090	315	345	30	10%	12.08	13.84	1.76	15%	-2			1.0	2.0	1.0		1.0			1.0		
54417	REMV/REPLC PENIS PROS COMPL	090	465	495	30	6%	16.1	18.65	2.55	16%	-2			1.0	1.0	1.0		4.0	2.0		1.0		
54420	REVISION OF PENIS	090	324.5	349.5	25	8%	12.39	13.80	1.41	11%	0				2.5			1.5			1.0		
54430	REVISION OF PENIS	090	273.5	296	22.5	8%	11.06	12.35	1.29	12%	0				2.5			1.0			1.0		
54435	REVISION OF PENIS	090	193	209.5	16.5	9%	6.81	7.81	1.00	15%	0				2.0			0.5			1.0		
54437	REPAIR CORPOREAL TEAR	090	264	287	23	9%	11.5	12.93	1.43	12%	0			1.0	3.0						1.0		
54440	REPAIR OF PENIS	090	386	407	21	5%	0	1.60	1.60	#DIV/0!	0			3.0				3.0			1.0		
54505	BIOPSY OF TESTIS	010	97	99	2	2%	3.5	3.72	0.22	6%	0			1.0									
54512	EXCISE LESION TESTIS	090	216	235	19	9%	9.33	10.23	0.90	10%	0				2.0			1.0					
54520	REMOVAL OF TESTIS	090	144	147	3	2%	5.3	5.74	0.44	8%	0			1.5							0.5		
54522	ORCHIECTOMY PARTIAL	090	211	230	19	9%	10.25	11.15	0.90	9%	0				2.0			1.0					
54530	REMOVAL OF TESTIS	090	246.5	257.5	11	4%	8.46	9.34	0.88	10%	0			2.0	1.0						0.5		
54535	EXTENSIVE TESTIS SURGERY	090	298.5	326	27.5	9%	13.19	14.72	1.53	12%	0				2.5			2.0			1.0		
54550	EXPLORATION FOR TESTIS	090	228	242	14	6%	8.41	9.29	0.88	10%	0				2.0						1.0		
54560	EXPLORATION FOR TESTIS	090	303.5	328.5	25	8%	12.1	13.51	1.41	12%	0				2.5			1.5			1.0		
54600	REDUCE TESTIS TORSION	090	202	216	14	7%	7.64	8.52	0.88	12%	0				2.0						1.0		
54620	SUSPENSION OF TESTIS	010	127	134	7	6%	5.21	5.65	0.44	8%	0				1.0						0.5		
54640	ORCHIOPEXY INGUN/SCROT APPR	090	162	169	7	4%	7.73	8.17	0.44	6%	0				1.0						0.5		
54650	ORCHIOPEXY (FOWLER-STEPHENS	090	301	322	21	7%	12.39	13.38	0.99	8%	0				3.0								
54660	REVISION OF TESTIS	090	163	177	14	9%	5.74	6.51	0.77	13%	0				2.0						0.5		
54670	REPAIR TESTIS INJURY	090	230	240	10	4%	6.65	7.66	1.01	15%	0			2.5				1.0			1.0		
54680	RELOCATION OF TESTIS(ES)	090	364.5	407	42.5	12%	14.04	16.29	2.25	16%	0				2.5			5.0			1.0		
54690	LAPAROSCOPY ORCHIECTOMY	090	329	348	19	6%	11.7	12.82	1.12	10%	0				2.0			1.0			1.0		
54692	LAPAROSCOPY ORCHIOPEXY	090	319	343	24	8%	13.74	15.10	1.36	10%	0				2.0			2.0			1.0		
54700	DRAINAGE OF SCROTUM	010	97	99	2	2%	3.47	3.69	0.22	6%	0			1.0									
54830	REMOVE EPIDIDYMIS LESION	090	170	184	14	8%	6.01	6.78	0.77	13%	0				2.0						0.5		
54840	REMOVE EPIDIDYMIS LESION	090	146	149	3	2%	5.27	5.71	0.44	8%	0			1.5							0.5		

54860	REMOVAL OF EPIDIDYMIS	090	194	208	14	7%	6.95	7.72	0.77	11%	0				2.0						0.5			
54861	REMOVAL OF EPIDIDYMIS	090	245.5	263	17.5	7%	9.7	10.64	0.94	10%	0				2.5						0.5			
54865	EXPLORE EPIDIDYMIS	090	182	196	14	8%	5.77	6.65	0.88	15%	0				2.0						1.0			
54900	FUSION OF SPERMATIC DUCTS	090	345	368.5	23.5	7%	14.2	15.53	1.33	9%	0				3.0			0.5			1.0			
54901	FUSION OF SPERMATIC DUCTS	090	445.5	472.5	27	6%	19.1	20.60	1.50	8%	0				3.5			0.5			1.0			
55040	REMOVAL OF HYDROCELE	090	162	166	4	2%	5.45	6.00	0.55	10%	0			2.0							0.5			
55041	REMOVAL OF HYDROCELES	090	232.5	250	17.5	8%	8.54	9.48	0.94	11%	0				2.5						0.5			
55060	REPAIR OF HYDROCELE	090	185	199	14	8%	6.15	6.92	0.77	13%	0				2.0						0.5			
55100	DRAINAGE OF SCROTUM ABSCESS	010	90	97	7	8%	2.45	2.78	0.33	13%	0				1.0									
55110	EXPLORE SCROTUM	090	194	208	14	7%	6.33	7.21	0.88	14%	0				2.0						1.0			
55120	REMOVAL OF SCROTUM LESION	090	165	179	14	8%	5.72	6.49	0.77	13%	0				2.0						0.5			
55150	REMOVAL OF SCROTUM	090	279.5	302	22.5	8%	8.14	9.43	1.29	16%	0				2.5			1.0			1.0			
55175	REVISION OF SCROTUM	090	186	200	14	8%	5.87	6.64	0.77	13%	0				2.0						0.5			
55180	REVISION OF SCROTUM	090	297	323	26	9%	11.78	13.23	1.45	12%	0				3.0			1.0			1.0			
55200	INCISION OF SPERM DUCT	090	98	105	7	7%	4.55	4.88	0.33	7%	0				1.0									
55250	REMOVAL OF SPERM DUCT(S)	090	105	108	3	3%	3.37	3.70	0.33	10%	0			1.5										
55400	REPAIR OF SPERM DUCT	090	186	191	5	3%	8.61	9.27	0.66	8%	0			2.5							0.5			
55500	REMOVAL OF HYDROCELE	090	184	198	14	8%	6.22	6.99	0.77	12%	0				2.0						0.5			
55520	REMOVAL OF SPERM CORD LESIO	090	188	202	14	7%	6.66	7.43	0.77	12%	0				2.0						0.5			
55530	REVISE SPERMATIC CORD VEINS	090	152	156	4	3%	5.75	6.30	0.55	10%	0			2.0							0.5			
55535	REVISE SPERMATIC CORD VEINS	090	187	201	14	7%	7.19	7.96	0.77	11%	0				2.0						0.5			
55540	REVISE HERNIA & SPERM VEINS	090	224	238	14	6%	8.3	9.18	0.88	11%	0				2.0						1.0			
55550	LAPARO LIGATE SPERMATIC VEIN	090	196	210	14	7%	7.2	7.86	0.66	9%	0				2.0									
55600	VESICULOTOMY	090	204	218	14	7%	7.01	7.78	0.77	11%	0				2.0						0.5			
55605	VESICULOTOMY COMPLICATED	090	198.5	216	17.5	9%	8.76	9.70	0.94	11%	0				2.5						0.5			
55650	REMOVE SPERM DUCT POUCH	090	304.5	324.5	20	7%	12.65	13.82	1.17	9%	0				2.5			0.5			1.0			
55680	REMOVE SPERM POUCH LESION	090	206.5	217	10.5	5%	5.67	6.39	0.72	13%	0				1.5						1.0			
55705	BIOPSY OF PROSTATE	010	122	124	2	2%	4.61	4.94	0.33	7%	0			1.0							0.5			
55706	PROSTATE SATURATION SAMPLIN	010	195	211	16	8%	6.28	7.14	0.86	14%	-2				1.0	1.0					0.5			
55720	DRAINAGE OF PROSTATE ABSCESS	090	150	154	4	3%	7.73	8.17	0.44	6%	0			2.0										
55725	DRAINAGE OF PROSTATE ABSCESS	090	305	343.5	38.5	13%	10.05	12.10	2.05	20%	0				3.0			3.5			1.0			
55801	REMOVAL OF PROSTATE	090	497.5	559.5	62	12%	19.8	22.98	3.18	16%	0				3.5			7.5			1.0			
55810	EXTENSIVE PROSTATE SURGERY	090	515	568.5	53.5	10%	24.29	27.06	2.77	11%	0				3.0			6.5			1.0			
55812	EXTENSIVE PROSTATE SURGERY	090	684	759.5	75.5	11%	29.89	33.71	3.82	13%	0				4.0			9.5			1.0			
55815	EXTENSIVE PROSTATE SURGERY	090	771	851.5	80.5	10%	32.95	37.01	4.06	12%	0				4.0			10.5			1.0			
55821	REMOVAL OF PROSTATE	090	315	325	10	3%	15.18	16.26	1.08	7%	0				2.0				1.0		1.0			
55831	REMOVAL OF PROSTATE	090	322	332	10	3%	15.6	16.68	1.08	7%	0				2.0				1.0		1.0			
55840	EXTENSIVE PROSTATE SURGERY	090	448	472	24	5%	21.36	23.10	1.74	8%	-2				2.0	1.0		1.0	1.0		1.0			
55842	EXTENSIVE PROSTATE SURGERY	090	448	472	24	5%	21.36	23.10	1.74	8%	-2				2.0	1.0		1.0	1.0		1.0			
55845	EXTENSIVE PROSTATE SURGERY	090	466	490	24	5%	25.18	26.92	1.74	7%	-2				2.0	1.0		1.0	1.0		1.0			
55860	SURGICAL EXPOSURE PROSTATE	090	371.5	414	42.5	11%	15.84	18.09	2.25	14%	0				2.5			5.0			1.0			
55862	EXTENSIVE PROSTATE SURGERY	090	450	501	51	11%	20.04	22.69	2.65	13%	0				3.0			6.0			1.0			
55865	EXTENSIVE PROSTATE SURGERY	090	492.5	542	49.5	10%	24.57	27.15	2.58	10%	0				3.5			5.0			1.0			
55866	LAPS SURG PRST8ECT RPBIC RAD	090	362	376	14	4%	22.46	23.23	0.77	3%	0				2.0						0.5			
55867	LAPS SURG PRST8ECT SMPL STOT	090	354	368	14	4%	19.53	20.30	0.77	4%	0				2.0						0.5			
55873	CRYOABLATE PROSTATE	090	274	295	21	8%	13.6	14.70	1.10	8%	0				3.0						0.5			
55875	TRANSPERI NEEDLE PLACE PROS	090	249	270	21	8%	13.46	14.45	0.99	7%	0				3.0									
55880	ABLTJ MAL PRST8 TISS HIFU	090	373	396	23	6%	17.73	18.92	1.19	7%	-2				2.0	1.0					0.5			
56405	I & D OF VULVA/PERINEUM	010	56	58	2	4%	1.49	1.71	0.22	15%	0			1.0										
56420	DRAINAGE OF GLAND ABSCESS	010	56	58	2	4%	1.44	1.66	0.22	15%	0			1.0										
56440	MRSPLZATN BRTHLNS GLND CST	010	93	95	2	2%	2.89	3.11	0.22	8%	0			1.0										
56441	LYSIS OF LABIAL ADHESIONS	010	67	69	2	3%	2.02	2.24	0.22	11%	0			1.0										
56501	DESTROY VULVA LESIONS SIM	010	55	57	2	4%	1.58	1.80	0.22	14%	0			1.0										
56515	DESTROY VULVA LESION/S COMP	010	157	164	7	4%	3.08	3.52	0.44	14%	0				1.0						0.5			
56620	VULVECTOMY SIMPLE PARTIAL	090	239	262	23	10%	7.53	8.85	1.32	18%	0			1.0	3.0						0.5			
56625	VULVECTOMY SIMPLE COMPLETE	090	341.5	379	37.5	11%	9.68	11.69	2.01	21%	0				2.5			4.0			1.0			
56630	VULVECTOMY RADICAL PARTIAL	090	562.5	627.5	65	12%	14.8	18.13	3.33	22%	0				2.5			9.5			1.0		1.0	
56631	VLVCTMY RAD PRTL UNI LYMPHA	090	658.5	680.5	22	3%	18.99	21.56	2.57	14%	-2				2.0	1.0		1.0	3.0	1.0		1.0		
56632	VLVCTMY RAD PRTL BI LYMPHAD	090	683	753	70	10%	21.86	25.41	3.55	16%	0				5.0			7.0			1.0			
56633	VULVECTOMY RADICAL COMPLET	090	602	615	13	2%	19.62	22.71	3.09	16%	0				3.0			2.0	3.0	2.0	1.0			
56634	VLVCTMY RAD COMP UNI LYMPH	090	686	708	22	3%	20.66	23.23	2.57	12%	-2				2.0	1.0		1.0	3.0	1.0		1.0		
56637	VLVCTMY RAD COMP BI LYMPHA	090	726	748	22	3%	24.75	27.32	2.57	10%	-2				2.0	1.0		1.0	3.0	1.0		1.0		
56640	VLVCTMY RAD COMP W/LYMPHA	090	640.5	713	72.5	11%	24.78	28.47	3.69	15%	0				2.5			11.0			1.0		1.0	
56700	PRTL HYMNCTMY/REVJ HYMNL R	010	94	101	7	7%	2.84	3.17	0.33	12%	0				1.0									
56740	EXC BARTHOLINS GLAND/CYST	010	176	183	7	4%	4.88	5.43	0.55	11%	0				1.0						1.0			
56800	PLASTIC REPAIR INTROITUS	010	116	118	2	2%	3.93	4.26	0.33	8%	0			1.0							0.5			
56805	CLITOROPLASTY INTERSEX STATE	090	460	491	31	7%	19.88	21.70	1.82	9%	0			1.0	2.0			3.0			1.0			
56810	PERINEOPLASTY RPR PER NONOB	010	119	126	7	6%	4.29	4.86	0.57	13%	0			1.0				1.0			0.5			
57000	COLPOTOMY W/EXPLORATION	010	79	81	2	3%	3.02	3.24	0.22	7%	0			1.0										
57010	COLPOTOMY DRG PEL ABSCESS	090	229	250.5	21.5	9%	6.84	8.08	1.24	18%	0				2.0			1.5			1.0			
57022	I&D VAGINAL HEMATOMA OB/PP	010	116	123	7	6%	2.73	3.19	0.46	17%	0			1.0				1.0						
57023	I&D VAGINAL HEMATOMA NON-O	010	201	213	12	6%	5.18	5.97	0.79	15%	0				1.0			1.0			1.0			
57061	DESTRUCTION VAG LESIONS SMP	010	55	57	2	4%	1.3	1.52	0.22	17%	0			1.0										

57065	DESTRUCTION VAG LESION XTNSV	010	78	80	2	3%	2.66	2.88	0.22	8%	0			1.0									
57105	BIOPSY VAGINAL MUCOSA XTNSV	010	79	81	2	3%	1.74	1.96	0.22	13%	0			1.0									
57106	VAGNC PRTL RMVL VAG WALL	090	239	265	26	11%	7.5	8.95	1.45	19%	0				3.0			1.0			1.0		
57107	VAGNC COMPL RMVL PARAVAG T	090	515	533	18	3%	24.56	26.54	1.98	8%	0			1.0	2.0			2.0	2.0		1.0		
57109	VAGNC BI TOTAL PEL LYMPHADEC	090	539.5	580.5	41	8%	28.4	30.57	2.17	8%	0				3.0			4.0			1.0		
57110	VAGNC COMPL RMVL VAG WALL	090	386	406	20	5%	15.48	17.04	1.56	10%	0				2.0			2.0	1.0		1.0		
57111	VAGNC COMPL RMVL PARAVAG T	090	554.5	595.5	41	7%	28.4	30.57	2.17	8%	0				3.0			4.0			1.0		
57120	COLPOCLEISIS LE FORT TYPE	090	253	277	24	9%	8.28	9.64	1.36	16%	0				2.0			2.0			1.0		
57130	EXCISION VAGINAL SEPTUM	010	54	55	1	2%	2.46	2.57	0.11	4%	0			0.5									
57135	EXCISION VAGINAL CYST/TUMOR	010	56	57	1	2%	2.7	2.81	0.11	4%	0			0.5									
57180	TREAT VAGINAL BLEEDING	010	59	61	2	3%	1.63	1.85	0.22	13%	0			1.0									
57200	REPAIR OF VAGINA	090	138.5	149	10.5	8%	4.42	5.03	0.61	14%	0				1.5						0.5		
57210	REPAIR VAGINA/PERINEUM	090	190.5	203.5	13	7%	5.71	6.55	0.84	15%	0				1.5			0.5			1.0		
57220	REVISION OF URETHRA	090	194.5	207.5	13	7%	4.85	5.69	0.84	17%	0				1.5			0.5			1.0		
57230	REPAIR OF URETHRAL LESION	090	209.5	227.5	18	9%	6.3	7.38	1.08	17%	0				1.5			1.5			1.0		
57240	ANTERIOR COLPORRHAPHY	090	211	225	14	7%	10.08	10.85	0.77	8%	0				2.0						0.5		
57250	REPAIR RECTUM & VAGINA	090	211	225	14	7%	10.08	10.85	0.77	8%	0				2.0						0.5		
57260	CMBN ANT PST COLPRHY	090	241	255	14	6%	13.25	14.02	0.77	6%	0				2.0						0.5		
57265	CMBN AP COLPRHY W/NTRCL RPI	090	271	285	14	5%	15	15.77	0.77	5%	0				2.0						0.5		
57268	REPAIR OF BOWEL BULGE	090	234	255.5	21.5	9%	7.57	8.81	1.24	16%	0				2.0			1.5			1.0		
57270	REPAIR OF BOWEL POUCH	090	381	393	12	3%	13.67	15.39	1.72	13%	0				2.0			1.0	1.0	1.0	1.0		
57280	SUSPENSION OF VAGINA	090	439	456	17	4%	16.72	18.68	1.96	12%	0				2.0			2.0	1.0	1.0	1.0		
57282	COLPOPEXY EXTRAPERITONEAL	090	229	243	14	6%	11.63	12.40	0.77	7%	0				2.0						0.5		
57283	COLPOPEXY INTRAPERITONEAL	090	231	245	14	6%	11.66	12.43	0.77	7%	0				2.0						0.5		
57284	REPAIR PARAVAG DEFECT OPEN	090	327	337	10	3%	14.33	15.54	1.21	8%	0			1.0	1.0			1.0	1.0		1.0		
57285	REPAIR PARAVAG DEFECT VAG	090	267	272	5	2%	11.6	12.57	0.97	8%	0			1.0	1.0				1.0		1.0		
57287	REVISE/REMOVE SLING REPAIR	090	239	262	23	10%	11.15	12.47	1.32	12%	0			1.0	3.0						0.5		
57288	REPAIR BLADDER DEFECT	090	246	269	23	9%	12.13	13.45	1.32	11%	0			1.0	3.0						0.5		
57289	REPAIR BLADDER & VAGINA	090	373	377	4	1%	12.8	14.39	1.59	12%	0			2.0	1.0				1.0	1.0	1.0		
57291	CONSTRUCTION OF VAGINA	090	248	264.5	16.5	7%	8.64	9.64	1.00	12%	0				2.0			0.5			1.0		
57292	CONSTRUCT VAGINA WITH GRAF	090	322	348.5	26.5	8%	14.01	15.49	1.48	11%	0				2.0			2.5			1.0		
57295	REVISE VAG GRAFT VIA VAGINA	090	202	211	9	4%	7.82	8.59	0.77	10%	0			1.0	1.0						1.0		
57296	REVISE VAG GRAFT OPEN ABD	090	429	445	16	4%	16.56	18.32	1.76	11%	0				2.0			2.0	2.0		1.0		
57300	REPAIR RECTUM-VAGINA FISTULA	090	271.5	301.5	30	11%	8.71	10.36	1.65	19%	0				2.5			2.5			1.0		
57305	REPAIR RECTUM-VAGINA FISTULA	090	468	487	19	4%	15.35	17.66	2.31	15%	0			2.0	1.0			3.0	1.0	1.0	1.0		
57307	FISTULA REPAIR & COLOSTOMY	090	363	396.5	33.5	9%	17.17	18.98	1.81	11%	0				3.0			2.5			1.0		
57308	FISTULA REPAIR TRANSPERINE	090	313	334	21	7%	10.59	12.06	1.47	14%	0			2.0	1.0			2.0			1.0		
57310	REPAIR URETHROVAGINAL LESION	090	259	283	24	9%	7.65	9.01	1.36	18%	0				2.0			2.0			1.0		
57311	REPAIR URETHROVAGINAL LESION	090	319	345.5	26.5	8%	8.91	10.39	1.48	17%	0				2.0			2.5			1.0		
57320	REPAIR BLADDER-VAGINA LESION	090	277	301	24	9%	8.88	10.24	1.36	15%	0				2.0			2.0			1.0		
57330	REPAIR BLADDER-VAGINA LESION	090	288	312	24	8%	13.21	14.57	1.36	10%	0				2.0			2.0			1.0		
57335	REPAIR VAGINA	090	459	495	36	8%	20.02	21.73	1.71	9%	0				3.0			3.0					
57415	REMOVE VAGINAL FOREIGN BOD	010	113	120	7	6%	2.49	2.82	0.33	13%	0				1.0								
57423	REPAIR PARAVAG DEFECT LAP	090	357	362	5	1%	16.08	17.05	0.97	6%	0			1.0	1.0				1.0		1.0		
57425	LAPAROSCOPY SURG COLPOPEXY	090	351	365	14	4%	17.03	17.80	0.77	5%	0				2.0						0.5		
57426	REVISE PROSTH VAG GRAFT LAP	090	360	377	17	5%	14.3	15.71	1.41	10%	0				3.0				1.0		1.0		
57505	ENDOCERVICAL CURETTAGE	010	36	38	2	6%	1.19	1.41	0.22	18%	0			1.0									
57511	CRYOCAUTERY OF CERVIX	010	55	57	2	4%	1.95	2.17	0.22	11%	0			1.0									
57513	LASER SURGERY OF CERVIX	010	88	90	2	2%	1.95	2.17	0.22	11%	0			1.0									
57520	CONIZATION OF CERVIX	090	110	113	3	3%	4.11	4.44	0.33	8%	0			1.5									
57522	CONIZATION OF CERVIX	090	178	185	7	4%	3.67	4.00	0.33	9%	0				1.0								
57530	REMOVAL OF CERVIX	090	180.5	191	10.5	6%	5.27	5.99	0.72	14%	0				1.5						1.0		
57531	REMOVAL OF CERVIX RADICAL	090	604	648	44	7%	29.95	32.65	2.70	9%	-2				2.0	1.0		5.0	1.0		1.0		
57540	REMOVAL OF RESIDUAL CERVIX	090	309	324	15	5%	13.29	14.61	1.32	10%	0				2.0			1.0	1.0		1.0		
57545	REMOVE CERVIX/REPAIR PELVIS	090	364	379	15	4%	14.1	15.42	1.32	9%	0				2.0			1.0	1.0		1.0		
57550	REMOVAL OF RESIDUAL CERVIX	090	228	249.5	21.5	9%	6.34	7.58	1.24	20%	0				2.0			1.5			1.0		
57555	REMOVE CERVIX/REPAIR VAGINA	090	311	340	29	9%	9.94	11.54	1.60	16%	0				2.0			3.0			1.0		
57556	REMOVE CERVIX REPAIR BOWEL	090	292	321	29	10%	9.36	10.96	1.60	17%	0				2.0			3.0			1.0		
57558	D&C OF CERVICAL STUMP	010	55	57	2	4%	1.72	1.94	0.22	13%	0			1.0									
57700	REVISION OF CERVIX	090	129.5	147	17.5	14%	4.35	5.18	0.83	19%	0				2.5								
57720	REVISION OF CERVIX	090	136.5	147	10.5	8%	4.61	5.22	0.61	13%	0				1.5						0.5		
58120	DILATION AND CURETTAGE	010	129	136	7	5%	3.59	4.03	0.44	12%	0				1.0						0.5		
58140	MYOMECTOMY ABDOM METHOD	090	374	394	20	5%	15.79	17.35	1.56	10%	0				2.0			2.0	1.0		1.0		
58145	MYOMECTOMY VAG METHOD	090	267	291	24	9%	8.91	10.27	1.36	15%	0				2.0			2.0			1.0		
58146	MYOMECTOMY ABDOM COMPLE	090	429	450	21	5%	20.34	22.10	1.76	9%	0				2.0			2.0		1.0	1.0		
58150	TOTAL HYSTERECTOMY	090	394	419	25	6%	17.31	19.11	1.80	10%	0				2.0			3.0	1.0		1.0		
58152	TOTAL HYSTERECTOMY	090	373.5	411	37.5	10%	21.86	23.87	2.01	9%	0				2.5			4.0			1.0		
58180	PARTIAL HYSTERECTOMY	090	414	439	25	6%	16.6	18.40	1.80	11%	0				2.0			3.0	1.0		1.0		
58200	EXTENSIVE HYSTERECTOMY	090	459	475	16	3%	23.1	24.86	1.76	8%	0				2.0			2.0	2.0		1.0		
58210	EXTENSIVE HYSTERECTOMY	090	627	660	33	5%	30.91	33.48	2.57	8%	0				3.0			4.0	2.0		1.0		
58240	REMOVAL OF PELVIS CONTENTS	090	1118	1157	39	3%	49.33	53.46	4.13	8%	-2			1.0	4.0	1.0		3.0	6.0			1.0	
58260	VAGINAL HYSTERECTOMY	090	311	328	17	5%	14.15	15.56	1.41	10%	-2				1.0	1.0		1.0	1.0		1.0		
58262	VAG HYST INCLUDING T/O	090	342	359	17	5%	15.94	17.35	1.41	9%	-2				1.0	1.0		1.0	1.0		1.0		

58263	VAG HYST W/T/O & VAG REPAIR	090	363	380	17	5%	17.23	18.64	1.41	8%	-2				1.0	1.0		1.0	1.0		1.0			
58267	VAG HYST W/URINARY REPAIR	090	392.5	432.5	40	10%	18.36	20.49	2.13	12%	0				2.5			4.5			1.0			
58270	VAG HYST W/ENTEROCELE REPAI	090	304	335.5	31.5	10%	15.3	17.02	1.72	11%	0				2.0			3.5			1.0			
58275	HYSTERECTOMY/REVISE VAGINA	090	365.5	403	37.5	10%	17.03	19.04	2.01	12%	0				2.5			4.0			1.0			
58280	HYSTERECTOMY/REVISE VAGINA	090	387.5	427.5	40	10%	18.33	20.46	2.13	12%	0				2.5			4.5			1.0			
58285	EXTENSIVE HYSTERECTOMY	090	499.5	505.5	6	1%	23.38	24.79	1.41	6%	0			1.0	1.0			1.0	2.0		1.0			
58290	VAG HYST COMPLEX	090	389	395	6	2%	20.27	21.55	1.28	6%	0				2.0				2.0		1.0			
58291	VAG HYST INCL T/O COMPLEX	090	410	416	6	1%	22.06	23.34	1.28	6%	0				2.0				2.0		1.0			
58292	VAG HYST T/O & REPAIR COMPL	090	423	429	6	1%	23.35	24.63	1.28	5%	0				2.0				2.0		1.0			
58294	VAG HYST W/ENTEROCELE COMP	090	405	411	6	1%	21.55	22.83	1.28	6%	0				2.0				2.0		1.0			
58345	REOPEN FALLOPIAN TUBE	010	116	118	2	2%	4.7	5.03	0.33	7%	0			1.0							0.5			
58346	INSERT HEYMAN UTERI CAPSULE	090	267	277	10	4%	7.56	8.77	1.21	16%	0			1.0	1.0			1.0	1.0		1.0			
58350	REOPEN FALLOPIAN TUBE	010	53	55	2	4%	1.06	1.28	0.22	21%	0			1.0										
58353	ENDOMETR ABLATE THERMAL	010	151.5	153.5	2	1%	3.6	4.04	0.44	12%	0			1.0							1.0			
58356	ENDOMETRIAL CRYOABLATION	010	167	174	7	4%	6.41	6.85	0.44	7%	0				1.0						0.5			
58400	SUSPENSION OF UTERUS	090	241.5	264.5	23	10%	7.14	8.46	1.32	18%	0				1.5			2.5			1.0			
58410	SUSPENSION OF UTERUS	090	354	369	15	4%	13.8	15.12	1.32	10%	0				2.0			1.0	1.0		1.0			
58520	REPAIR OF RUPTURED UTERUS	090	379	391	12	3%	13.48	15.20	1.72	13%	0				2.0			1.0	1.0	1.0	1.0			
58540	REVISION OF UTERUS	090	364	379	15	4%	15.71	17.03	1.32	8%	0				2.0			1.0	1.0		1.0			
58541	LSH UTERUS 250 G OR LESS	090	226	240	14	6%	12.29	13.06	0.77	6%	0				2.0						0.5			
58542	LSH W/T/O UT 250 G OR LESS	090	239	253	14	6%	14.16	14.93	0.77	5%	0				2.0						0.5			
58543	LSH UTERUS ABOVE 250 G	090	261	275	14	5%	14.39	15.16	0.77	5%	0				2.0						0.5			
58544	LSH W/T/O UTERUS ABOVE 250 G	090	271	285	14	5%	15.6	16.37	0.77	5%	0				2.0						0.5			
58545	LAPAROSCOPIC MYOMECTOMY	090	334	344	10	3%	15.55	16.63	1.08	7%	0				2.0				1.0		1.0			
58546	LAPARO-MYOMECTOMY COMPLE	090	394	404	10	3%	19.94	21.02	1.08	5%	0				2.0				1.0		1.0			
58548	LAP RADICAL HYST	090	564	593	29	5%	31.63	33.61	1.98	6%	-2				2.0	1.0		2.0	1.0		1.0			
58550	LAPARO-ASST VAG HYSTERECTOM	090	330	356	26	8%	15.1	16.68	1.58	10%	0			1.0	2.0			2.0			1.0			
58552	LAPARO-VAG HYST INCL T/O	090	350	376	26	7%	16.91	18.49	1.58	9%	0			1.0	2.0			2.0			1.0			
58553	LAPARO-VAG HYST COMPLEX	090	391.5	406.5	15	4%	20.06	21.38	1.32	7%	0				2.0			1.0	1.0		1.0			
58554	LAPARO-VAG HYST W/T/O COMP	090	425	442	17	4%	23.11	24.65	1.54	7%	0			1.0	2.0			1.0	1.0		1.0			
58565	HYSTEROSCOPY STERILIZATION	090	191	195	4	2%	7.12	7.67	0.55	8%	0			2.0							0.5			
58570	TLH UTERUS 250 G OR LESS	090	241	255	14	6%	13.36	14.13	0.77	6%	0				2.0						0.5			
58571	TLH W/T/O 250 G OR LESS	090	241	255	14	6%	15	15.77	0.77	5%	0				2.0						0.5			
58572	TLH UTERUS OVER 250 G	090	271	285	14	5%	17.71	18.48	0.77	4%	0				2.0						0.5			
58573	TLH W/T/O UTERUS OVER 250 G	090	281	295	14	5%	20.79	21.56	0.77	4%	0				2.0						0.5			
58575	LAPS TOT HYST RESJ MAL	090	510	529	19	4%	32.6	34.10	1.50	5%	-2				2.0	1.0			1.0		1.0			
58580	TRANSCRV ABLTJ UTRN FIBRD RF	010	153	160	7	5%	7.21	7.65	0.44	6%	0				1.0						0.5			
58600	DIVISION OF FALLOPIAN TUBE	090	166	173	7	4%	5.91	6.46	0.55	9%	0				1.0						1.0			
58605	DIVISION OF FALLOPIAN TUBE	090	141	153	12	9%	5.28	5.98	0.70	13%	0			1.0				2.0						
58615	OCCLUDE FALLOPIAN TUBE(S)	010	99	101	2	2%	3.94	4.16	0.22	6%	0			1.0										
58660	LAPAROSCOPY LYSIS	090	209.5	216.5	7	3%	11.59	12.03	0.44	4%	0				1.0						0.5			
58661	LAPAROSCOPY REMOVE ADNEXA	010	217	224	7	3%	11.35	11.79	0.44	4%	0				1.0						0.5			
58662	LAPAROSCOPY EXCISE LESIONS	090	186.5	194.5	8	4%	12.15	12.53	0.38	3%	-1				0.5	0.5								
58670	LAPAROSCOPY TUBAL CAUTERY	090	118	125	7	6%	5.91	6.24	0.33	6%	0				1.0									
58671	LAPAROSCOPY TUBAL BLOCK	090	118	125	7	6%	5.91	6.24	0.33	6%	0				1.0									
58672	LAPAROSCOPY FIMBRIOPLASTY	090	96	98	2	2%	12.91	13.13	0.22	2%	0			1.0										
58673	LAPAROSCOPY SALPINGOSTOMY	090	185	192	7	4%	14.04	14.37	0.33	2%	0				1.0									
58674	LAPS ABLTJ UTERINE FIBROIDS	090	266	280	14	5%	14.08	14.85	0.77	5%	0				2.0						0.5			
58700	REMOVAL OF FALLOPIAN TUBE	090	321.5	333.5	12	4%	12.95	14.25	1.30	10%	-2			1.0		1.0		1.0	1.0		1.0			
58720	REMOVAL OF OVARY/TUBE(S)	090	309	319	10	3%	12.16	13.37	1.21	10%	0			1.0	1.0			1.0	1.0		1.0			
58740	ADHESIOLYSIS TUBE OVARY	090	374	386	12	3%	14.9	16.20	1.30	9%	-2			1.0		1.0		1.0	1.0		1.0			
58750	REPAIR OVIDUCT	090	357	367	10	3%	15.64	16.85	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
58752	REVISE OVARIAN TUBE(S)	090	377	387	10	3%	15.64	16.85	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
58760	FIMBRIOPLASTY	090	357	367	10	3%	13.93	15.14	1.21	9%	0			1.0	1.0			1.0	1.0		1.0			
58770	CREATE NEW TUBAL OPENING	090	347	357	10	3%	14.77	15.98	1.21	8%	0			1.0	1.0			1.0	1.0		1.0			
58800	DRAINAGE OF OVARIAN CYST(S)	090	159.5	170	10.5	7%	4.62	5.34	0.72	15%	0				1.5						1.0			
58805	DRAINAGE OF OVARIAN CYST(S)	090	198.5	211.5	13	7%	6.42	7.26	0.84	13%	0				1.5			0.5			1.0			
58820	DRAIN OVARY ABSCESS OPEN	090	131.5	142	10.5	8%	4.7	5.31	0.61	13%	0				1.5						0.5			
58822	DRAIN OVARY ABSCESS PERCUT	090	399	416	17	4%	11.81	13.77	1.96	17%	0				2.0			2.0	1.0	1.0	1.0			
58825	TRANSPOSITION OVARY(S)	090	282	292	10	4%	11.78	12.99	1.21	10%	0			1.0	1.0			1.0	1.0		1.0			
58900	BIOPSY OF OVARY(S)	090	205.5	221	15.5	8%	6.59	7.55	0.96	14%	0				1.5			1.0			1.0			
58920	PARTIAL REMOVAL OF OVARY(S)	090	214.5	230	15.5	7%	11.95	12.91	0.96	8%	0				1.5			1.0			1.0			
58925	REMOVAL OF OVARIAN CYST(S)	090	329	344	15	5%	12.43	13.75	1.32	11%	0				2.0			1.0	1.0		1.0			
58940	REMOVAL OF OVARY(S)	090	257	283.5	26.5	10%	8.22	9.70	1.48	18%	0				2.0			2.5			1.0			
58943	REMOVAL OF OVARY(S)	090	385	419	34	9%	19.52	21.36	1.84	9%	0				2.0			4.0			1.0			
58950	RESECT OVARIAN MALIGNANCY	090	420	433	13	3%	18.37	20.11	1.74	9%	0			1.0	2.0			1.0	2.0		1.0			
58951	RESECT OVARIAN MALIGNANCY	090	581.5	581.5	0	0%	24.26	26.16	1.90	8%	-2			1.0		1.0		1.0	4.0		1.0			
58952	RESECT OVARIAN MALIGNANCY	090	710	727	17	2%	27.29	30.13	2.84	10%	-2			2.0		1.0		4.0	4.0		1.0			
58953	TAH RAD DISSECT FOR DEBULK	090	712	729	17	2%	34.13	36.60	2.47	7%	-2			1.0	1.0	1.0		2.0	2.0	1.0	1.0			
58954	TAH RAD DEBULK/LYMPH REMOV	090	757	774	17	2%	37.13	39.60	2.47	7%	-2			1.0	1.0	1.0		2.0	2.0	1.0	1.0			
58956	BSO OMENTECTOMY W/TAH	090	534.5	558.5	24	4%	22.8	25.09	2.29	10%	0				3.0			2.0	1.0	1.0	1.0			
58958	RESC RECR OVR TBL PP UTR MAL	090	582	602	20	3%	29.22	31.29	2.07	7%	-2			1.0	1.0	1.0		2.0	2.0		1.0			
58960	EXPLORATION OF ABDOMEN	090	449	471	22	5%	15.79	17.57	1.78	11%	-2			1.0		1.0		3.0	1.0		1.0			

59100	REMOVE UTERUS LESION	090	329	346	17	5%	13.37	14.91	1.54	12%	-2			1.0		1.0		2.0	1.0		1.0			
59120	TREAT ECTOPIC PREGNANCY	090	384	402	18	5%	12.67	14.41	1.74	14%	-2			1.0		1.0		2.0		1.0	1.0			
59121	TREAT ECTOPIC PREGNANCY	090	324	339	15	5%	12.74	14.06	1.32	10%	0				2.0			1.0	1.0		1.0			
59130	TREAT ECTOPIC PREGNANCY	090	349	373	24	7%	15.08	16.44	1.36	9%	0				2.0			2.0			1.0			
59136	TREAT ECTOPIC PREGNANCY	090	334	349	15	4%	14.25	15.57	1.32	9%	0				2.0			1.0	1.0		1.0			
59140	TREAT ECTOPIC PREGNANCY	090	186.5	197	10.5	6%	5.94	6.66	0.72	12%	0				1.5						1.0			
59150	TREAT ECTOPIC PREGNANCY	090	225	239	14	6%	12.29	13.06	0.77	6%	0				2.0						0.5			
59151	TREAT ECTOPIC PREGNANCY	090	235	249	14	6%	12.11	12.88	0.77	6%	0				2.0						0.5			
59160	D & C AFTER DELIVERY	010	79	81	2	3%	2.76	2.98	0.22	8%	0			1.0										
59400	OBSTETRICAL CARE	MMM	739.5	835.5	96	13%	37	41.84	4.84	13%	-12	1.0		2.0	9.0	2.0			1.0		1.0			
59410	OBSTETRICAL CARE	MMM	398.5	401.5	3	1%	18.76	19.51	0.75	4%	0				1.0				1.0		1.0			
59425	ANTEPARTUM CARE ONLY	MMM	137	180	43	31%	7.8	9.29	1.49	19%	-8	1.0			4.0									
59426	ANTEPARTUM CARE ONLY	MMM	252	330	78	31%	14.3	17.44	3.14	22%	-8	1.0			9.0									
59430	CARE AFTER DELIVERY	MMM	63	79	16	25%	3.22	3.97	0.75	23%	-2				1.0	1.0								
59510	CESAREAN DELIVERY	MMM	817.5	925.5	108	13%	41.05	46.46	5.41	13%	-12	1.0		2.0	10.0	2.0		1.0	1.0		1.0			
59515	CESAREAN DELIVERY	MMM	476.5	491.5	15	3%	22.79	24.11	1.32	6%	0				2.0			1.0	1.0		1.0			
59610	VBAC DELIVERY	MMM	739.5	835.5	96	13%	38.71	43.55	4.84	13%	-12	1.0		2.0	9.0	2.0			1.0		1.0			
59614	VBAC CARE AFTER DELIVERY	MMM	398.5	401.5	3	1%	20.48	21.23	0.75	4%	0				1.0				1.0		1.0			
59618	ATTEMPTED VBAC DELIVERY	MMM	792.5	900.5	108	14%	41.57	46.98	5.41	13%	-12	1.0		2.0	10.0	2.0		1.0	1.0		1.0			
59622	ATTEMPTED VBAC AFTER CARE	MMM	451.5	466.5	15	3%	23.32	24.64	1.32	6%	0				2.0			1.0	1.0		1.0			
59812	TREATMENT OF MISCARRIAGE	090	135.5	147.5	12	9%	4.44	5.01	0.57	13%	0				1.0			1.0						
59820	CARE OF MISCARRIAGE	090	162	180	18	11%	4.84	5.68	0.84	17%	-4					2.0								
59821	TREATMENT OF MISCARRIAGE	090	148	161.5	13.5	9%	5.09	5.72	0.63	12%	-3					1.5								
59830	TREAT UTERUS INFECTION	090	115.5	126	10.5	9%	6.59	7.09	0.50	8%	0				1.5									
59841	INDUCED ABORTION DILAT&EVAC	010	203	212	9	4%	5.65	6.29	0.64	11%	-2					1.0					1.0			
59855	INDUCED ABORTION 1+VAG SUPP	090	158	165	7	4%	6.43	6.76	0.33	5%	0				1.0									
59856	INDUCED AB 1+VAG SUPP D&C	090	183	190	7	4%	7.79	8.12	0.33	4%	0				1.0									
59857	INDUCED AB 1+VAG SUPP HYST	090	301	303	2	1%	9.33	9.55	0.22	2%	0			1.0										
59870	EVACUATE MOLE OF UTERUS	090	256	271	15	6%	6.57	7.87	1.30	20%	-2			3.0		1.0					1.0			
60000	DRAIN THYROID/TONGUE CYST	010	59	61	2	3%	1.81	2.03	0.22	12%	0			1.0										
60200	REMOVE THYROID LESION	090	297	316.5	19.5	7%	10.02	11.61	1.59	16%	0			3.5				2.5			1.0			
60210	PARTIAL THYROID EXCISION	090	264	273	9	3%	11.23	11.78	0.55	5%	0			1.0	1.0									
60212	PARTIAL THYROID EXCISION	090	358	369	11	3%	16.43	17.20	0.77	5%	0			2.0	1.0									
60220	PARTIAL REMOVAL OF THYROID	090	267	281	14	5%	11.19	11.96	0.77	7%	0				2.0						0.5			
60225	PARTIAL REMOVAL OF THYROID	090	374	399.5	25.5	7%	14.79	16.73	1.94	13%	0			4.0				3.5			1.0			
60240	REMOVAL OF THYROID	090	327	341	14	4%	15.04	15.81	0.77	5%	0				2.0						0.5			
60252	REMOVAL OF THYROID	090	470	483	13	3%	22.01	23.75	1.74	8%	0			1.0	2.0			1.0	2.0		1.0			
60254	EXTENSIVE THYROID SURGERY	090	500	513	13	3%	28.42	30.16	1.74	6%	0			1.0	2.0			1.0	2.0		1.0			
60260	REPEAT THYROID SURGERY	090	372	382	10	3%	18.26	19.47	1.21	7%	0			1.0	1.0			1.0	1.0		1.0			
60270	REMOVAL OF THYROID	090	650	657	7	1%	23.2	25.74	2.54	11%	0			1.0	2.0			1.0	2.0	2.0	1.0		1.0	
60271	REMOVAL OF THYROID	090	377	387	10	3%	17.62	18.83	1.21	7%	0			1.0	1.0			1.0	1.0		1.0			
60280	REMOVE THYROID DUCT LESION	090	262	274	12	5%	6.16	7.39	1.23	20%	0			3.5				1.0			1.0			
60281	REMOVE THYROID DUCT LESION	090	262	274	12	5%	8.82	10.05	1.23	14%	0			3.5				1.0			1.0			
60500	EXPLORE PARATHYROID GLANDS	090	313	329	16	5%	15.6	16.59	0.99	6%	0			1.0	2.0						0.5			
60502	RE-EXPLORE PARATHYROIDS	090	465	499	34	7%	21.15	23.56	2.41	11%	0			4.5				5.0			1.0			
60505	EXPLORE PARATHYROID GLANDS	090	636	681	45	7%	23.06	26.06	3.00	13%	0			5.0				7.0			1.0		1.0	
60520	REMOVAL OF THYMUS GLAND	090	474	493	19	4%	17.16	18.41	1.25	7%	-2		1.0	1.0	1.0			2.0			1.0		2.0	
60521	REMOVAL OF THYMUS GLAND	090	445	477	32	7%	19.18	20.93	1.75	9%	-4		2.0		1.0			5.0			1.0			
60522	REMOVAL OF THYMUS GLAND	090	533	579	46	9%	23.48	26.15	2.67	11%	0			2.0	1.0			7.0			1.0			
60540	EXPLORE ADRENAL GLAND	090	485	527	42	9%	18.02	20.69	2.67	15%	0			3.5				7.0			1.0			
60545	EXPLORE ADRENAL GLAND	090	538	582.5	44.5	8%	20.93	23.72	2.79	13%	0			3.5				7.5			1.0			
60600	REMOVE CAROTID BODY LESION	090	429	444	15	3%	25.09	26.41	1.32	5%	0				2.0			1.0	1.0		1.0			
60605	REMOVE CAROTID BODY LESION	090	530	537	7	1%	31.96	33.44	1.48	5%	0				2.0				1.0	1.0	1.0			
60650	LAPAROSCOPY ADRENALECTOMY	090	384	403	19	5%	20.73	21.85	1.12	5%	0				2.0			1.0			1.0			
61105	TDH SDRL/VENTR PNXR	090	152	159	7	5%	5.45	6.00	0.55	10%	0				1.0						1.0			
61108	TDH PNXR EVAC&/DRG SDRL HMT	090	326.5	371.5	45	14%	11.64	14.01	2.37	20%	0				2.5			5.5			1.0			
61120	BURR HOLE FOR VENTR PUNCTUR	090	238.5	264	25.5	11%	9.6	11.04	1.44	15%	0				1.5			3.0			1.0			
61140	BURR HOLE/TREPH BX BRAIN/LES	090	367.5	407.5	40	11%	17.23	19.36	2.13	12%	0				2.5			4.5			1.0			
61150	BUR HOL/TRPH DRG BRN ABS/CST	090	378	422	44	12%	18.9	21.22	2.32	12%	0				2.0			6.0			1.0			
61151	BURR HOLE/TREPH SBSQ TAPPING	090	312.5	348	35.5	11%	13.49	15.41	1.92	14%	0				1.5			5.0			1.0			
61154	BURR HOLE W/EVAC&/DRG HMT	090	447	480	33	7%	17.07	19.64	2.57	15%	0				3.0			4.0	2.0		1.0			
61156	BURR HOL ASPIR HMTM/CST ICER	090	339.5	377.5	38	11%	17.45	19.49	2.04	12%	0				1.5			5.5			1.0			
61215	INS SUBQ RSVR PMP/NFS SYS	090	275.5	306	30.5	11%	5.85	7.53	1.68	29%	0				1.5			4.0			1.0			
61250	BURR HOLE/TREPH STTL EXPL	090	304.5	340	35.5	12%	11.49	13.41	1.92	17%	0				1.5			5.0			1.0			
61253	BURR HOLE TREPH ITTL UNI/BI	090	333.5	371.5	38	11%	13.49	15.53	2.04	15%	0				1.5			5.5			1.0			
61304	CRNEC/CRNOT EXPL SUPRATNTOL	090	493	542	49	10%	23.41	25.97	2.56	11%	0				2.0			7.0			1.0			
61305	CRNEC/CRNOT EXPL INFRATNTOR	090	617.5	687.5	70	11%	28.64	32.21	3.57	12%	0				2.5			10.5			1.0			
61312	CRNEC/CRNOT STTL XDRL/SDRL	090	689	714	25	4%	30.17	33.69	3.52	12%	0				2.0			6.0	4.0	1.0	1.0			
61313	CRNEC/CRNOT STTL ICERE	090	687	719	32	5%	28.09	31.70	3.61	13%	0				3.0			5.0	2.0	2.0	1.0			
61314	CRNEC/CRNOT ITTL XDRL/SDRL	090	540.5	595.5	55	10%	25.9	28.75	2.85	11%	0				2.5			7.5			1.0			
61315	CRNEC/CRNOT ITTL NTRACEREBLR	090	625.5	693	67.5	11%	29.65	33.10	3.45	12%	0				2.5			10.0			1.0			
61320	CRNEC/CRNOT DRG ICR ABS STTL	090	570	634	64	11%	27.42	30.70	3.28	12%	0				2.0			10.0			1.0			
61321	CRNEC/CRNOT DRG ICR ABS ITTL	090	636.5	706.5	70	11%	30.53	34.10	3.57	12%	0				2.5			10.5			1.0			

61322	CRNEC/CRNOT DCMPRV W/O LOI	090	893	927	34	4%	34.26	39.57	5.31	15%	0			1.0	3.0			7.0	3.0	4.0	1.0			
61323	CRNEC/CRNOT DCMPRV W/LOBE	090	865	900	35	4%	35.06	39.88	4.82	14%	0			1.0	2.0			8.0	3.0	3.0	1.0			
61330	DCMPRN ORBIT ONLY TRANSCRN	090	597.5	665	67.5	11%	25.3	28.75	3.45	14%	0				2.5			10.0			1.0			
61333	EXPL ORBIT W/REMOVAL LESION	090	573	617	44	8%	29.27	31.59	2.32	8%	0				2.0			6.0			1.0			
61340	SUBTEMPORAL CRANIAL DCMPRN	090	445	494	49	11%	20.11	22.67	2.56	13%	0				2.0			7.0			1.0			
61343	CRNEC SOPL CRV LAM DCMPRN	090	669.5	742	72.5	11%	31.86	35.55	3.69	12%	0				2.5			11.0			1.0			
61345	OTH CRANIAL DCMPRN PST FOSS	090	622.5	692.5	70	11%	29.23	32.80	3.57	12%	0				2.5			10.5			1.0			
61450	CRNEC STPL SCTJ CMPRN/DCMPR	090	541	602.5	61.5	11%	27.69	30.85	3.16	11%	0				2.0			9.5			1.0			
61458	CRNEC SOPL XPL/DCMPR CRL NRV	090	551.5	601.5	50	9%	28.84	31.45	2.61	9%	0				2.5			6.5			1.0			
61460	CRNEC SOPL SCTJ 1+CRNL NRV	090	609.5	672	62.5	10%	30.24	33.45	3.21	11%	0				2.5			9.0			1.0			
61500	CRNEC EXC TUM/BONE LES SKULL	090	412.5	450	37.5	9%	19.18	21.19	2.01	10%	0				2.5			4.0			1.0			
61501	CRANIECTOMY F/OSTEOMYELITIS	090	438.5	486	47.5	11%	16.35	18.84	2.49	15%	0				2.5			6.0			1.0			
61510	CRNEC TREPH EXC BRN TUM STTL	090	635	675	40	6%	30.83	33.73	2.90	9%	0				4.0			4.0	2.0		1.0			
61512	CRNEC TREPH EXC MNGIOMA STT	090	652	685	33	5%	37.14	39.71	2.57	7%	0				3.0			4.0	2.0		1.0			
61514	CRNEC TREPH EXC BRN ABS STTL	090	599.5	667	67.5	11%	27.23	30.68	3.45	13%	0				2.5			10.0			1.0			
61516	CRNEC TREPH EXC CYST STTL	090	598.5	666	67.5	11%	26.58	30.03	3.45	13%	0				2.5			10.0			1.0			
61518	REMOVAL OF BRAIN LESION	090	755	783	28	4%	39.89	43.15	3.26	8%	0				4.0			3.0	3.0	1.0	1.0			
61519	REMOVE BRAIN LINING LESION	090	732	765	33	5%	43.43	46.00	2.57	6%	0				3.0			4.0	2.0		1.0			
61520	REMOVAL OF BRAIN LESION	090	815	869	54	7%	57.09	60.27	3.18	6%	0				4.0			6.0	1.0		1.0			
61521	REMOVAL OF BRAIN LESION	090	928	1016.5	88.5	10%	46.99	51.44	4.45	9%	0				3.0			13.5			1.0			
61522	REMOVAL OF BRAIN ABSCESS	090	654.5	727	72.5	11%	31.54	35.23	3.69	12%	0				2.5			11.0			1.0			
61524	REMOVAL OF BRAIN LESION	090	625.5	695.5	70	11%	29.89	33.46	3.57	12%	0				2.5			10.5			1.0			
61526	REMOVAL OF BRAIN LESION	090	789	833	44	6%	54.08	56.78	2.70	5%	-2				2.0	1.0		5.0	1.0		1.0			
61530	REMOVAL OF BRAIN LESION	090	869.5	927	57.5	7%	45.56	48.53	2.97	7%	0				2.5			8.0			1.0			
61531	IMPLANT BRAIN ELECTRODES	090	511	530	19	4%	16.41	18.46	2.05	12%	-2				1.0	1.0		2.0	1.0	1.0	1.0			
61533	IMPLANT BRAIN ELECTRODES	090	537	598.5	61.5	11%	21.46	24.62	3.16	15%	0				2.0			9.5			1.0			
61534	REMOVAL OF BRAIN LESION	090	619.5	689.5	70	11%	23.01	26.58	3.57	15%	0				2.5			10.5			1.0			
61535	REMOVE BRAIN ELECTRODES	090	414	465.5	51.5	12%	13.15	15.83	2.68	20%	0				2.0			7.5			1.0			
61536	REMOVAL OF BRAIN LESION	090	759.5	837	77.5	10%	37.72	41.65	3.93	10%	0				2.5			12.0			1.0			
61537	REMOVAL OF BRAIN TISSUE	090	614	644	30	5%	36.45	38.49	2.04	6%	0				2.0			4.0	1.0		1.0			
61538	REMOVAL OF BRAIN TISSUE	090	679	709	30	4%	39.45	41.49	2.04	5%	0				2.0			4.0	1.0		1.0			
61539	REMOVAL OF BRAIN TISSUE	090	758.5	836	77.5	10%	34.28	38.21	3.93	11%	0				2.5			12.0			1.0			
61540	REMOVAL OF BRAIN TISSUE	090	655	668	13	2%	31.43	33.17	1.74	6%	0			1.0	2.0			1.0	2.0		1.0			
61541	INCISION OF BRAIN TISSUE	090	675.5	748	72.5	11%	30.94	34.63	3.69	12%	0				2.5			11.0			1.0			
61543	REMOVAL OF BRAIN TISSUE	090	666.5	739	72.5	11%	31.31	35.00	3.69	12%	0				2.5			11.0			1.0			
61544	REMOVE & TREAT BRAIN LESION	090	598	664.5	66.5	11%	27.36	30.76	3.40	12%	0				2.0			10.5			1.0			
61545	EXCISION OF BRAIN TUMOR	090	775	821	46	6%	46.43	49.77	3.34	7%	0				4.0			5.0	1.0	1.0	1.0			
61546	REMOVAL OF PITUITARY GLAND	090	703.5	778.5	75	11%	33.44	37.25	3.81	11%	0				2.5			11.5			1.0			
61548	REMOVAL OF PITUITARY GLAND	090	553	597	44	8%	23.37	25.69	2.32	10%	0				2.0			6.0			1.0		1.0	
61550	RELEASE OF SKULL SEAMS	090	279	300	21	8%	15.59	16.69	1.10	7%	0				3.0						0.5			
61552	RELEASE OF SKULL SEAMS	090	345.5	365.5	20	6%	20.4	21.57	1.17	6%	0				2.5			0.5			1.0			
61556	INCISE SKULL/SUTURES	090	692	701	9	1%	24.09	26.58	2.49	10%	-2		1.0	1.0	1.0			3.0	3.0	1.0	1.0			
61557	INCISE SKULL/SUTURES	090	510	546	36	7%	23.31	25.24	1.93	8%	0				3.0			3.0			1.0			
61558	EXCISION OF SKULL/SUTURES	090	661	707	46	7%	26.5	28.91	2.41	9%	0				3.0			5.0			1.0			
61559	EXCISION OF SKULL/SUTURES	090	665	713	48	7%	34.02	36.52	2.50	7%	0				4.0			4.0			1.0			
61563	EXCISION OF SKULL TUMOR	090	656	659	3	0%	28.44	30.25	1.81	6%	-2		1.0	1.0	1.0			1.0	2.0	1.0	1.0			
61564	EXCISION OF SKULL TUMOR	090	623	664	41	7%	34.74	36.91	2.17	6%	0				3.0			4.0			1.0			
61566	REMOVAL OF BRAIN TISSUE	090	610	642	32	5%	32.45	34.71	2.26	7%	0			1.0	2.0			4.0	1.0		1.0			
61567	INCISION OF BRAIN TISSUE	090	681	715	34	5%	37	39.48	2.48	7%	0			2.0	2.0			4.0	1.0		1.0			
61570	REMOVE FOREIGN BODY BRAIN	090	585.5	650.5	65	11%	26.51	29.84	3.33	13%	0				2.5			9.5			1.0			
61571	INCISE SKULL FOR BRAIN WOUND	090	635.5	705.5	70	11%	28.42	31.99	3.57	13%	0				2.5			10.5			1.0			
61575	SKULL BASE/BRAINSTEM SURGER	090	762.5	840	77.5	10%	36.56	40.49	3.93	11%	0				2.5			12.0			1.0			
61576	SKULL BASE/BRAINSTEM SURGER	090	915	974	59	6%	55.31	58.73	3.42	6%	0				4.0			7.0	1.0		1.0		1.0	
61580	CRANIOFACIAL APPROACH SKULL	090	1078.3	1072.3	-6	-1%	34.51	38.03	3.52	10%	-2		1.0	2.0	2.0				3.0	4.0	1.0		1.0	
61581	CRANIOFACIAL APPROACH SKULL	090	1214.4	1227.4	13	1%	39.13	43.31	4.18	11%	-4		1.0	2.0	2.0	1.0		1.0	1.0	5.0	1.0		1.0	
61582	CRANIOFACIAL APPROACH SKULL	090	1010.3	1040.3	30	3%	35.14	38.75	3.61	10%	0			2.0	3.0			4.0	3.0	1.0	1.0		1.0	
61583	CRANIOFACIAL APPROACH SKULL	090	906.4	952.4	46	5%	38.5	41.59	3.09	8%	-2		1.0	1.0	1.0			8.0		1.0	1.0		1.0	
61584	ORBITOCRANIAL APPROACH/SKU	090	842.4	843.4	1	0%	37.7	40.35	2.65	7%	-2		1.0	1.0	1.0			2.0	3.0	2.0	1.0		1.0	
61585	ORBITOCRANIAL APPROACH/SKU	090	1101.7	1096.7	-5	0%	42.57	45.60	3.03	7%	0			2.0	1.0			1.0	3.0	3.0	1.0		2.0	
61586	RESECT NASOPHARYNX SKULL	090	720	760	40	6%	27.48	30.38	2.90	11%	0				4.0			4.0	2.0		1.0			
61590	INFRATEMPORAL APPROACH/SKU	090	1418.4	1420.4	2	0%	47.04	51.40	4.36	9%	-2		1.0	2.0	2.0			1.0		7.0	1.0		2.0	
61591	INFRATEMPORAL APPROACH/SKU	090	1254.85	1269.85	15	1%	47.02	49.64	2.62	6%	-4		2.0	1.0	2.0			3.0	4.0		1.0		2.0	
61592	ORBITOCRANIAL APPROACH/SKU	090	1002.8	998.8	-4	0%	43.08	45.49	2.41	6%	-4		2.0	1.0	1.0			1.0	3.0	2.0	1.0		2.0	
61595	TRANSTEMPORAL APPROACH/SKI	090	1077.8	1071.8	-6	-1%	33.74	37.26	3.52	10%	-2		1.0	2.0	2.0				3.0	4.0	1.0		1.0	
61596	TRANSCOCHLEAR APPROACH/SKU	090	1188.3	1179.3	-9	-1%	39.43	42.66	3.23	8%	-2		1.0	2.0	1.0			1.0	4.0	3.0	1.0		1.0	
61597	TRANSCONDYLAR APPROACH/SKU	090	1041.4	1061.4	20	2%	40.82	43.70	2.88	7%	0			3.0				5.0	2.0	1.0	1.0		2.0	
61598	TRANSPETROSAL APPROACH/SKU	090	1048.1	1054.1	6	1%	36.53	39.00	2.47	7%	-2		1.0	2.0	1.0			2.0	3.0	1.0	1.0		2.0	
61600	RESECT/EXCISE CRANIAL LESION	090	1101.4	1101.4	0	0%	30.01	33.73	3.72	12%	-2		1.0	2.0	2.0					6.0	1.0		1.0	
61601	RESECT/EXCISE CRANIAL LESION	090	854.9	859.9	5	1%	31.14	33.59	2.45	8%	-4		2.0	1.0	1.0			2.0	2.0	2.0	1.0		2.0	
61605	RESECT/EXCISE CRANIAL LESION	090	1052.6	1074.6	22	2%	32.57	35.41	2.84	9%	-2		1.0	2.0	2.0			3.0	2.0	1.0	1.0		2.0	
61606	RESECT/EXCISE CRANIAL LESION	090	926.9	937.9	11	1%	42.05	44.76	2.71	6%	0			2.0	1.0			3.0	3.0	1.0	1.0		2.0	
61607	RESECT/EXCISE CRANIAL LESION	090	1201.2	1190.2	-11	-1%	40.93	44.52	3.59	9%	0			2.0	1.0				1.0	6.0	1.0		2.0	
61608	RESECT/EXCISE CRANIAL LESION	090	1042	1045	3	0%	45.54	48.54	3.00	7%	0			3.0				3.0	3.0	2.0	1.0		2.0	

61613	REMOVE ANEURYSM SINUS	090	1102	1095	-7	-1%	45.03	48.55	3.52	8%	0			3.0				1.0		6.0	1.0		2.0	
61615	RESECT/EXCISE LESION SKULL	090	1092.2	1096.2	4	0%	35.77	38.95	3.18	9%	-2		1.0	1.0	2.0			2.0	4.0	2.0	1.0		1.0	
61616	RESECT/EXCISE LESION SKULL	090	1116.8	1146.8	30	3%	46.74	49.84	3.10	7%	-2		1.0	1.0	2.0			5.0	2.0	1.0	1.0		2.0	
61618	REPAIR DURA	090	573.1	574.1	1	0%	18.69	20.68	1.99	11%	0			2.0	1.0				1.0	2.0	1.0			
61619	REPAIR DURA	090	587.6	587.6	0	0%	22.1	24.02	1.92	9%	0			3.0				1.0	2.0	1.0	1.0			
61630	INTRACRANIAL ANGIOPLASTY	XXX	394	409	15	4%	22.07	23.39	1.32	6%	0				2.0			1.0	1.0		1.0			
61635	INTRACRAN ANGIOPLSTY W/STEN	XXX	424	430	6	1%	24.28	25.56	1.28	5%	0				2.0				2.0		1.0			
61640	DILATE IC VASOSPASM INIT	000	233	230	-3	-1%	12.32	12.72	0.40	3%	0									1.0				
61680	INTRACRANIAL VESSEL SURGERY	090	632	674	42	7%	32.55	35.16	2.61	8%	0				3.0			5.0	1.0		1.0			
61682	INTRACRANIAL VESSEL SURGERY	090	874	924	50	6%	63.41	66.41	3.00	5%	0				2.0			8.0	1.0		1.0			
61684	INTRACRANIAL VESSEL SURGERY	090	717	759	42	6%	41.64	44.25	2.61	6%	0				3.0			5.0	1.0		1.0			
61686	INTRACRANIAL VESSEL SURGERY	090	1019	1065	46	5%	67.5	70.84	3.34	5%	-2				2.0	1.0		6.0	1.0	1.0	1.0		1.0	
61690	INTRACRANIAL VESSEL SURGERY	090	672	688	16	2%	31.34	33.48	2.14	7%	-4					2.0		2.0	3.0		1.0			
61692	INTRACRANIAL VESSEL SURGERY	090	896	919	23	3%	54.59	57.61	3.02	6%	-4					2.0		4.0	3.0	1.0	1.0			
61697	BRAIN ANEURYSM REPR COMPLX	090	1194	1203	9	1%	63.4	69.10	5.70	9%	-2				2.0	1.0		5.0	6.0	5.0	1.0			
61698	BRAIN ANEURYSM REPR COMPLX	090	1209	1221	12	1%	69.63	74.93	5.30	8%	-2				2.0	1.0		5.0	6.0	4.0	1.0			
61700	BRAIN ANEURYSM REPR SIMPLE	090	949	973	24	3%	50.62	55.32	4.70	9%	-2				2.0	1.0		5.0	3.0	4.0	1.0			
61702	INNER SKULL VESSEL SURGERY	090	1144	1157	13	1%	60.04	65.54	5.50	9%	-2				2.0	1.0		5.0	5.0	5.0	1.0			
61703	CLAMP NECK ARTERY	090	377	421	44	12%	18.8	21.12	2.32	12%	0				2.0			6.0			1.0			
61705	REVISE CIRCULATION TO HEAD	090	655.5	720.5	65	10%	38.1	41.43	3.33	9%	0				2.5			9.5			1.0			
61708	REVISE CIRCULATION TO HEAD	090	647.5	712.5	65	10%	37.2	40.53	3.33	9%	0				2.5			9.5			1.0			
61710	REVISE CIRCULATION TO HEAD	090	551	607.5	56.5	10%	31.29	34.21	2.92	9%	0				2.0			8.5			1.0			
61711	FUSION OF SKULL ARTERIES	090	665.5	730.5	65	10%	38.23	41.56	3.33	9%	0				2.5			9.5			1.0			
61720	INCISE SKULL/BRAIN SURGERY	090	384	408	24	6%	17.62	18.98	1.36	8%	0				2.0			2.0			1.0			
61735	INCISE SKULL/BRAIN SURGERY	090	576.5	641.5	65	11%	22.35	25.68	3.33	15%	0				2.5			9.5			1.0			
61737	LITT ICR MLT TRJ MLT/CPLX LS	000	474	471	-3	-1%	22.67	23.07	0.40	2%	0									1.0				
61750	INCISE SKULL/BRAIN BIOPSY	090	487	543.5	56.5	12%	19.83	22.75	2.92	15%	0				2.0			8.5			1.0			
61751	BRAIN BIOPSY W/CT/MR GUIDE	090	395	426	31	8%	18.79	20.48	1.69	9%	0				3.0			2.0			1.0			
61760	IMPLANT BRAIN ELECTRODES	090	505	536	31	6%	22.39	24.08	1.69	8%	0				3.0			2.0			1.0			
61770	INCISE SKULL FOR TREATMENT	090	517	578.5	61.5	12%	23.19	26.35	3.16	14%	0				2.0			9.5			1.0			
61790	TREAT TRIGEMINAL NERVE	090	282	301	19	7%	11.6	12.72	1.12	10%	0				2.0			1.0			1.0			
61791	TREAT TRIGEMINAL TRACT	090	328	349.5	21.5	7%	15.41	16.65	1.24	8%	0				2.0			1.5			1.0			
61796	SRS CRANIAL LESION SIMPLE	090	195	209	14	7%	13.93	14.70	0.77	6%	0				2.0						0.5			
61798	SRS CRANIAL LESION COMPLEX	090	225	239	14	6%	19.85	20.62	0.77	4%	0				2.0						0.5			
61850	IMPLANT NEUROELECTRODES	090	306.5	337	30.5	10%	13.34	15.02	1.68	13%	0				1.5			4.0			1.0			
61860	IMPLANT NEUROELECTRODES	090	405	451.5	46.5	11%	22.26	24.70	2.44	11%	0				2.0			6.5			1.0			
61863	IMPLANT NEUROELECTRODE	090	452	470	18	4%	20.71	22.56	1.85	9%	0				3.0			1.0	2.0		1.0			
61867	IMPLANT NEUROELECTRODE	090	617	635	18	3%	33.03	34.88	1.85	6%	0				3.0			1.0	2.0		1.0			
61880	REVISE/REMOVE NEUROELECTRO	090	213.5	231.5	18	8%	6.95	8.03	1.08	15%	0				1.5			1.5			1.0			
61885	INSRT/REDO NEUROSTIM 1 ARRA	090	181	195	14	8%	6.05	6.82	0.77	13%	0				2.0						0.5			
61886	IMPLANT NEUROSTIM ARRAYS	090	385	405	20	5%	9.93	11.87	1.94	20%	0				4.0				2.0		1.0			
61888	REVISE/REMOVE NEURORECEIVER	010	171	178	7	4%	5.23	5.91	0.68	13%	0			1.0				1.0			1.0			
61889	INS SK-MNT CRNL NSTM PG/RCVR	090	533	551	18	3%	25.75	27.35	1.60	6%	-2				1.0	1.0			1.0	1.0		1.0		
61891	REV/RPLCMT SK-MNT CRNL NSTN	090	245	259	14	6%	11.25	12.02	0.77	7%	0				2.0						0.5			
61892	RMV SK-MNT CRNL NSTM PG/RCV	090	275	289	14	5%	15	15.77	0.77	5%	0				2.0						0.5			
62000	TREAT SKULL FRACTURE	090	408	454.5	46.5	11%	13.93	16.37	2.44	18%	0				2.0			6.5			1.0			
62005	TREAT SKULL FRACTURE	090	470	519	49	10%	17.63	20.19	2.56	15%	0				2.0			7.0			1.0			
62010	TREATMENT OF HEAD INJURY	090	519.5	572	52.5	10%	21.43	24.16	2.73	13%	0				2.5			7.0			1.0			
62100	REPAIR BRAIN FLUID LEAKAGE	090	549.5	597	47.5	9%	23.53	26.02	2.49	11%	0				2.5			6.0			1.0			
62115	REDUCTION OF SKULL DEFECT	090	678	728.5	50.5	7%	22.91	25.53	2.62	11%	0				4.0			4.5			1.0			
62117	REDUCTION OF SKULL DEFECT	090	714	706	-8	-1%	28.35	30.43	2.08	7%	0			3.0					2.0	2.0	1.0			
62120	REPAIR SKULL CAVITY LESION	090	523	566	43	8%	24.59	26.85	2.26	9%	0				4.0			3.0			1.0			
62121	INCISE SKULL REPAIR	090	496	545	49	10%	23.03	25.59	2.56	11%	0				2.0			7.0			1.0			
62140	CRNOP SKULL DEFECT	090	383	414.5	31.5	8%	14.55	16.27	1.72	12%	0				2.0			3.5			1.0			
62141	CRNOP SKULL DEFECT>5 CM DIAM	090	413	449.5	36.5	9%	16.07	18.03	1.96	12%	0				2.0			4.5			1.0			
62142	RMVL B1 FLP/PROSTC PLATE SKL	090	324	355.5	31.5	10%	11.83	13.55	1.72	15%	0				2.0			3.5			1.0			
62143	RPL B1 FLP/PROSTC PLATE SKL	090	371	405	34	9%	14.15	15.99	1.84	13%	0				2.0			4.0			1.0			
62145	REPAIR OF SKULL & BRAIN	090	490	531.5	41.5	8%	20.09	22.29	2.20	11%	0				2.0			5.5			1.0			
62146	CRNOP W/AUTOGRAFT	090	402	438.5	36.5	9%	17.28	19.24	1.96	11%	0				2.0			4.5			1.0			
62147	CRNOP W/AUTOGRAFT>5 CM DIA	090	473	517	44	9%	20.67	22.99	2.32	11%	0				2.0			6.0			1.0			
62161	DISSECT BRAIN W/SCOPE	090	400	422	22	5%	21.23	23.01	1.78	8%	0			1.0	2.0			2.0	1.0		1.0			
62162	REMOVE COLLOID CYST W/SCOPE	090	516	534	18	3%	26.8	28.78	1.98	7%	0			1.0	2.0			2.0	2.0		1.0			
62164	REMOVE BRAIN TUMOR W/SCOP	090	571	587	16	3%	29.43	31.83	2.40	8%	0			2.0	2.0			2.0	3.0		1.0			
62165	REMOVE PITUIT TUMOR W/SCOP	090	490	512	22	4%	23.23	25.01	1.78	8%	0			1.0	2.0			2.0	1.0		1.0			
62180	ESTABLISH BRAIN CAVITY SHUNT	090	564	596	32	6%	22.58	24.71	2.13	9%	-2				1.0	1.0		4.0	1.0		1.0			
62190	ESTABLISH BRAIN CAVITY SHUNT	090	355	389	34	10%	12.17	14.01	1.84	15%	0				2.0			4.0			1.0			
62192	ESTABLISH BRAIN CAVITY SHUNT	090	351	385	34	10%	13.35	15.19	1.84	14%	0				2.0			4.0			1.0			
62194	REPLACE/IRRIGATE CATHETER	010	294	313	19	6%	5.78	6.90	1.12	19%	0				2.0			1.0			1.0			
62200	ESTABLISH BRAIN CAVITY SHUNT	090	388	417	29	7%	19.29	20.89	1.60	8%	0				2.0			3.0			1.0			
62201	BRAIN CAVITY SHUNT W/SCOPE	090	425	456	31	7%	16.04	17.73	1.69	11%	0				3.0			2.0			1.0			
62220	ESTABLISH BRAIN CAVITY SHUNT	090	356	390	34	10%	14.1	15.94	1.84	13%	0				2.0			4.0			1.0			
62223	ESTABLISH BRAIN CAVITY SHUNT	090	357	388	31	9%	14.05	15.74	1.69	12%	0				3.0			2.0			1.0			
62225	REPLACE/IRRIGATE CATHETER	090	230.5	253.5	23	10%	6.19	7.51	1.32	21%	0				1.5			2.5			1.0			

62230	REPLACE/REVISE BRAIN SHUNT	090	293.5	321.5	28	10%	11.43	12.99	1.56	14%	0				1.5			3.5			1.0			
62256	REMOVE BRAIN CAVITY SHUNT	090	233.5	256.5	23	10%	7.38	8.70	1.32	18%	0				1.5			2.5			1.0			
62258	REPLACE BRAIN CAVITY SHUNT	090	366	400	34	9%	15.64	17.48	1.84	12%	0				2.0			4.0			1.0			
62263	EPIDURAL LYSIS MULT SESSIONS	010	214	230	16	7%	5	5.99	0.99	20%	0			1.0	2.0						0.5			
62264	EPIDURAL LYSIS ON SINGLE DAY	010	109	109	0	0%	4.42	4.53	0.11	2%	0										0.5			
62287	DCMPRN PX PERQ 1/MLT LUMBA	090	248	269	21	8%	9.03	10.13	1.10	12%	0				3.0						0.5			
62292	NJX CHEMONUCLEOLYSIS LMBR	090	284	308	24	8%	9.24	10.60	1.36	15%	0				2.0			2.0			1.0		1.0	
62294	INJECTION INTO SPINAL ARTERY	090	336	367.5	31.5	9%	12.87	14.59	1.72	13%	0				2.0			3.5			1.0			
62350	IMPLANT SPINAL CANAL CATH	010	170	177	7	4%	6.05	6.49	0.44	7%	0				1.0						0.5			
62351	IMPLANT SPINAL CANAL CATH	090	449	448	-1	0%	11.66	13.96	2.30	20%	0			4.0						3.0	1.0			
62355	REMOVE SPINAL CANAL CATHETE	010	140	147	7	5%	3.55	3.99	0.44	12%	0				1.0						0.5			
62360	INSERT SPINE INFUSION DEVICE	010	170	177	7	4%	4.33	4.77	0.44	10%	0				1.0						0.5			
62361	IMPLANT SPINE INFUSION PUMP	010	170	177	7	4%	5	5.44	0.44	9%	0				1.0						0.5			
62362	IMPLANT SPINE INFUSION PUMP	010	170	177	7	4%	5.6	6.04	0.44	8%	0				1.0						0.5			
62365	REMOVE SPINE INFUSION DEVICE	010	155	162	7	5%	3.93	4.37	0.44	11%	0				1.0						0.5			
62380	NDSC DCMPRN 1 NTRSPC LUMBA	090	231	245	14	6%	0	0.77	0.77	#DIV/0!	0				2.0						0.5			
63001	REMOVE SPINE LAMINA 1/2 CRVL	090	488	529.5	41.5	9%	17.61	19.81	2.20	12%	0				2.0			5.5			1.0		1.0	
63003	REMOVE SPINE LAMINA 1/2 THRC	090	485	526.5	41.5	9%	17.74	19.94	2.20	12%	0				2.0			5.5			1.0		1.0	
63005	REMOVE SPINE LAMINA 1/2 LMB	090	450	477	27	6%	16.43	18.32	1.89	12%	0				3.0			2.0	1.0		1.0			
63011	REMOVE SPINE LAMINA 1/2 SCRL	090	415.5	458	42.5	10%	15.91	18.16	2.25	14%	0				2.5			5.0			1.0			
63012	REMOVE LAMINA/FACETS LUMBA	090	441.5	486.5	45	10%	16.85	19.22	2.37	14%	0				2.5			5.5			1.0			
63015	REMOVE SPINE LAMINA >2 CRVCI	090	465	492	27	6%	20.85	22.74	1.89	9%	0				3.0			2.0	1.0		1.0			
63016	REMOVE SPINE LAMINA >2 THRC	090	665.5	715.5	50	8%	22.03	24.64	2.61	12%	0				2.5			6.5			1.0		2.5	
63017	REMOVE SPINE LAMINA >2 LMBR	090	437	459	22	5%	17.33	18.98	1.65	10%	0				3.0			1.0	1.0		1.0			
63020	NECK SPINE DISK SURGERY	090	379	403	24	6%	14.91	16.65	1.74	12%	-2				2.0	1.0		1.0	1.0		1.0			
63030	LOW BACK DISK SURGERY	090	305	328	23	8%	12	13.19	1.19	10%	-2				2.0	1.0					0.5			
63040	LAMINOTOMY SINGLE CERVICAL	090	479.5	527	47.5	10%	20.31	22.80	2.49	12%	0				2.5			6.0			1.0			
63042	LAMINOTOMY SINGLE LUMBAR	090	400	436	36	9%	18.76	20.69	1.93	10%	0				3.0			3.0			1.0			
63045	LAM FACETEC & FORAMOT CRV	090	395	417	22	6%	17.95	19.60	1.65	9%	0				3.0			1.0	1.0		1.0			
63046	LAM FACETEC & FORAMOT THRC	090	395	417	22	6%	17.25	18.90	1.65	10%	0				3.0			1.0	1.0		1.0			
63047	LAM FACETEC & FORAMOT LUME	090	362	384	22	6%	15.37	17.02	1.65	11%	0				3.0			1.0	1.0		1.0			
63050	CERVICAL LAMINOPLSTY 2/> SEG	090	455	477	22	5%	22.01	23.79	1.78	8%	0			1.0	2.0			2.0	1.0		1.0			
63051	C-LAMINOPLASTY W/GRAFT/PLAT	090	495	517	22	4%	25.51	27.29	1.78	7%	0			1.0	2.0			2.0	1.0		1.0			
63055	DECOMPRESS SPINAL CORD THRC	090	520.5	570.5	50	10%	23.55	26.16	2.61	11%	0				2.5			6.5			1.0			
63056	DECOMPRESS SPINAL CORD LMBI	090	490.5	538	47.5	10%	21.86	24.35	2.49	11%	0				2.5			6.0			1.0			
63064	DECOMPRESS SPINAL CORD THRC	090	592.5	645	52.5	9%	26.22	28.95	2.73	10%	0				2.5			7.0			1.0			
63075	NECK SPINE DISK SURGERY	090	355	367	12	3%	19.6	20.90	1.30	7%	0			1.0	2.0				1.0		1.0			
63077	SPINE DISK SURGERY THORAX	090	517.5	562.5	45	9%	22.88	25.25	2.37	10%	0				2.5			5.5			1.0			
63081	REMOVE VERT BODY DCMPRN CR	090	622.5	675	52.5	8%	26.1	28.83	2.73	10%	0				2.5			7.0			1.0		1.5	
63085	REMOVE VERT BODY DCMPRN TH	090	721.5	781.5	60	8%	29.47	32.56	3.09	10%	0				2.5			8.5			1.0		1.5	
63087	REMOV VERTBR DCMPRN THRCLI	090	682	729	47	7%	37.53	40.38	2.85	8%	0				3.0			6.0	1.0		1.0			
63090	REMOVE VERT BODY DCMPRN LN	090	741	807	66	9%	30.93	34.30	3.37	11%	0				3.0			9.0			1.0		1.5	
63101	REMOVE VERT BODY DCMPRN TH	090	671	706	35	5%	34.1	36.89	2.79	8%	0			1.0	3.0			4.0	2.0		1.0			
63102	REMOVE VERT BODY DCMPRN LN	090	658	693	35	5%	34.1	36.89	2.79	8%	0			1.0	3.0			4.0	2.0		1.0			
63170	INCISE SPINAL CORD TRACT(S)	090	623.5	676	52.5	8%	22.21	24.94	2.73	12%	0				2.5			7.0			1.0		1.5	
63172	DRAINAGE OF SPINAL CYST	090	581	625	44	8%	19.76	22.08	2.32	12%	0				2.0			6.0			1.0		1.5	
63173	DRAINAGE OF SPINAL CYST	090	630.5	680.5	50	8%	24.31	26.92	2.61	11%	0				2.5			6.5			1.0		1.5	
63185	INCISE SPINE NRV HALF SEGMNT	090	451.5	496.5	45	10%	16.49	18.86	2.37	14%	0				2.5			5.5			1.0			
63190	INCISE SPINE NRV >2 SEGMNTS	090	491.5	536.5	45	9%	18.89	21.26	2.37	13%	0				2.5			5.5			1.0			
63191	INCISE SPINE ACCESSORY NERVE	090	468.5	511	42.5	9%	18.92	21.17	2.25	12%	0				2.5			5.0			1.0			
63197	LAM W/CORDOTOMY 1STG THRC	090	707.5	752.5	45	6%	24.08	26.45	2.37	10%	0				2.5			5.5			1.0		3.0	
63200	RELEASE SPINAL CORD LUMBAR	090	589.5	637	47.5	8%	21.44	23.93	2.49	12%	0				2.5			6.0			1.0		1.5	
63250	REVISE SPINAL CORD VSLS CRVL	090	941.5	1004	62.5	7%	43.86	47.07	3.21	7%	0				2.5			9.0			1.0		2.5	
63251	REVISE SPINAL CORD VSLS THRC	090	983	1056.5	73.5	7%	44.64	48.37	3.73	8%	0				3.0			10.5			1.0		2.5	
63252	REVISE SPINE CORD VSL THRLMB	090	981	1054.5	73.5	7%	44.63	48.36	3.73	8%	0				3.0			10.5			1.0		2.5	
63265	EXCISE INTRASPINL LESION CRV	090	612.5	660	47.5	8%	23.82	26.31	2.49	10%	0				2.5			6.0			1.0		1.5	
63266	EXCISE INTRSPINL LESION THRC	090	636.5	689	52.5	8%	24.68	27.41	2.73	11%	0				2.5			7.0			1.0		1.5	
63267	EXCISE INTRSPINL LESION LMBR	090	480.5	528	47.5	10%	19.45	21.94	2.49	13%	0				2.5			6.0			1.0			
63268	EXCISE INTRSPINL LESION SCRL	090	498.5	546	47.5	10%	20.02	22.51	2.49	12%	0				2.5			6.0			1.0			
63270	EXCISE INTRSPINL LESION CRVL	090	781.5	839	57.5	7%	29.8	32.77	2.97	10%	0				2.5			8.0			1.0		2.5	
63271	EXCISE INTRSPINL LESION THRC	090	779.5	837	57.5	7%	29.92	32.89	2.97	10%	0				2.5			8.0			1.0		2.5	
63272	EXCISE INTRSPINL LESION LMBR	090	648.5	703.5	55	8%	27.5	30.35	2.85	10%	0				2.5			7.5			1.0		1.0	
63273	EXCISE INTRSPINL LESION SCRL	090	648.5	703.5	55	8%	26.47	29.32	2.85	11%	0				2.5			7.5			1.0		1.0	
63275	BX/EXC XDRL SPINE LESN CRVL	090	654.5	709.5	55	8%	25.86	28.71	2.85	11%	0				2.5			7.5			1.0		1.0	
63276	BX/EXC XDRL SPINE LESN THRC	090	659.5	717	57.5	9%	25.69	28.66	2.97	12%	0				2.5			8.0			1.0		1.0	
63277	BX/EXC XDRL SPINE LESN LMBR	090	544.5	594.5	50	9%	22.39	25.00	2.61	12%	0				2.5			6.5			1.0			
63278	BX/EXC XDRL SPINE LESN SCRL	090	546.5	596.5	50	9%	22.12	24.73	2.61	12%	0				2.5			6.5			1.0			
63280	BX/EXC IDRL SPINE LESN CRVL	090	669	732.5	63.5	9%	30.29	33.54	3.25	11%	0				3.0			8.5			1.0			
63281	BX/EXC IDRL SPINE LESN THRC	090	669	732.5	63.5	9%	29.99	33.24	3.25	11%	0				3.0			8.5			1.0			
63282	BX/EXC IDRL SPINE LESN LMBR	090	623	679	56	9%	28.15	31.04	2.89	10%	0				3.0			7.0			1.0			
63283	BX/EXC IDRL SPINE LESN SCRL	090	618	674	56	9%	26.76	29.65	2.89	11%	0				3.0			7.0			1.0			
63285	BX/EXC IDRL IMED LESN CERVL	090	762	830.5	68.5	9%	38.05	41.54	3.49	9%	0				3.0			9.5			1.0			
63286	BX/EXC IDRL IMED LESN THRC	090	747	813	66	9%	37.62	40.99	3.37	9%	0				3.0			9.0			1.0			

63287	BX/EXC IDRL IMED LESN THRLMB	090	931	1002	71	8%	40.08	43.69	3.61	9%	0				3.0			10.0			1.0		2.5	
63290	BX/EXC XDRL/IDRL LSN ANY LVL	090	960	1033.5	73.5	8%	40.82	44.55	3.73	9%	0				3.0			10.5			1.0		2.5	
63300	REMOVE VERT XDRL BODY CRVCL	090	638.5	691	52.5	8%	26.8	29.53	2.73	10%	0				2.5			7.0			1.0		1.5	
63301	REMOVE VERT XDRL BODY THRC	090	950	1023.5	73.5	8%	31.57	35.30	3.73	12%	0				3.0			10.5			1.0		3.5	
63302	REMOVE VERT XDRL BODY THRLN	090	871	939.5	68.5	8%	31.15	34.64	3.49	11%	0				3.0			9.5			1.0		2.5	
63303	REMOV VERT XDRL BDY LMBR/SA	090	809.5	869.5	60	7%	33.55	36.64	3.09	9%	0				2.5			8.5			1.0		2.5	
63304	REMOVE VERT IDRL BODY CRVCL	090	845	911	66	8%	33.85	37.22	3.37	10%	0				3.0			9.0			1.0		3.0	
63305	REMOVE VERT IDRL BODY THRC	090	1004	1077.5	73.5	7%	36.24	39.97	3.73	10%	0				3.0			10.5			1.0		4.0	
63306	REMOV VERT IDRL BDY THRCLMB	090	871	939.5	68.5	8%	35.55	39.04	3.49	10%	0				3.0			9.5			1.0		2.5	
63307	REMOV VERT IDRL BDY LMBR/SA	090	863	931.5	68.5	8%	34.96	38.45	3.49	10%	0				3.0			9.5			1.0		2.5	
63600	REMOVE SPINAL CORD LESION	090	364	398	34	9%	15.12	16.96	1.84	12%	0				2.0			4.0			1.0			
63620	SRS SPINAL LESION	090	195	209	14	7%	15.6	16.37	0.77	5%	0				2.0						0.5			
63650	IMPLANT NEUROELECTRODES	010	170	177	7	4%	7.15	7.59	0.44	6%	0				1.0						0.5			
63655	IMPLANT NEUROELECTRODES	090	254	270	16	6%	10.92	11.91	0.99	9%	0			1.0	2.0						0.5			
63661	REMOVE SPINE ELTRD PERQ ARAY	010	165	172	7	4%	5.08	5.52	0.44	9%	0				1.0						0.5			
63662	REMOVE SPINE ELTRD PLATE	090	243	259	16	7%	11	12.10	1.10	10%	0			1.0	2.0						1.0			
63663	REVISE SPINE ELTRD PERQ ARAY	010	200	207	7	3%	7.75	8.19	0.44	6%	0				1.0						0.5			
63664	REVISE SPINE ELTRD PLATE	090	273	289	16	6%	11.52	12.62	1.10	10%	0			1.0	2.0						1.0			
63685	INS/RPLC SPI NPG/RCVR POCKET	010	170	177	7	4%	5.19	5.63	0.44	8%	0				1.0						0.5			
63688	REV/RMV IMP SP NPG/R DTCH CN	010	162	169	7	4%	4.35	4.79	0.44	10%	0				1.0						0.5			
63700	REPAIR OF SPINAL HERNIATION	090	401	437	36	9%	17.47	19.40	1.93	11%	0				3.0			3.0			1.0			
63702	REPAIR OF SPINAL HERNIATION	090	463	499	36	8%	19.41	21.34	1.93	10%	0				3.0			3.0			1.0			
63704	REPAIR OF SPINAL HERNIATION	090	609	677	68	11%	22.43	25.89	3.46	15%	0				4.0			8.0			1.0			
63706	REPAIR OF SPINAL HERNIATION	090	679	747	68	10%	25.35	28.81	3.46	14%	0				4.0			8.0			1.0			
63707	REPAIR SPINAL FLUID LEAKAGE	090	377.5	420	42.5	11%	12.65	14.90	2.25	18%	0				2.5			5.0			1.0			
63709	REPAIR SPINAL FLUID LEAKAGE	090	426.5	466.5	40	9%	15.65	17.78	2.13	14%	0				2.5			4.5			1.0			
63710	GRAFT REPAIR OF SPINE DEFECT	090	407.5	447.5	40	10%	15.4	17.53	2.13	14%	0				2.5			4.5			1.0			
63740	INSTALL SPINAL SHUNT	090	378.5	416	37.5	10%	12.63	14.64	2.01	16%	0				2.5			4.0			1.0			
63741	INSTALL SPINAL SHUNT	090	289	313	24	8%	9.12	10.48	1.36	15%	0				2.0			2.0			1.0			
63744	REVISION OF SPINAL SHUNT	090	282.5	308	25.5	9%	8.94	10.38	1.44	16%	0				1.5			3.0			1.0			
63746	REMOVAL OF SPINAL SHUNT	090	254.5	282.5	28	11%	7.33	8.89	1.56	21%	0				1.5			3.5			1.0			
64553	IMPLANT NEUROELECTRODES	010	160	167	7	4%	6.13	6.57	0.44	7%	0				1.0						0.5			
64555	IMPLANT NEUROELECTRODES	010	145	152	7	5%	5.76	6.20	0.44	8%	0				1.0						0.5			
64561	IMPLANT NEUROELECTRODES	010	131	140	9	7%	5.44	5.86	0.42	8%	-2					1.0								
64568	OPN IMPLTJ CRNL NRV NEA&PG	090	275	294	19	7%	9	10.12	1.12	12%	0				2.0			1.0			1.0			
64569	REVISE/REPL VAGUS N ELTRD	090	312	331	19	6%	11	12.12	1.12	10%	0				2.0			1.0			1.0			
64570	REMOVE VAGUS N ELTRD	090	259	271	12	5%	9.1	9.89	0.79	9%	0				1.0			1.0			1.0			
64575	OPN IMPLTJ NEA PERPH NERVE	090	78	81	3	4%	4.42	4.75	0.33	7%	0			1.5										
64580	OPN IMPLTJ NEA NEUROMUSCUL	090	79	82	3	4%	4.19	4.52	0.33	8%	0			1.5										
64581	OPN IMPLTJ NEA SACRAL NERVE	090	269	278	9	3%	12.2	12.73	0.53	4%	-2					1.0					0.5			
64582	OPN MPLTJ HPGLSL NSTM ARY PG	090	294	308	14	5%	14	14.77	0.77	5%	0				2.0						0.5			
64583	REV/RPLCT HPGLSL NSTM ARY PG	090	309	323	14	5%	14.5	15.27	0.77	5%	0				2.0						0.5			
64584	RMVL HPGLSL NSTIM ARY PG	090	275	289	14	5%	12	12.77	0.77	6%	0				2.0						0.5			
64585	REV/RMV PERPH NSTIM ELTRD RA	010	58	60	2	3%	2.11	2.33	0.22	10%	0			1.0										
64590	INS/RPL PRPH SAC/GSTR NPG/R	010	145	152	7	5%	5.1	5.54	0.44	9%	0				1.0						0.5			
64595	REV/RMV PRPH SAC/GSTR NPG/R	010	134	141	7	5%	3.79	4.23	0.44	12%	0				1.0						0.5			
64600	INJECTION TREATMENT OF NERVE	010	77	79	2	3%	3.49	3.71	0.22	6%	0			1.0										
64605	INJECTION TREATMENT OF NERVE	010	103	105	2	2%	5.65	5.87	0.22	4%	0			1.0										
64610	INJECTION TREATMENT OF NERVE	010	140	142	2	1%	7.2	7.42	0.22	3%	0			1.0										
64611	CHEMODENERV SALIV GLANDS	010	36	38	2	6%	1.03	1.25	0.22	21%	0			1.0										
64612	DESTROY NERVE FACE MUSCLE	010	41	43	2	5%	1.41	1.63	0.22	16%	0			1.0										
64620	INJECTION TREATMENT OF NERVE	010	76	78	2	3%	2.89	3.11	0.22	8%	0			1.0										
64624	DSTRJ NULYT AGT GNCLR NRV	010	74	76	2	3%	2.5	2.72	0.22	9%	0			1.0										
64625	RF ABLTJ NRV NRVTG SI JT	010	98	105	7	7%	3.39	3.83	0.44	13%	0				1.0						0.5			
64628	TRML DSTRJ IOS BVN 1ST 2 L/S	010	178	185	7	4%	7.15	7.59	0.44	6%	0				1.0						0.5			
64630	INJECTION TREATMENT OF NERVE	010	78	80	2	3%	3.05	3.27	0.22	7%	0			1.0										
64632	N BLOCK INJ COMMON DIGIT	010	36	38	2	6%	1.23	1.45	0.22	18%	0			1.0										
64633	DESTROY CERV/THOR FACET JNT	010	100	107	7	7%	3.32	3.76	0.44	13%	0				1.0						0.5			
64635	DESTROY LUMB/SAC FACET JNT	010	100	107	7	7%	3.32	3.76	0.44	13%	0				1.0						0.5			
64640	INJECTION TREATMENT OF NERVE	010	64	66	2	3%	1.98	2.20	0.22	11%	0			1.0										
64680	INJECTION TREATMENT OF NERVE	010	98	100	2	2%	2.67	2.89	0.22	8%	0			1.0										
64681	INJECTION TREATMENT OF NERVE	010	122	132	10	8%	3.78	4.26	0.48	13%	0							2.0						
64702	REVISE FINGER/TOE NERVE	090	212	230	18	8%	6.26	7.47	1.21	19%	0			2.0	2.0						0.5			
64704	REVISE HAND/FOOT NERVE	090	152	157	5	3%	4.69	5.24	0.55	12%	0			2.5										
64708	REVISE ARM/LEG NERVE	090	220	233	13	6%	6.36	7.46	1.10	17%	0			3.0	1.0						0.5			
64712	REVISION OF SCIATIC NERVE	090	294	307.5	13.5	5%	8.07	9.31	1.24	15%	0			3.0				1.5			1.0			
64713	REVISION OF ARM NERVE(S)	090	429	446	17	4%	11.4	12.87	1.47	13%	0			3.5				2.0			1.0			
64714	REVISE LOW BACK NERVE(S)	090	364	373.5	9.5	3%	10.55	11.66	1.11	11%	0			3.5				0.5			1.0			
64716	REVISION OF CRANIAL NERVE	090	182	198	16	9%	6.99	7.87	0.88	13%	0			1.0	2.0									
64718	REVISE ULNAR NERVE AT ELBOW	090	250	278	28	11%	7.26	8.69	1.43	20%	0				4.0						0.5			
64719	REVISE ULNAR NERVE AT WRIST	090	149	154	5	3%	4.97	5.52	0.55	11%	0			2.5										
64721	CARPAL TUNNEL SURGERY	090	171	187	16	9%	4.97	5.96	0.99	20%	0			1.0	2.0						0.5			
64722	RELIEVE PRESSURE ON NERVE(S)	090	159	164	5	3%	4.82	5.48	0.66	14%	0			2.5							0.5			

64726	RELEASE FOOT/TOE NERVE	090	151	155	4	3%	4.27	4.82	0.55	13%	0			2.0							0.5			
64732	INCISION OF BROW NERVE	090	132.5	143	10.5	8%	4.89	5.50	0.61	12%	0				1.5						0.5			
64734	INCISION OF CHEEK NERVE	090	186	200	14	8%	5.55	6.43	0.88	16%	0				2.0						1.0			
64736	INCISION OF CHIN NERVE	090	139	153	14	10%	5.23	5.89	0.66	13%	0				2.0									
64738	INCISION OF JAW NERVE	090	173	187	14	8%	6.36	7.13	0.77	12%	0				2.0						0.5			
64740	INCISION OF TONGUE NERVE	090	166	180	14	8%	6.22	6.99	0.77	12%	0				2.0						0.5			
64742	INCISION OF FACIAL NERVE	090	179	193	14	8%	6.85	7.62	0.77	11%	0				2.0						0.5			
64744	INCISE NERVE BACK OF HEAD	090	192.5	203	10.5	5%	5.72	6.44	0.72	13%	0				1.5						1.0			
64746	INCISE DIAPHRAGM NERVE	090	177	191	14	8%	6.56	7.33	0.77	12%	0				2.0						0.5			
64755	INCISION OF STOMACH NERVES	090	360	377	17	5%	15.05	17.14	2.09	14%	0			1.0	1.0			3.0	1.0	1.0	1.0			
64760	INCISION OF VAGUS NERVE	090	212	226	14	7%	7.59	8.47	0.88	12%	0				2.0						1.0			
64763	INCISE HIP/THIGH NERVE	090	210	224	14	7%	7.56	8.33	0.77	10%	0				2.0						0.5			
64766	INCISE HIP/THIGH NERVE	090	239.5	257	17.5	7%	9.47	10.41	0.94	10%	0				2.5						0.5			
64771	SEVER CRANIAL NERVE	090	236.5	254	17.5	7%	8.15	9.09	0.94	11%	0				2.5						0.5			
64772	INCISION OF SPINAL NERVE	090	245	259	14	6%	7.84	8.72	0.88	11%	0				2.0						1.0			
64774	REMOVE SKIN NERVE LESION	090	174	188	14	8%	5.8	6.57	0.77	13%	0				2.0						0.5			
64776	REMOVE DIGIT NERVE LESION	090	158.5	169	10.5	7%	5.6	6.21	0.61	11%	0				1.5						0.5			
64782	REMOVE LIMB NERVE LESION	090	235	249	14	6%	6.86	7.74	0.88	13%	0				2.0						1.0			
64784	REMOVE NERVE LESION	090	257.5	275	17.5	7%	10.62	11.56	0.94	9%	0				2.5						0.5			
64786	REMOVE SCIATIC NERVE LESION	090	291.5	309	17.5	6%	16.25	17.19	0.94	6%	0				2.5						0.5			
64788	REMOVE SKIN NERVE LESION	090	183	197	14	8%	5.24	6.01	0.77	15%	0				2.0						0.5			
64790	REMOVAL OF NERVE LESION	090	331.5	349	17.5	5%	12.1	13.04	0.94	8%	0				2.5						0.5			
64792	REMOVAL OF NERVE LESION	090	416	437	21	5%	15.86	17.07	1.21	8%	0				3.0						1.0			
64802	SYMPATHECTOMY CERVICAL	090	354.5	389.5	35	10%	10.37	12.26	1.89	18%	0				2.5			3.5			1.0			
64804	SYMPATHECTOMY CERVICOTHOR	090	389.5	427	37.5	10%	15.91	17.92	2.01	13%	0				2.5			4.0			1.0			
64809	SYMPATHECTOMY THORACOLUM	090	336	367.5	31.5	9%	14.71	16.43	1.72	12%	0				2.0			3.5			1.0			
64818	SYMPATHECTOMY LUMBAR	090	345	376.5	31.5	9%	11.34	13.06	1.72	15%	0				2.0			3.5			1.0			
64820	SYMPATHECTOMY DIGITAL ARTEF	090	268	277	9	3%	10.74	11.29	0.55	5%	-4		2.0	1.0	1.0									
64821	SYMPATHECTOMY RADIAL ARTER	090	269	287	18	7%	9.33	10.78	1.45	16%	0			3.0	1.0			1.0			1.0			
64822	SYMPATHECTOMY ULNAR ARTERY	090	269	287	18	7%	9.33	10.78	1.45	16%	0			3.0	1.0			1.0			1.0			
64823	SYMPATHECTOMY SUPFC PALMA	090	299	317	18	6%	10.94	12.39	1.45	13%	0			3.0	1.0			1.0			1.0			
64831	REPAIR OF DIGIT NERVE	090	237	255	18	8%	9.16	10.37	1.21	13%	0			2.0	2.0						0.5			
64834	REPAIR OF HAND OR FOOT NERVE	090	226	240	14	6%	10.81	11.69	0.88	8%	0				2.0						1.0			
64835	REPAIR OF HAND OR FOOT NERVE	090	259.5	277	17.5	7%	11.73	12.78	1.05	9%	0				2.5						1.0			
64836	REPAIR OF HAND OR FOOT NERVE	090	260.5	278	17.5	7%	11.73	12.78	1.05	9%	0				2.5						1.0			
64840	REPAIR OF LEG NERVE	090	356	379.5	23.5	7%	14.02	15.35	1.33	9%	0				3.0			0.5			1.0			
64856	REPAIR/TRANSPOSE NERVE	090	415.5	453	37.5	9%	15.07	17.08	2.01	13%	0				2.5			4.0			1.0			
64857	REPAIR ARM/LEG NERVE	090	428.5	468.5	40	9%	15.82	17.95	2.13	13%	0				2.5			4.5			1.0			
64858	REPAIR SCIATIC NERVE	090	442.5	482.5	40	9%	17.82	19.95	2.13	12%	0				2.5			4.5			1.0			
64861	REPAIR OF ARM NERVES	090	549	600	51	9%	20.89	23.54	2.65	13%	0				3.0			6.0			1.0			
64862	REPAIR OF LOW BACK NERVES	090	531	582	51	10%	21.09	23.74	2.65	13%	0				3.0			6.0			1.0			
64864	REPAIR OF FACIAL NERVE	090	321	345	24	7%	13.41	14.77	1.36	10%	0				2.0			2.0			1.0			
64865	REPAIR OF FACIAL NERVE	090	365.5	385.5	20	5%	16.09	17.26	1.17	7%	0				2.5			0.5			1.0			
64866	FUSION OF FACIAL/OTHER NERVE	090	391.5	421.5	30	8%	16.83	18.48	1.65	10%	0				2.5			2.5			1.0			
64868	FUSION OF FACIAL/OTHER NERVE	090	351	375	24	7%	14.9	16.26	1.36	9%	0				2.0			2.0			1.0			
64885	NERVE GRAFT HEAD/NECK	090	325	339	14	4%	17.6	18.48	0.88	5%	0				2.0						1.0			
64886	NERVE GRAFT HEAD/NECK >4 CM	090	411	426	15	4%	20.82	22.14	1.32	6%	0				2.0			1.0	1.0		1.0			
64890	NRV GRF 1STRND HND/FOOT <4C	090	403.5	433.5	30	7%	16.24	17.89	1.65	10%	0				2.5			2.5			1.0			
64891	NRV GRF 1STRND HND/FOOT >4C	090	424.5	459.5	35	8%	17.35	19.24	1.89	11%	0				2.5			3.5			1.0			
64892	NRV GRF 1STRND ARM/LEG <4CM	090	396.5	426.5	30	8%	15.74	17.39	1.65	10%	0				2.5			2.5			1.0			
64893	NRV GRF 1STRND ARM/LEG >4 CM	090	439.5	477	37.5	9%	16.87	18.88	2.01	12%	0				2.5			4.0			1.0			
64895	NRV GRF MLTST HND/FOOT	090	458.5	491	32.5	7%	20.39	22.16	1.77	9%	0				2.5			3.0			1.0			
64896	NRV GRF MLTST HND/FOOT >4 CM	090	523	566.5	43.5	8%	21.96	24.25	2.29	10%	0				3.0			4.5			1.0			
64897	NRV GRF MLTST ARM/LEG	090	480.5	513	32.5	7%	19.38	21.15	1.77	9%	0				2.5			3.0			1.0			
64898	NRV GRF MLTST ARM/LEG >4 CM	090	531	574.5	43.5	8%	20.97	23.26	2.29	11%	0				3.0			4.5			1.0			
64905	NERVE PEDICLE TRANSFER	090	383.5	413.5	30	8%	15.11	16.76	1.65	11%	0				2.5			2.5			1.0			
64907	NERVE PEDICLE TRANSFER	090	404.5	439.5	35	9%	20.03	21.92	1.89	9%	0				2.5			3.5			1.0			
64910	NERVE REPAIR W/ALLOGRAFT	090	257	280	23	9%	10.52	11.84	1.32	13%	0			1.0	3.0						0.5			
64911	NEURORRAPHY W/VEIN AUTOGR	090	292	315	23	8%	14	15.32	1.32	9%	0			1.0	3.0						0.5			
64912	NRV RPR W/NRV ALGRFT 1ST	090	272	295	23	8%	12	13.32	1.32	11%	0			1.0	3.0						0.5			
65091	REVISE EYE	090	164.5	182	17.5	11%	7.26	8.20	0.94	13%	0				2.5						0.5			
65093	REVISE EYE WITH IMPLANT	090	214	221	7	3%	7.04	8.03	0.99	14%	0			3.5							1.0			
65101	REMOVAL OF EYE	090	232	260	28	12%	8.3	9.73	1.43	17%	0				4.0						0.5			
65103	REMOVE EYE/INSERT IMPLANT	090	237	265	28	12%	8.84	10.27	1.43	16%	0				4.0						0.5			
65105	REMOVE EYE/ATTACH IMPLANT	090	269.5	301	31.5	12%	9.93	11.53	1.60	16%	0				4.5						0.5			
65110	REMOVAL OF EYE	090	370.5	409	38.5	10%	15.7	17.74	2.04	13%	0				5.5						1.0			
65112	REMOVE EYE/REVISE SOCKET	090	434.5	482.5	48	11%	18.51	21.00	2.49	13%	0				6.5			0.5			1.0			
65114	REMOVE EYE/REVISE SOCKET	090	446.5	494.5	48	11%	19.65	22.14	2.49	13%	0				6.5			0.5			1.0			
65125	REVISE OCULAR IMPLANT	090	148	154	6	4%	3.27	3.93	0.66	20%	0			3.0										
65130	INSERT OCULAR IMPLANT	090	200	228	28	14%	8.42	9.74	1.32	16%	0				4.0									
65135	INSERT OCULAR IMPLANT	090	207	235	28	14%	8.6	9.92	1.32	15%	0				4.0									
65140	ATTACH OCULAR IMPLANT	090	255.5	287	31.5	12%	9.46	11.06	1.60	17%	0				4.5						0.5			
65150	REVISE OCULAR IMPLANT	090	187	194	7	4%	6.43	7.31	0.88	14%	0			3.5							0.5			

65155	REINSERT OCULAR IMPLANT	090	259.5	291	31.5	12%	10.1	11.59	1.49	15%	0				4.5									
65175	REMOVAL OF OCULAR IMPLANT	090	174.5	199	24.5	14%	7.4	8.56	1.16	16%	0				3.5									
65235	REMOVE FOREIGN BODY FROM E	090	185.5	217	31.5	17%	9.01	10.50	1.49	16%	0				4.5									
65260	REMOVE FOREIGN BODY FROM E	090	270	305	35	13%	12.54	14.30	1.76	14%	0				5.0						0.5			
65265	REMOVE FOREIGN BODY FROM E	090	291.5	330	38.5	13%	14.34	16.16	1.82	13%	0				5.5									
65270	REPAIR OF EYE WOUND	010	67	69	2	3%	1.95	2.17	0.22	11%	0			1.0										
65272	REPAIR OF EYE WOUND	090	115.5	133	17.5	15%	4.62	5.45	0.83	18%	0				2.5									
65273	REPAIR OF EYE WOUND	090	164.5	182	17.5	11%	5.16	6.21	1.05	20%	0				2.5						1.0			
65275	REPAIR OF EYE WOUND	090	146	167	21	14%	6.29	7.28	0.99	16%	0				3.0									
65280	REPAIR OF EYE WOUND	090	249.5	281	31.5	13%	9.1	10.70	1.60	18%	0				4.5						0.5			
65285	REPAIR OF EYE WOUND	090	353	397	44	12%	15.36	17.67	2.31	15%	0			1.0	6.0						0.5			
65286	REPAIR OF EYE WOUND	090	172.5	197	24.5	14%	6.63	7.79	1.16	17%	0				3.5									
65290	REPAIR OF EYE SOCKET WOUND	090	178.5	203	24.5	14%	6.53	7.69	1.16	18%	0				3.5									
65400	REMOVAL OF EYE LESION	090	189.5	221	31.5	17%	7.5	8.99	1.49	20%	0				4.5									
65420	REMOVAL OF EYE LESION	090	149	157	8	5%	4.36	5.24	0.88	20%	0			4.0										
65426	REMOVAL OF EYE LESION	090	162.5	170.5	8	5%	6.05	7.04	0.99	16%	0			4.0							0.5			
65436	CURETTE/TREAT CORNEA	090	101	115	14	14%	4.82	5.48	0.66	14%	0				2.0									
65450	TREATMENT OF CORNEAL LESION	090	117	125	8	7%	3.47	4.35	0.88	25%	0			4.0										
65600	REVISION OF CORNEA	090	115.5	133	17.5	15%	4.2	5.03	0.83	20%	0				2.5									
65710	CORNEAL TRANSPLANT	090	317	363	46	15%	14.45	16.61	2.16	15%	-4				4.0	2.0								
65730	CORNEAL TRANSPLANT	090	322	368	46	14%	16.35	18.51	2.16	13%	-4				4.0	2.0								
65750	CORNEAL TRANSPLANT	090	288	330	42	15%	16.9	18.88	1.98	12%	0				6.0									
65755	CORNEAL TRANSPLANT	090	288	330	42	15%	16.79	18.77	1.98	12%	0				6.0									
65756	CORNEAL TRNSPL ENDOTHELIAL	090	255	282	27	11%	16.84	18.60	1.76	10%	0			3.0	3.0						0.5			
65770	KERATOPROSTHESIS	090	456.5	507	50.5	11%	19.74	22.35	2.61	13%	0				6.5			1.0			1.0			
65772	CORRECTION OF ASTIGMATISM	090	128.5	146	17.5	14%	5.09	5.92	0.83	16%	0				2.5									
65775	CORRECTION OF ASTIGMATISM	090	168.5	193	24.5	15%	6.91	8.07	1.16	17%	0				3.5									
65780	OCULAR RECONST TRANSPLANT	090	192	222	30	16%	7.03	8.68	1.65	23%	0			1.0	4.0						0.5			
65781	OCULAR RECONST TRANSPLANT	090	354	374	20	6%	18.14	20.45	2.31	13%	0			10.0							0.5			
65782	OCULAR RECONST TRANSPLANT	090	331	349	18	5%	15.43	17.52	2.09	14%	0			9.0							0.5			
65785	IMPLTJ NTRSTRML CRNL RNG SEG	090	134	147	13	10%	5.39	6.38	0.99	18%	0			3.0	1.0									
65810	DRAINAGE OF EYE	090	142	163	21	15%	5.82	6.81	0.99	17%	0				3.0									
65815	DRAINAGE OF EYE	090	152	173	21	14%	6	6.99	0.99	17%	0				3.0									
65820	GONIOTOMY	090	244	264	20	8%	8.91	10.23	1.32	15%	0			3.0	2.0									
65850	TRABECULOTOMY AB EXTERNO	090	233	243	10	4%	11.39	12.71	1.32	12%	0			5.0							1.0			
65855	TRABECULOPLASTY LASER SURG	010	61	63	2	3%	3	3.22	0.22	7%	0			1.0										
65860	SEVERING ADS ANT SGM LASER	090	120	122	2	2%	3.59	3.81	0.22	6%	0			1.0										
65865	INCISE INNER EYE ADHESIONS	090	135	142	7	5%	5.77	6.54	0.77	13%	0			3.5										
65870	INCISE INNER EYE ADHESIONS	090	165.5	190	24.5	15%	7.39	8.55	1.16	16%	0				3.5									
65875	INCISE INNER EYE ADHESIONS	090	178	206	28	16%	7.81	9.13	1.32	17%	0				4.0									
65880	INCISE INNER EYE ADHESIONS	090	185	213	28	15%	8.36	9.68	1.32	16%	0				4.0									
65900	REMOVE EYE LESION	090	246	281	35	14%	12.51	14.16	1.65	13%	0				5.0									
65920	REMOVE IMPLANT OF EYE	090	214	249	35	16%	9.99	11.64	1.65	17%	0				5.0									
65930	REMOVE BLOOD CLOT FROM EYE	090	176	197	21	12%	8.39	9.49	1.10	13%	0				3.0						0.5			
66020	INJECTION TREATMENT OF EYE	010	52	54	2	4%	1.64	1.86	0.22	13%	0			1.0										
66030	INJECTION TREATMENT OF EYE	010	51	53	2	4%	1.3	1.52	0.22	17%	0			1.0										
66130	REMOVE EYE LESION	090	131	137	6	5%	7.83	8.49	0.66	8%	0			3.0										
66150	GLAUCOMA SURGERY	090	269	318	49	18%	10.53	12.84	2.31	22%	0				7.0									
66155	GLAUCOMA SURGERY	090	284	333	49	17%	10.52	12.94	2.42	23%	0				7.0						0.5			
66160	GLAUCOMA SURGERY	090	266	315	49	18%	12.39	14.70	2.31	19%	0				7.0									
66170	GLAUCOMA SURGERY	090	278	321	43	15%	13.94	16.58	2.64	19%	0			4.0	5.0						0.5			
66172	INCISION OF EYE	090	325	372	47	14%	14.84	17.92	3.08	21%	0			6.0	5.0						0.5			
66174	TRLUML DIL AQ O/F CAN W/O ST	090	173	203	30	17%	7.62	9.27	1.65	22%	0			1.0	4.0						0.5			
66175	TRLUML DIL AQ O/F CAN W/ST	090	184	214	30	16%	9.34	10.99	1.65	18%	0			1.0	4.0						0.5			
66179	AQUEOUS SHUNT EYE W/O GRAF	090	272	313	41	15%	14	16.42	2.42	17%	0			3.0	5.0						0.5			
66180	AQUEOUS SHUNT EYE W/GRAFT	090	277	318	41	15%	15	17.42	2.42	16%	0			3.0	5.0						0.5			
66183	INSERT ANT DRAINAGE DEVICE	090	257	298	41	16%	13.2	15.62	2.42	18%	0			3.0	5.0						0.5			
66184	REVISION OF AQUEOUS SHUNT	090	254	288	34	13%	9.58	11.67	2.09	22%	0			3.0	4.0						0.5			
66185	REVISE AQUEOUS SHUNT EYE	090	259	293	34	13%	10.58	12.67	2.09	20%	0			3.0	4.0						0.5			
66225	REPAIR/GRAFT EYE LESION	090	294	329	35	12%	12.63	14.28	1.65	13%	0				5.0									
66250	FOLLOW-UP SURGERY OF EYE	090	175.5	200	24.5	14%	7.1	8.26	1.16	16%	0				3.5									
66500	INCISION OF IRIS	090	103	108	5	5%	3.83	4.38	0.55	14%	0			2.5										
66505	INCISION OF IRIS	090	108	114	6	6%	4.22	4.88	0.66	16%	0			3.0										
66600	REMOVE IRIS AND LESION	090	211.5	243	31.5	15%	10.12	11.61	1.49	15%	0				4.5									
66605	REMOVAL OF IRIS	090	221.5	253	31.5	14%	14.22	15.71	1.49	10%	0				4.5									
66625	REMOVAL OF IRIS	090	132	139	7	5%	5.3	6.07	0.77	15%	0			3.5										
66630	REMOVAL OF IRIS	090	171.5	196	24.5	14%	7.28	8.44	1.16	16%	0				3.5									
66635	REMOVAL OF IRIS	090	167.5	192	24.5	15%	7.37	8.53	1.16	16%	0				3.5									
66680	REPAIR IRIS & CILIARY BODY	090	182	203	21	12%	7.97	9.07	1.10	14%	0				3.0						0.5			
66682	REPAIR IRIS & CILIARY BODY	090	202	225	23	11%	8.74	10.06	1.32	15%	0			1.0	3.0						0.5			
66683	IMPLANTATION IRIS PROSTHESIS	090	224	252	28	13%	10.67	12.10	1.43	13%	0				4.0						0.5			
66700	DESTRUCTION CILIARY BODY	090	146	155	9	6%	5.14	5.69	0.55	11%	0			1.0	1.0									
66710	CILIARY TRANSSLERAL THERAPY	090	140	149	9	6%	5.14	5.69	0.55	11%	0			1.0	1.0									

66711	ECP CILIARY BODY DESTRUCTION	090	191	221	30	16%	5.62	7.27	1.65	29%	0			1.0	4.0						0.5			
66720	DESTRUCTION CILIARY BODY	090	146	155	9	6%	4.75	5.74	0.99	21%	0			4.5										
66740	DESTRUCTION CILIARY BODY	090	140	149	9	6%	5.14	5.69	0.55	11%	0			1.0	1.0									
66761	REVISION OF IRIS	010	66	75	9	14%	3	3.55	0.55	18%	0			1.0	1.0									
66762	REVISION OF IRIS	090	123.5	141	17.5	14%	5.38	6.21	0.83	15%	0				2.5									
66770	REMOVAL OF INNER EYE LESION	090	132	153	21	16%	6.13	7.12	0.99	16%	0				3.0									
66820	INCISION SECONDARY CATARACT	090	113	118	5	4%	4.01	4.56	0.55	14%	0			2.5										
66821	AFTER CATARACT LASER SURGERY	090	82	96	14	17%	3.42	4.08	0.66	19%	0				2.0									
66825	REPOSITION INTRAOCULAR LENS	090	219	239	20	9%	9.01	10.33	1.32	15%	0			3.0	2.0									
66830	REMOVAL OF LENS LESION	090	189	217	28	15%	9.47	10.79	1.32	14%	0				4.0									
66840	REMOVAL OF LENS MATERIAL	090	183	211	28	15%	9.18	10.50	1.32	14%	0				4.0									
66850	REMOVAL OF LENS MATERIAL	090	207.5	239	31.5	15%	10.55	12.04	1.49	14%	0				4.5									
66852	REMOVAL OF LENS MATERIAL	090	206.5	238	31.5	15%	11.41	12.90	1.49	13%	0				4.5									
66920	EXTRACTION OF LENS	090	188	216	28	15%	10.13	11.45	1.32	13%	0				4.0									
66930	EXTRACTION OF LENS	090	210.5	242	31.5	15%	11.61	13.10	1.49	13%	0				4.5									
66940	EXTRACTION OF LENS	090	198.5	230	31.5	16%	10.37	11.86	1.49	14%	0				4.5									
66982	XCAPSL CTRC RMVL CPLX WO ECP	090	175	198	23	13%	10.25	11.57	1.32	13%	0			1.0	3.0						0.5			
66984	XCAPSL CTRC RMVL W/O ECP	090	126	142	16	13%	7.35	8.34	0.99	13%	0			1.0	2.0						0.5			
66985	INSERT LENS PROSTHESIS	090	227	262	35	15%	9.98	11.63	1.65	17%	0				5.0									
66989	XCPSL CTRC RMVL CPLX INSJ 1+	090	176	199	23	13%	12.13	13.45	1.32	11%	0			1.0	3.0						0.5			
66991	XCAPSL CTRC RMVL INSJ 1+	090	172	195	23	13%	9.23	10.55	1.32	14%	0			1.0	3.0						0.5			
67005	PARTIAL REMOVAL OF EYE FLUID	090	147	155	8	5%	5.89	6.77	0.88	15%	0			4.0										
67010	PARTIAL REMOVAL OF EYE FLUID	090	156	164	8	5%	7.06	7.94	0.88	12%	0			4.0										
67015	RELEASE OF EYE FLUID	090	171	180	9	5%	7.14	8.13	0.99	14%	0			4.5										
67025	REPLACE EYE FLUID	090	190	218	28	15%	8.11	9.43	1.32	16%	0				4.0									
67027	IMPLANT EYE DRUG SYSTEM	090	244	264	20	8%	11.62	12.94	1.32	11%	0			3.0	2.0									
67030	INCISE INNER EYE STRANDS	090	167	195	28	17%	6.11	7.43	1.32	22%	0				4.0									
67031	LASER SURGERY EYE STRANDS	090	109.5	127	17.5	16%	4.47	5.30	0.83	18%	0				2.5									
67036	REMOVAL OF INNER EYE FLUID	090	250	285	35	14%	12.13	13.89	1.76	15%	0				5.0						0.5			
67039	LASER TREATMENT OF RETINA	090	260	295	35	13%	13.2	14.96	1.76	13%	0				5.0						0.5			
67040	LASER TREATMENT OF RETINA	090	273	308	35	13%	14.5	16.26	1.76	12%	0				5.0						0.5			
67041	VIT FOR MACULAR PUCKER	090	260	295	35	13%	16.33	18.09	1.76	11%	0				5.0						0.5			
67042	VIT FOR MACULAR HOLE	090	260	295	35	13%	16.33	18.09	1.76	11%	0				5.0						0.5			
67043	VIT FOR MEMBRANE DISSECT	090	275	310	35	13%	17.4	19.16	1.76	10%	0				5.0						0.5			
67101	REPAIR DETACHED RETINA CRTX	010	145	159	14	10%	3.5	4.27	0.77	22%	0				2.0						0.5			
67105	REPAIR DETACHED RETINA PC	010	97	111	14	14%	3.39	4.05	0.66	19%	0				2.0									
67107	REPAIR DETACHED RETINA	090	290	325	35	12%	16	17.76	1.76	11%	0				5.0						0.5			
67108	REPAIR DETACHED RETINA	090	295	330	35	12%	17.13	18.89	1.76	10%	0				5.0						0.5			
67110	REPAIR DETACHED RETINA	090	196	238	42	21%	10.25	12.23	1.98	19%	0				6.0									
67113	REPAIR RETINAL DETACH CPLX	090	348	390	42	12%	19	21.09	2.09	11%	0				6.0						0.5			
67115	RELEASE ENCIRCLING MATERIAL	090	158.5	183	24.5	15%	6.11	7.27	1.16	19%	0				3.5									
67120	REMOVE EYE IMPLANT MATERIAL	090	162.5	187	24.5	15%	7.1	8.26	1.16	16%	0				3.5									
67121	REMOVE EYE IMPLANT MATERIAL	090	280	315	35	13%	12.25	13.90	1.65	13%	0				5.0									
67141	PROPH RTA DTCHMNT CRTX DTH	010	77	91	14	18%	2.53	3.19	0.66	26%	0				2.0									
67145	PROPH RTA DTCHMNT PC	010	76	90	14	18%	2.53	3.19	0.66	26%	0				2.0									
67208	TREATMENT OF RETINAL LESION	090	137	158	21	15%	7.65	8.64	0.99	13%	0				3.0									
67210	TREATMENT OF RETINAL LESION	090	106	127	21	20%	6.36	7.35	0.99	16%	0				3.0									
67218	TREATMENT OF RETINAL LESION	090	464	476	12	3%	20.36	22.85	2.49	12%	0			3.0	1.0			2.0	2.0	1.0	1.0			
67220	TREATMENT OF CHOROID LESION	090	117.5	138.5	21	18%	6.36	7.35	0.99	16%	0				3.0									
67227	DSTRJ EXTENSIVE RETINOPATHY	010	93	100	7	8%	3.5	3.94	0.44	13%	0				1.0						0.5			
67228	TREATMENT X10SV RETINOPATHY	010	81	88	7	9%	4.39	4.72	0.33	8%	0				1.0									
67229	TR RETINAL LES PRETERM INF	090	353.5	391.5	38	11%	16.3	18.70	2.40	15%	0				6.0				1.0		1.0			
67250	REINFORCE EYE WALL	090	210	231	21	10%	9.61	10.60	0.99	10%	0				3.0									
67255	REINFORCE/GRAFT EYE WALL	090	216	243	27	13%	8.38	10.14	1.76	21%	0			3.0	3.0						0.5			
67311	REVISE EYE MUSCLE	090	144	155	11	8%	5.93	6.81	0.88	15%	0			2.0	1.0						0.5			
67312	REVISE TWO EYE MUSCLES	090	159	170	11	7%	9.5	10.38	0.88	9%	0			2.0	1.0						0.5			
67314	REVISE EYE MUSCLE	090	145	156	11	8%	5.93	6.81	0.88	15%	0			2.0	1.0						0.5			
67316	REVISE TWO EYE MUSCLES	090	164	175	11	7%	10.31	11.19	0.88	9%	0			2.0	1.0						0.5			
67318	REVISE EYE MUSCLE(S)	090	166	182	16	10%	9.8	10.79	0.99	10%	0			1.0	2.0						0.5			
67343	RELEASE EYE TISSUE	090	167.5	192	24.5	15%	8.47	9.63	1.16	14%	0				3.5									
67345	DESTROY NERVE OF EYE MUSCLE	010	58	60	2	3%	3.01	3.23	0.22	7%	0			1.0										
67400	EXPLORE/BIOPSY EYE SOCKET	090	255.5	287	31.5	12%	11.2	12.80	1.60	14%	0				4.5						0.5			
67405	EXPLORE/DRAIN EYE SOCKET	090	209	237	28	13%	9.2	10.63	1.43	16%	0				4.0						0.5			
67412	EXPLORE/TREAT EYE SOCKET	090	234.5	252	17.5	7%	10.3	11.24	0.94	9%	0				2.5						0.5			
67413	EXPLORE/TREAT EYE SOCKET	090	220	230	10	5%	10.24	11.34	1.10	11%	0			5.0										
67414	EXPLR/DECOMPRESS EYE SOCKET	090	347	361	14	4%	17.94	19.33	1.39	8%	-2			1.0	1.0	1.0			1.0		1.0			
67420	EXPLORE/TREAT EYE SOCKET	090	468	513	45	10%	21.87	24.22	2.35	11%	0				5.0			2.0			1.0			
67430	EXPLORE/TREAT EYE SOCKET	090	353	395	42	12%	15.29	17.27	1.98	13%	0				6.0									
67440	EXPLORE/DRAIN EYE SOCKET	090	336.5	375	38.5	11%	14.84	16.77	1.93	13%	0				5.5						0.5			
67445	EXPLR/DECOMPRESS EYE SOCKET	090	352	366	14	4%	19.12	20.51	1.39	7%	-2			1.0	1.0	1.0			1.0		1.0			
67450	EXPLORE/BIOPSY EYE SOCKET	090	366	408	42	11%	15.41	17.50	2.09	14%	0				6.0						0.5			
67550	INSERT EYE SOCKET IMPLANT	090	282	317	35	12%	11.77	13.42	1.65	14%	0				5.0									
67560	REVISE EYE SOCKET IMPLANT	090	276	311	35	13%	12.18	13.83	1.65	14%	0				5.0									

67570	DECOMPRESS OPTIC NERVE	090	294	314	20	7%	14.4	15.59	1.19	8%	-2			2.0	1.0	1.0							
67700	BLEPHAROTOMY DRG ABSC EYELI	010	59	61	2	3%	1.4	1.62	0.22	16%	0			1.0									
67710	SEVERING TARSORRHAPHY	010	39	41	2	5%	1.07	1.29	0.22	21%	0			1.0									
67715	CANTHOTOMY	010	41	43	2	5%	1.27	1.49	0.22	17%	0			1.0									
67800	REMOVE EYELID LESION	010	46	47	1	2%	1.41	1.52	0.11	8%	0			0.5									
67801	REMOVE EYELID LESIONS	010	48	49	1	2%	1.91	2.02	0.11	6%	0			0.5									
67805	REMOVE EYELID LESIONS	010	78	80	2	3%	2.27	2.49	0.22	10%	0			1.0									
67808	REMOVE EYELID LESION(S)	090	126.5	144	17.5	14%	4.6	5.43	0.83	18%	0				2.5								
67825	REVISE EYELASHES	010	47	49	2	4%	1.43	1.65	0.22	15%	0			1.0									
67830	REVISE EYELASHES	010	56	58	2	4%	1.75	1.97	0.22	13%	0			1.0									
67835	REVISE EYELASHES	090	154	160	6	4%	5.7	6.36	0.66	12%	0			3.0									
67840	REMOVE EYELID LESION	010	56	58	2	4%	2.09	2.31	0.22	11%	0			1.0									
67850	DSTRJ LESION LID MARGIN <1CM	010	48	50	2	4%	1.74	1.96	0.22	13%	0			1.0									
67880	REVISION OF EYELID	090	114.5	132	17.5	15%	4.6	5.43	0.83	18%	0				2.5								
67882	REVISION OF EYELID	090	156	177	21	13%	6.02	7.01	0.99	16%	0				3.0								
67900	REPAIR BROW DEFECT	090	177	193	16	9%	6.82	7.70	0.88	13%	0			1.0	2.0								
67901	REPAIR EYELID DEFECT	090	188	196	8	4%	7.59	8.58	0.99	13%	0			4.0								0.5	
67902	REPAIR EYELID DEFECT	090	221	234	13	6%	9.82	10.92	1.10	11%	0			3.0	1.0							0.5	
67903	REPAIR EYELID DEFECT	090	145	151	6	4%	6.51	7.17	0.66	10%	0			3.0									
67904	REPAIR EYELID DEFECT	090	185	198	13	7%	7.97	9.07	1.10	14%	0			3.0	1.0							0.5	
67906	REPAIR EYELID DEFECT	090	134	140	6	4%	6.93	7.59	0.66	10%	0			3.0									
67908	REPAIR EYELID DEFECT	090	136	143	7	5%	5.3	6.07	0.77	15%	0			3.5									
67909	REVISE EYELID DEFECT	090	136	143	7	5%	5.57	6.34	0.77	14%	0			3.5									
67911	REVISE EYELID DEFECT	090	183	191	8	4%	7.5	8.49	0.99	13%	0			4.0								0.5	
67912	CORRECTION EYELID W/IMPLANT	090	166	182	16	10%	6.36	7.35	0.99	16%	0			1.0	2.0							0.5	
67914	REPAIR EYELID DEFECT	090	129	140	11	9%	3.75	4.63	0.88	23%	0			2.0	1.0							0.5	
67915	REPAIR EYELID DEFECT	090	70	74	4	6%	2.03	2.47	0.44	22%	0			2.0									
67916	REPAIR EYELID DEFECT	090	134	145	11	8%	5.48	6.36	0.88	16%	0			2.0	1.0							0.5	
67917	REPAIR EYELID DEFECT	090	142	153	11	8%	5.93	6.81	0.88	15%	0			2.0	1.0							0.5	
67921	REPAIR EYELID DEFECT	090	124	135	11	9%	3.47	4.35	0.88	25%	0			2.0	1.0							0.5	
67922	REPAIR EYELID DEFECT	090	75	79	4	5%	2.03	2.47	0.44	22%	0			2.0									
67923	REPAIR EYELID DEFECT	090	134	145	11	8%	5.48	6.36	0.88	16%	0			2.0	1.0							0.5	
67924	REPAIR EYELID DEFECT	090	149	160	11	7%	5.93	6.81	0.88	15%	0			2.0	1.0							0.5	
67930	REPAIR EYELID WOUND	010	77	79	2	3%	3.65	3.87	0.22	6%	0			1.0									
67935	REPAIR EYELID WOUND	090	150	156	6	4%	6.36	7.02	0.66	10%	0			3.0									
67938	REMOVE EYELID FOREIGN BODY	010	48	50	2	4%	1.38	1.60	0.22	16%	0			1.0									
67950	REVISION OF EYELID	090	144	151	7	5%	5.99	6.76	0.77	13%	0			3.5									
67961	REVISION OF EYELID	090	167	174	7	4%	5.86	6.63	0.77	13%	0			3.5									
67966	REVISION OF EYELID	090	200	213	13	6%	8.97	10.07	1.10	12%	0			3.0	1.0							0.5	
67971	RECONSTRUCTION OF EYELID	090	235	244	9	4%	10.01	11.00	0.99	10%	0			4.5									
67973	RECONSTRUCTION OF EYELID	090	253	264	11	4%	13.13	14.34	1.21	9%	0			5.5									
67974	RECONSTRUCTION OF EYELID	090	255	266	11	4%	13.1	14.31	1.21	9%	0			5.5									
67975	RECONSTRUCTION OF EYELID	090	197	206	9	5%	9.35	10.34	0.99	11%	0			4.5									
68020	INCISE/DRAIN EYELID LINING	010	41	43	2	5%	1.42	1.64	0.22	15%	0			1.0									
68110	EXC LES CONJUNCTIVA	010	58	60	2	3%	1.82	2.04	0.22	12%	0			1.0									
68115	EXC LES CONJUNCTIVA >1 CM	010	68	70	2	3%	2.41	2.63	0.22	9%	0			1.0									
68130	EXC LES CONJUNCTIVA ADJ SCL	090	132	139	7	5%	5.1	5.87	0.77	15%	0			3.5									
68135	DESTRUCTION LES CONJUNCTIVA	010	58	60	2	3%	1.89	2.11	0.22	12%	0			1.0									
68320	REVISE/GRAFT EYELID LINING	090	209	237	28	13%	6.64	7.96	1.32	20%	0				4.0								
68325	REVISE/GRAFT EYELID LINING	090	217	245	28	13%	8.63	9.95	1.32	15%	0				4.0								
68326	REVISE/GRAFT EYELID LINING	090	211	239	28	13%	8.42	9.74	1.32	16%	0				4.0								
68328	REVISE/GRAFT EYELID LINING	090	231	259	28	12%	9.45	10.77	1.32	14%	0				4.0								
68330	REVISE EYELID LINING	090	154	175	21	14%	5.78	6.77	0.99	17%	0				3.0								
68335	REVISE/GRAFT EYELID LINING	090	216	244	28	13%	8.46	9.78	1.32	16%	0				4.0								
68340	SEPARATE EYELID ADHESIONS	090	134.5	152	17.5	13%	4.97	5.80	0.83	17%	0				2.5								
68360	REVISE EYELID LINING	090	138.5	156	17.5	13%	5.17	6.00	0.83	16%	0				2.5								
68362	REVISE EYELID LINING	090	203	231	28	14%	8.61	9.93	1.32	15%	0				4.0								
68371	HARVEST EYE TISSUE ALOGRAFT	010	150	158	8	5%	5.09	6.08	0.99	19%	0			4.0								0.5	
68400	I&D LACRIMAL GLAND	010	56	58	2	4%	1.74	1.96	0.22	13%	0			1.0									
68420	I&D LACRIMAL SAC	010	61	63	2	3%	2.35	2.57	0.22	9%	0			1.0									
68440	SNIP INC LACRIMAL PUNCTUM	010	35	37	2	6%	0.99	1.21	0.22	22%	0			1.0									
68500	REMOVAL OF TEAR GLAND	090	260.5	299	38.5	15%	12.77	14.59	1.82	14%	0				5.5								
68505	PARTIAL REMOVAL TEAR GLAND	090	262.5	301	38.5	15%	12.69	14.51	1.82	14%	0				5.5								
68520	REMOVAL OF TEAR SAC	090	212	240	28	13%	8.78	10.10	1.32	15%	0				4.0								
68530	CLEARANCE OF TEAR DUCT	010	89	91	2	2%	3.7	3.92	0.22	6%	0			1.0									
68540	REMOVE TEAR GLAND LESION	090	263	298	35	13%	12.18	13.83	1.65	14%	0				5.0								
68550	REMOVE TEAR GLAND LESION	090	328	370	42	13%	15.16	17.14	1.98	13%	0				6.0								
68700	REPAIR TEAR DUCTS	090	201	229	28	14%	7.87	9.19	1.32	17%	0				4.0								
68705	REVISE TEAR DUCT OPENING	010	55	57	2	4%	2.11	2.33	0.22	10%	0			1.0									
68720	CREATE TEAR SAC DRAIN	090	235	258	23	10%	9.96	11.17	1.21	12%	0			1.0	3.0								
68745	CREATE TEAR DUCT DRAIN	090	212	240	28	13%	9.9	11.22	1.32	13%	0				4.0								
68750	CREATE TEAR DUCT DRAIN	090	233.5	265	31.5	13%	10.1	11.59	1.49	15%	0				4.5								
68760	CLOSE TEAR DUCT OPENING	010	37	39	2	5%	1.78	2.00	0.22	12%	0			1.0									

68761	CLOSE TEAR DUCT OPENING	010	38	40	2	5%	1.41	1.63	0.22	16%	0			1.0										
68770	CLOSE TEAR SYSTEM FISTULA	090	181	209	28	15%	8.29	9.61	1.32	16%	0				4.0									
68801	DILATE TEAR DUCT OPENING	010	33	35	2	6%	0.82	1.04	0.22	27%	0			1.0										
68810	PROBE NASOLACRIMAL DUCT	010	43	45	2	5%	1.54	1.76	0.22	14%	0			1.0										
68811	PROBE NASOLACRIMAL DUCT	010	74.5	74.5	0	0%	1.74	1.85	0.11	6%	-2		1.0									0.5		
68815	PROBE NASOLACRIMAL DUCT	010	108	112	4	4%	2.7	3.25	0.55	20%	0			2.0								0.5		
68816	PROBE NL DUCT W/BALLOON	010	83	83	0	0%	2.1	2.21	0.11	5%	-2		1.0									0.5		
68840	EXPLORE/IRRIGATE TEAR DUCTS	010	39	41	2	5%	1.3	1.52	0.22	17%	0			1.0										
69000	DRG XTRNL EAR ABSC/HEM SMPL	010	49	51	2	4%	1.5	1.72	0.22	15%	0			1.0										
69005	DRG XTRNL EAR ABSC/HEM COM	010	62	64	2	3%	2.16	2.38	0.22	10%	0			1.0										
69020	DRG XTRNL AUD CANAL ABSCESS	010	40	42	2	5%	1.53	1.75	0.22	14%	0			1.0										
69110	REMOVE EXTERNAL EAR PARTIAL	090	91	95	4	4%	3.53	3.97	0.44	12%	0			2.0										
69120	REMOVAL OF EXTERNAL EAR	090	109	113	4	4%	4.14	4.58	0.44	11%	0			2.0										
69140	REMOVE EAR CANAL LESION(S)	090	185	192	7	4%	8.14	9.02	0.88	11%	0			3.5								0.5		
69145	REMOVE EAR CANAL LESION(S)	090	72	75	3	4%	2.7	3.03	0.33	12%	0			1.5										
69150	EXTENSIVE EAR CANAL SURGERY	090	285	293	8	3%	13.61	14.71	1.10	8%	0			4.0								1.0		
69155	EXTENSIVE EAR/NECK SURGERY	090	745	805	60	8%	23.35	26.93	3.58	15%	-4			1.0	2.0	2.0		6.0	1.0			1.0		
69205	CLEAR OUTER EAR CANAL	010	25.5	25.5	0	0%	1.21	1.21	-	0%	-1		0.5											
69222	CLEAN OUT MASTOID CAVITY	010	48	50	2	4%	1.45	1.67	0.22	15%	0			1.0										
69300	REVISE EXTERNAL EAR	YYY	227	236	9	4%	6.44	6.86	0.42	7%	-4		1.0			1.0								
69310	REBUILD OUTER EAR CANAL	090	220	228	8	4%	10.97	11.85	0.88	8%	0			4.0										
69320	REBUILD OUTER EAR CANAL	090	359	369	10	3%	17.18	18.39	1.21	7%	0			5.0								0.5		
69420	INCISION OF EARDRUM	010	37	39	2	5%	1.38	1.60	0.22	16%	0			1.0										
69421	INCISION OF EARDRUM	010	38	40	2	5%	1.78	2.00	0.22	12%	0			1.0										
69433	CREATE EARDRUM OPENING	010	56	63	7	13%	1.57	1.90	0.33	21%	0				1.0									
69436	CREATE EARDRUM OPENING	010	64	66	2	3%	2.01	2.23	0.22	11%	0			1.0										
69440	EXPLORATION OF MIDDLE EAR	090	185	191	6	3%	7.71	8.48	0.77	10%	0			3.0								0.5		
69450	EARDRUM REVISION	090	116	121	5	4%	5.69	6.24	0.55	10%	0			2.5										
69501	MASTOIDECTOMY	090	206	212	6	3%	9.21	9.98	0.77	8%	0			3.0								0.5		
69502	MASTOIDECTOMY	090	299	307	8	3%	12.56	13.66	1.10	9%	0			4.0								1.0		
69505	REMOVE MASTOID STRUCTURES	090	321	329	8	2%	13.17	14.27	1.10	8%	0			4.0								1.0		
69511	EXTENSIVE MASTOID SURGERY	090	318	326	8	3%	13.7	14.80	1.10	8%	0			4.0								1.0		
69530	EXTENSIVE MASTOID SURGERY	090	563	592	29	5%	20.38	22.55	2.17	11%	0			4.5				4.0				1.0		1.0
69535	REMOVE PART OF TEMPORAL BO	090	770	825	55	7%	37.42	40.90	3.48	9%	0			5.0				9.0				1.0		
69540	EXCISION AURAL POLYP	010	43	45	2	5%	1.25	1.47	0.22	18%	0			1.0										
69550	EXC AURL GLOMUS TUM TRNSCA	090	234	241	7	3%	11.15	12.03	0.88	8%	0			3.5								0.5		
69552	EXC AURL GLOMUS TUM TRNSMS	090	396	411.5	15.5	4%	19.81	21.27	1.46	7%	0			4.0				1.5				1.0		
69554	EXC AURL GLOMUS TUM EXTEND	090	1024	1078	54	5%	35.97	39.53	3.56	10%	-4				2.0	2.0		6.0	2.0			1.0		
69601	REVJ MSTDC RSLTG COMPL MSTD	090	330	339	9	3%	13.45	14.66	1.21	9%	0			4.5								1.0		
69602	REV MSTDC RSLT MOD RAD MSTD	090	325	333	8	2%	13.76	14.86	1.10	8%	0			4.0								1.0		
69603	REVJ MSTDC RSLTG RAD MSTDC	090	319	327	8	3%	14.2	15.30	1.10	8%	0			4.0								1.0		
69604	REVJ MSTDC RSLTG TYMPANPLST	090	336	344	8	2%	14.2	15.30	1.10	8%	0			4.0								1.0		
69610	TYMPANIC MEMBRANE REPAIR	010	90	92	2	2%	4.47	4.69	0.22	5%	0			1.0										
69620	MYRINGOPLASTY	090	158	164	6	4%	6.03	6.69	0.66	11%	0			3.0										
69631	REPAIR EARDRUM STRUCTURES	090	245	253	8	3%	10.05	11.04	0.99	10%	0			4.0								0.5		
69632	REBUILD EARDRUM STRUCTURES	090	274	283	9	3%	12.96	14.06	1.10	8%	0			4.5								0.5		
69633	REBUILD EARDRUM STRUCTURES	090	275	284	9	3%	12.31	13.41	1.10	9%	0			4.5								0.5		
69635	REPAIR EARDRUM STRUCTURES	090	292	300	8	3%	13.51	14.50	0.99	7%	0			4.0								0.5		
69636	REBUILD EARDRUM STRUCTURES	090	332	341	9	3%	15.43	16.53	1.10	7%	0			4.5								0.5		
69637	REBUILD EARDRUM STRUCTURES	090	340	349	9	3%	15.32	16.42	1.10	7%	0			4.5								0.5		
69641	REVISE MIDDLE EAR & MASTOID	090	341	349	8	2%	12.89	13.99	1.10	9%	0			4.0								1.0		
69642	REVISE MIDDLE EAR & MASTOID	090	376	386	10	3%	17.06	18.38	1.32	8%	0			5.0								1.0		
69643	REVISE MIDDLE EAR & MASTOID	090	369	380.5	11.5	3%	15.59	16.92	1.33	9%	0			4.5				0.5				1.0		
69644	REVISE MIDDLE EAR & MASTOID	090	399	410.5	11.5	3%	17.23	18.56	1.33	8%	0			4.5				0.5				1.0		
69645	REVISE MIDDLE EAR & MASTOID	090	377	391	14	4%	16.71	18.16	1.45	9%	0			4.5				1.0				1.0		
69646	REVISE MIDDLE EAR & MASTOID	090	416	432.5	16.5	4%	18.37	19.94	1.57	9%	0			4.5				1.5				1.0		
69650	STAPES MOBILIZATION	090	181	187	6	3%	9.8	10.57	0.77	8%	0			3.0								0.5		
69660	REVISE MIDDLE EAR BONE	090	202	208	6	3%	12.03	12.80	0.77	6%	0			3.0								0.5		
69661	REVISE MIDDLE EAR BONE	090	276	284	8	3%	15.92	17.02	1.10	7%	0			4.0								1.0		
69662	REVISE MIDDLE EAR BONE	090	249	256	7	3%	15.6	16.59	0.99	6%	0			3.5								1.0		
69666	REPAIR MIDDLE EAR STRUCTURES	090	206	212	6	3%	9.89	10.77	0.88	9%	0			3.0								1.0		
69667	REPAIR MIDDLE EAR STRUCTURES	090	206	212	6	3%	9.9	10.78	0.88	9%	0			3.0								1.0		
69670	REMOVE MASTOID AIR CELLS	090	280	289.5	9.5	3%	11.73	12.84	1.11	9%	0			3.5				0.5				1.0		
69676	REMOVE MIDDLE EAR NERVE	090	196	203	7	4%	9.69	10.57	0.88	9%	0			3.5								0.5		
69700	CLOSE MASTOID FISTULA	090	181	187	6	3%	8.37	9.14	0.77	9%	0			3.0								0.5		
69711	REMOVE/REPAIR HEARING AID	090	249	257	8	3%	10.62	11.61	0.99	9%	0			4.0								0.5		
69714	IMPL OI IMPLT SKULL PERQ ESP	090	146	155	9	6%	6.68	7.34	0.66	10%	0			1.0	1.0							0.5		
69716	IMPL OI IMPLT SK TC ESP<100	090	168	177	9	5%	9.03	9.69	0.66	7%	0			1.0	1.0							0.5		
69717	RPLCMT OI IMPLT SKL PRQ ESP	090	159	168	9	6%	7.91	8.57	0.66	8%	0			1.0	1.0							0.5		
69719	RPLCM OI IMPLT SK TC ESP<100	090	174	183	9	5%	9.46	10.12	0.66	7%	0			1.0	1.0							0.5		
69720	RELEASE FACIAL NERVE	090	357	371	14	4%	14.71	16.16	1.45	10%	0			4.5				1.0				1.0		
69725	RELEASE FACIAL NERVE	090	695	730	35	5%	27.64	30.30	2.66	10%	0				4.0			3.0	2.0			1.0		
69726	RMV NTR OI IMPLT SKL PRQ ESP	090	150	159	9	6%	6.36	7.02	0.66	10%	0			1.0	1.0							0.5		

69727	RMV NTR OI IMP SK TC ESP<100	090	170	179	9	5%	7.38	8.04	0.66	9%	0			1.0	1.0						0.5			
69728	RMV NTR OI IMP SK TC>=100	090	178	187	9	5%	8.5	9.16	0.66	8%	0			1.0	1.0						0.5			
69729	IMPL OI IMPLT SK TC ESP>=100	090	181	190	9	5%	9.97	10.63	0.66	7%	0			1.0	1.0						0.5			
69730	RPLC OI IMPLT SK TC ESP>=100	090	186	195	9	5%	10.25	10.91	0.66	6%	0			1.0	1.0						0.5			
69740	REPAIR FACIAL NERVE	090	374	387.5	13.5	4%	16.27	17.51	1.24	8%	0			3.0				1.5			1.0			
69745	REPAIR FACIAL NERVE	090	435	449.5	14.5	3%	17.02	18.37	1.35	8%	0			3.5				1.5			1.0			
69805	EXPLORE INNER EAR	090	347	370	23	7%	14.71	16.14	1.43	10%	-2			1.0	1.0	1.0		1.0			1.0			
69806	EXPLORE INNER EAR	090	309	321	12	4%	12.63	13.86	1.23	10%	0			3.5				1.0			1.0			
69905	REMOVE INNER EAR	090	233	240	7	3%	11.26	12.25	0.99	9%	0			3.5							1.0			
69910	REMOVE INNER EAR & MASTOID	090	315	327	12	4%	13.91	15.14	1.23	9%	0			3.5				1.0			1.0			
69915	INCISE INNER EAR NERVE	090	573	606	33	6%	22.77	25.07	2.30	10%	0			4.0				5.0			1.0		1.5	
69930	IMPLANT COCHLEAR DEVICE	090	387	403	16	4%	17.73	18.59	0.86	5%	-2				1.0	1.0					0.5			
69950	INCISE INNER EAR NERVE	090	669	701	32	5%	27.63	30.27	2.64	10%	-4			1.0		2.0		4.0	2.0		1.0			
69955	RELEASE FACIAL NERVE	090	755	795	40	5%	29.42	32.32	2.90	10%	0				4.0			4.0	2.0		1.0			
69960	RELEASE INNER EAR CANAL	090	675	715	40	6%	29.42	32.32	2.90	10%	0				4.0			4.0	2.0		1.0			
69970	REMOVE INNER EAR LESION	090	793	833	40	5%	32.41	35.31	2.90	9%	0				4.0			4.0	2.0		1.0			
77427	RADIATION TX MANAGEMENT X5	XXX	101.39	105.23	3.84	4%	3.37	3.55	0.18	5%	-0.34				0.3	0.2								
77750	INFUSE RADIOACTIVE MATERIALS	090	100	104	4	4%	5	5.44	0.44	9%	0			2.0										
77761	APPLY INTRCAV RADIAT SIMPLE	090	82	84	2	2%	3.85	4.07	0.22	6%	0			1.0										
77762	APPLY INTRCAV RADIAT INTERM	090	113	115	2	2%	5.76	5.98	0.22	4%	0			1.0										
77763	APPLY INTRCAV RADIAT COMPL	090	160	164	4	2%	8.66	9.10	0.44	5%	0			2.0										
77789	APPLY SURF LDR RADIONUCLIDE	000	53	55	2	4%	1.14	1.36	0.22	19%	0			1.0										
92986	REVISION OF AORTIC VALVE	090	463	489	26	6%	22.6	24.05	1.45	6%	0				3.0			1.0			1.0			
92987	REVISION OF MITRAL VALVE	090	329	350	21	6%	23.38	24.37	0.99	4%	0				3.0									
92990	REVISION OF PULMONARY VALVE	090	393	414	21	5%	18.27	19.26	0.99	5%	0				3.0									
G0342	Laparoscopy islet cell trans	090	238	247	9	4%	11.92	12.58	0.66	6%	0			1.0	1.0						0.5			
G0343	Laparotomy islet cell transp	090	588	590	2	0%	19.85	22.28	2.43	12%	0			2.0	1.0			1.0	2.0	2.0	1.0			
G0412	Open tx iliac spine uni/bil	090	388	405	17	4%	10.45	12.12	1.67	16%	0			2.0	1.0			2.0	1.0		1.0			
G0413	Pelvic ring fracture uni/bil	090	393	427	34	9%	15.73	18.08	2.35	15%	0			1.0	3.0			3.0	1.0		1.0			
G0414	Pelvic ring fx treat int fix	090	443	477	34	8%	14.65	17.00	2.35	16%	0			1.0	3.0			3.0	1.0		1.0			
G0415	Open tx post pelvic fxcture	090	543	587	44	8%	20.93	23.76	2.83	14%	0			1.0	3.0			5.0	1.0		1.0			

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2025

Hip and Pelvis Arthrodesis Revisions – Tab 4

In May 2022, the CPT Editorial Panel created Category III code 0775T for CPT 2023 to report percutaneous sacroiliac (SI) joint arthrodesis using an intra-articular implant(s), such as bone allograft material or synthetic devices. In September 2022, the Panel replaced Category III code 0775T with a new Category I code 27278 *Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device*, which was surveyed for and valued at the January 2023 RUC meeting. CPT code 27278 was flagged for new technology and is expected to be re-reviewed by the RUC in 2027.

CPT code 27279 *Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixation device* was added as a family code to the January 2023 level of interest (LOI) form. However, the specialty societies requested that this code not be re-reviewed with 27278, therefore, the RUC submitted no recommendation for 27279 at the January 2023 RUC meeting.

At the September 2024 CPT Editorial Panel meeting, three separate code change applications (CCAs) were submitted that proposed changes to the guidelines and codes 27278 and 27279. The CPT Editorial Panel combined the CCAs and addressed the matter to further clarify the term "transfixation" through editorial changes to these codes.

In preparation for the January 2025 RUC meeting, the specialty societies delivered two separate letters to the RUC that detail the revisions to each of these codes made by the CPT Editorial Panel and presented a comprehensive timeline outlining the CCAs considered at previous CPT Editorial Panel meetings. In these letters, the specialty societies note that the changes made by CPT to these codes are editorial and request that neither be resurveyed for the January 2025 RUC meeting. The specialty societies requested affirmation by the RUC of the current value for both CPT codes 27278 and 27279, noting that the RUC will have an opportunity to review these codes via the Relativity Assessment Workgroup's new technology screen or as the result of a pending CPT CCA at the February 2025 CPT Editorial Panel meeting which was brought forth independently by the specialty societies. The RUC noted it is well past the time for affirmation of 27279 in terms of when that service was last surveyed in April 2018. The RUC did not vote on affirmation for codes 27278 and 27279 and instead agreed to submit no recommendation.

The RUC submits no recommendation regarding CPT codes 27278 and 27279 as they were not re-reviewed or re-surveyed for the January 2025 RUC meeting.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Musculoskeletal System** **General** **Introduction or Removal**				
20696		*Application of multiplane (pins or wires in more than 1 plane), unilateral, external fixation with stereotactic computer-assisted adjustment (eg, spatial frame), including imaging; initial and subsequent alignment(s), assessment(s), and computation(s) of adjustment schedule(s)*		
20697		*exchange (ie, removal and replacement) of strut, each*		
Manual preparation . . .				
. . .				
Add-on code 20705 (for removal of a manually prepared intra-articular drug delivery device) may be typically used in conjunction with a joint stabilization procedure such as arthrodesis (eg, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22614, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22853, 22854, 22899, 24800, 24802, 25800, 25805, 25810, 25825, 25830, 26841, 26842, 26843, 26844, 26850, 26852, 26860, 26861, 26862, 26863, 27279, 27280, 27282, 27284, 27286, 27580, 27870, 27871, 28295, 28296, 28298, 28299, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 28750, 28755, 28760, 29907) and revision joint arthroplasties (eg, 23473, 23474 [shoulder], 24370, 24371 [elbow], 25449 [wrist], 27134 [hip], 27487 [knee], and 27703 [ankle]). In the rare circumstance in which only part of the joint is destroyed by infection, a partial arthroplasty may be reported (eg, 23470, 24360, 24361, 24362, 24365, 24366, 25441, 25442, 25443, 25444, 25445, 27125, 27236, 27438, 27440, 27441, 27442, 27443, and 27446)		
20705		*Removal of drug-delivery device(s), intra-articular (List separately in addition to code for primary procedure)* *(Use 20705 in conjunction with 22864, 22865, 23040, 23044, 23334, 23473, 23474, 24000, 24160, 24370, 24371, 25040, 25250, 25251, 25449, 26070, 26075, 26080, 26990, 27030, 27090, 27132, 27134, 27137, 27138, 27301, 27310, 27487, 27603, 27610, 27703, 28020)* *(Do not report 20705 in conjunction with 11982, 27130, 27447, 27486)* *(For arthrodesis after eradicated infection, see 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22586, 22590, 22595, 22600, 22610, 22614, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22830, 22853, 22854, 22899, 24800, 24802, 25800, 25805, 25810, 25825, 25830, 26841, 26842, 26843, 26844, 26850, 26852, 26860, 26861, 26862, 26863,*		

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***27279**, 27280, 27282, 27284, 27286, 27580, 27870, 27871, 28295, 28296, 28298, 28299, 28705, 28715, 28725, 28730, 28735, 28737, 28740, 28750, 28755, 28760, 29907)*

(For implant removal after failed drug delivery device placement, see 22862, 22864, 23334, 23335, 24160, 25250, 25251, 27090, 27091, 27488, 27704)

(For partial replacement after successful eradication of infection with removal of drug delivery implant, see 23470, 24360, 24361, 24362, 24365, 24366, 25441, 25442, 25443, 25444, 25445, 27125, 27236, 27438, 27440, 27441, 27442, 27443, 27446)

Pelvis and Hip Joint
Fracture and/or Dislocation

27216 *Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral (includes ipsilateral ilium, sacroiliac joint and/or sacrum)*

(To report bilateral procedure, report 27216 with modifier 50)

(For percutaneous/minimally invasive arthrodesis of the sacroiliac joint without fracture and/or dislocation, ~~use~~ see 27278, 27279)

27218 *Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring, unilateral, includes internal fixation, when performed (includes ipsilateral ilium, sacroiliac joint and/ or sacrum)*

(To report bilateral procedure, report 27218 with modifier 50)

(For percutaneous/minimally invasive arthrodesis of the sacroiliac joint without fracture and/or dislocation, ~~use~~ see 27278, 27279)

Arthrodesis

~~Code 27279 describes percutaneous arthrodesis of the sacroiliac joint using a minimally invasive technique to place an internal fixation device(s) that passes through the ilium, across the sacroiliac joint and into the sacrum, thus transfixing the sacroiliac joint. Report 27278 for the percutaneous placement of an intra-articular stabilization device into the sacroiliac joint using a minimally invasive technique that does not transfix the sacroiliac joint.~~

Percutaneous sacroiliac (SI) joint fusion can be achieved utilizing intra-articular or transarticular device(s). Code 27278 describes the placement of intra-articular devices that do not pierce the cortices of the ilium or sacrum. Code 27279 describes the placement of intra-articular and/or transarticular device(s) that pierce the lateral or medial cortices of the ilium and the lateral cortex of the sacrum. Use 27279 to report hybrid SI joint fusion which consists of placement of both intra-articular and transarticular devices, at least one of which pierces the cortices.

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▲27278	N1	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive, with image guidance, ~~including~~ includes obtaining bone graft when performed, unilateral; placement of intra-articular device(s), without cortical piercing ~~implant(s)~~ ~~(eg, bone allograft[s], synthetic device[s]), without placement of transfixation device~~ ~~(For arthrodesis, sacroiliac joint, with placement of a percutaneous transfixation device, use 27279)~~ (For bilateral procedure, report 27278 with modifier 50) (Do not report 27278 in conjunction with 27279, for the same joint)	090	No Recommendation (2025 Work RVU = 7.86)
▲27279	N2	~~Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed,~~ placement of transarticular device(s) ~~and placement of *transfixing* transfixation~~ and/or intra-articular device(s) piercing the lateral or medial cortices of the ilium and the lateral cortex of the sacrum ~~(For percutaneous arthrodesis of the sacroiliac joint by intra-articular implant[s], use 27278)~~ (For bilateral procedure, report 27279 with modifier 50) (For hybrid SI joint fusion procedures, use 27279) (Do not report 27279 in conjunction with 27278, for the same joint)	090	No Recommendation (2025 Work RVU = 12.13)
27280	*Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed* (For percutaneous/minimally invasive arthrodesis of the sacroiliac joint without fracture and/or dislocation, ~~utilizing a transfixation device, use~~ see 27278, 27279) *(To report bilateral procedure, report 27280 with modifier 50)*			

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Category III Codes

0773T *Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the VR procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older*

0774T *each additional 15 minutes intraservice time (List separately in addition to code for primary service)*

(Use 0774T in conjunction with 0773T)

(0775T has been deleted)

*(For percutaneous arthrodesis of the sacroiliac joint, see **27278, 27279**)*

0807T *Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (CT) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report 0808T*

0808T *in combination with computed tomography (CT) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report*

(Do not report 0808T in conjunction with 71250, 71260, 71270, 71271, 76000, 78579, 78582, 78598)

(0809T has been deleted)

(For percutaneous arthrodesis of the sacroiliac joint, see 27278, 27279)

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December 10, 2024

Ezequiel Silva III, MD,
Chair, AMA Specialty Society RVS Update Committee
American Medical Association
330 N Wabash Avenue, Suite 39300
Chicago, IL 60611

Subject: Code 27278 for Hip and Pelvis Arthrodesis Revisions

Dear Dr. Silva:

On behalf of the American College of Radiology (ACR), Society of Interventional Radiology (SIR), American Roentgen Ray Society (ARRS), Radiological Society of North America (RSNA), Association of Academic Radiology (AAR), and Outpatient Endovascular and Interventional Society (OEIS) we are writing in regards to resurveying the revised code for SI joint arthrodesis (27278) approved at the September 2024 CPT Editorial Panel Meeting.

Tabs 25, 34, and 37 were voted on and accepted with modifications (ie, on-site Option E) as a single Panel action. Modifications included:

1. Revision of the Category I/Surgery/Musculoskeletal System/Pelvis and Hip Joint/Fracture and/or Dislocation/Arthrodesis subsection guidelines.
2. Revision of code 27278 by removing language that noted “transfixation.”
3. Revision of code 27278 to reflect a family – parent/child relationship with 27279.
4. Addition of the terms “or minimally invasive”, “unilateral” and “device(s), without cortical piercing” to code 27278 as part of the common language needed for both codes in the family (ie, for 27278 and 27279).
5. Rearrangement of language in code 27278 (ie, “includes obtaining bone graft when performed,”) and deletion of the term “including” to capture additional common language within the “parent” portion of the first code in the family.
6. Deletion of the term “implant(s) (eg, bone allograft[s], synthetic device[s]),” within code 27278.
7. Deletion of a parenthetical note following 27278, regarding reporting for “transfixation” procedures.
8. Deletion of a note following code 27279 that directed the use of 27278 for percutaneous arthrodesis of the SI joint with intra-articular implants.
9. Addition of exclusionary parenthetical notes following codes 27278 and 27279 to restrict reporting 27278 and 27279 together.

We do not believe we need to resurvey 27278 because this was recently surveyed in 2022 for the January 2023 RUC meeting. The changes to this code (ie, for the implant without transfixation) are editorial. Specifically, the changes were made to clarify further transfixation, such as piercing the cortices of the iliac bone and sacrum, which this code/procedure does not do; thus, the changes to this code are purely editorial. Based on this, we are requesting reaffirmation by the RUC of the current values for code 27278 for CY 2026.

For code 27279, the undersigned societies are not the primary providers of this service. We were made aware of the letter written by the surgical societies regarding this code. Should further revisions to 27279 affect the code family, the undersigned societies would prefer to readdress changes at that time. We, therefore, defer discussions of 27279 to its interested societies.

The undersigned specialty society advisors are available to meet with RUC representatives and staff should they need to discuss this further. Please contact staff at amaleki@sirweb.org with additional questions or concerns or to schedule a meeting.

Respectfully,

Eric M. Rubin, MD (ACR CPT)
Andy Moriarity, MD (ACR RUC)
Minhaj S. Khaja, MD MBA (SIR RUC)
Robert J. Kennedy, MD (SIR RUC)
Ashok Bhanushali, MD (SIR CPT)
Julie Bulman, MD (SIR CPT)
Mark D. Alson, MD, FACR, RCC (ARRS CPT)
Benjamin Northrup, MD (ARRS, CPT)
Timothy A. Crummy, MD (RSNA, ACR)
Cindy Yuan, MD (RSNA CPT and RUC)
Shiva Gupta, MD (AAR CPT)
Christina Marks, MD (AAR CPT)
Jerry Niedzwiecki, MD (OEIS)

December 9, 2024

VIA ELECTRONIC TRANSMISSION

Ezequiel Silva III, MD,
Chair, AMA Specialty Society RVS Update Committee
American Medical Association
330 N Wabash Avenue, Suite 39300
Chicago, IL 60611

Subject: Tab 4 Codes 27278, 27279 – SI Joint

Dear Dr. Silva:

On behalf of the American Academy of Orthopaedic Surgeons, American Association of Neurological Surgeons, Congress of Neurological Surgeons, International Society for the Advancement of Spine Surgery, and the North American Spine Society, we are writing to a requested survey of revised codes for SI joint arthrodesis (27278 and 27279) approved at the September 2024 CPT Editorial Panel Meeting.

Three separate code change applications (CCAs) were submitted that proposed changes to the guidelines and/or codes 27278 and 27279. **Our societies disagreed with many of the proposed changes.**

One CCA indicated that code 27279 was brought forth to the Editorial Panel resulting in a code that was "directional" piercing both the lateral and medial cortices of the ilium and the lateral cortex of the sacrum. The term transfixation was used to describe this "across both iliac cortices and the SI joint" fixation. This CCA indicated that this term contradicts the FDA definition of transfixation and revisions were necessary. Another CCA also disagreed with the prior change in terminology that defined transfixation and indicated that it caused confusion with providers and coders. The CCA indicated that the definition focused on final anatomical placement and was not consistent with plain English meaning of the term 'fixation' and did not reflect the multiple approaches and device designs to fixate (transfix) the SI joint. A third CCA proposed different nuanced terminology to the guidelines to expand the current code concept of "into the joint" and "across the joint," adding that into the joint plus stabilization (inside-out) should be reported with 27278. This is different from the other two CCAs that proposed that the 'inside-out' stabilization should be reported with 27279. No literature was submitted with any of the CCAs to support a new code. Instead, the literature described various approaches and devices which use three different techniques.

Advisors from the undersigned specialty societies were present at the Panel meeting as well as at a facilitation meeting that was held the night before the CPT Editorial Panel meeting adjourned. Throughout the CPT process and review of the multiple CCAs, we consistently stated that a third code for devices that are placed into the joint that include fixation that pierce the medial iliac and/or the lateral sacrum needed a separate code and this could be supported by the literature associated with the 3 CCAs. However, during the facilitation meeting, we were told by AMA counsel that no CCA was submitted for a third code and that a new third code could not be created. Therefore, the Panel instead bundled what should have been a third code (including "hybrid procedures" – the simultaneous use of two different techniques and implants) into code 27279 – without any CCA or supporting literature. If "hybrid procedures" deserve a

separate code, then we believe that literature was needed, a CCA was needed, and a third code should have been created.

Furthermore, the lateral/posterolateral "across both cortices of the ilium and the SI joint" transfixation procedure (27279) is not typically performed in the office but the code has now been revised to include posterior "into the joint" procedures that are performed in the office.

We would also like to note that societies were told there is a lack of Level 1 evidence for the new procedure that was bundled into revised code 27279, further questioning the bundling of a new distinct procedure into 27279.

We continue to believe there are three broad categories of percutaneous SI joint fusion/stabilization procedures:

1. posterior into the joint (intra-articular) without fixation;
2. posterior/posterolateral into the joint (intra-articular) with **stabilization**; and
3. lateral/posterolateral across both cortices of the ilium and across the SI joint with fixation of the sacrum.

Surveying a revised code that bundled procedure #2 (a new and distinct procedure) above into the current 27279 as described by #3 above would be incorrect. #2 is typically done in the office and #3 is done typically in a facility. These are not the same procedures and should not be a single code. Approach matters – drilling across the ilium and into the sacrum as described in the intra-work description for current code 27279 is not the same work as placing a device into the SI joint and (for example) placing screws inside-out through the device into adjacent bone. A comparison of the intra service description of 27279 to the CPT approved description of procedure for revised code 27279 makes this clear.

While we appreciate the Panel's efforts to find a solution that would satisfy all interested stakeholders as an imperative at the meeting, issues remain with the code revisions. The Panel may have agreed that a third code was needed, but because (per legal counsel) there was no CCA submitted to suggest a new code, they instead modified 27279 to include a new code. We do not understand why the Panel could not create a needed third code yet were allowed to merge a distinct third procedure into code 27279.

If the Panel truly believes the work of 27279 has not changed with the revised descriptor because they believe the work for the "posterior into the joint with fixation" procedure is the same as "current across the joint fixation" code 27279, then this is an editorial change and no survey is needed. If the RUC and the Panel believe that work has changed, then current code 27279 should be maintained and a new code for the new procedure should be established before a survey is conducted.

For these reasons, the undersigned societies feel we are not able to survey the revised codes and have submitted a code change application to account for the third code that is not described by either current code (27278 or 27279) but represents different work. We ask that the RUC reaffirm its prior recommendation for these codes and note that the RUC will have the opportunity to review survey data for the family of new and revised codes after CPT considers the CCA at the February 2025 CPT Editorial Panel Meeting.

Specialty society advisors are available to meet with RUC representatives and staff should they feel further discussion is necessary. Please reach out to staff at willer@aaos.org with additional questions or concerns or to schedule meeting.

Respectfully,

William Creevy, MD
American Academy of Orthopaedic Surgeons

Hussein Elkousy, MD
American Academy of Orthopaedic Surgeons

John Ratliff, MD
American Association of Neurological Surgeons

Henry Woo, MD
American Association of Neurological Surgeons

Clemens Schirmer, MD
Congress of Neurological Surgeons

Karin Swartz, MD
North American Spine Society

E. Kano Meyer, MD
North American Spine Society

Morgan Lorio, MD
International Society for Advancement of Spine Surgery

Cc: Sherry Smith, Director, Physician Payment Policy, American Medical Association Medical Association

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2025

Thoracic Branch Endograft Services – Tab 5

Endovascular repair of thoracic aortic aneurysms (TEVAR) received FDA approval in March 2005 following the pivotal trial utilizing the Gore Thoracic Branch Endoprosthesis (TAG) device. This was approximately 5 years after FDA approval of endovascular devices for abdominal aneurysm repair. A family of TEVAR codes was presented to the RUC in April 2005. At that time, TEVAR was typically performed by a team of physicians, including vascular surgeons, cardiothoracic surgeons, and interventional radiologists. These codes utilized component coding to account for various providers and portions of the procedure performed. The TEVAR family of codes appeared in the 2006 Medicare Physician Payment Schedule (MFS), and the values have not been reviewed since that time. In May 2022, the FDA approved the use of a thoracic branch endoprosthesis (TBE) during TEVAR procedures. This was the first new type of device to gain FDA approval within the TEVAR code family.

The CPT Editorial Panel approved TEVAR coding changes at the September 2024 CPT meeting. This recommendation includes 2 new codes, 4 revised codes, and 3 code deletions. The new family of codes updates the TEVAR code family to current coding standards as outlined below:

1. Catheter placement is now bundled into the main procedure.
2. Radiologic supervision & interpretation is now bundled into the main procedure.
3. All proximal extensions performed at the time of TEVAR are now bundled into the main procedure.
4. A new code has been created for the distinct work required for a TBE, which includes all the work of a TEVAR.
5. There will no longer be separate codes for extra-anatomic bypass surgery performed in conjunction with TEVAR.

The new 6-code family for TEVAR represents a complex set of operations that now include pre-planning, all radiologic supervision and interpretation, all routine catheterization, and all currently placed extensions at the initial time of TEVAR. This updated code family more accurately describes the current practice of TEVAR and conforms with current concepts in CPT code creation and valuation. Additionally, the deletion of bypass codes at the time of TEVAR will help simplify coding by reducing the number of codes that describe the same work, which can lead to confusion and improper coding. The specialty societies surveying this code family requested modification to the 090-day survey tool to include language regarding pre-planning time, changes that were similar to those made to the endovascular aneurysm repair (EVAR) survey tool for the January 2017 RUC meeting and the Iliac Branched Endograft survey tool for the January 2019 RUC meeting. With these modifications, the survey tool provides survey respondents with the opportunity to account for this pre-planning time, which is extensive and often occurs more than 24 hours before the procedure due to the surgical complexity. The 2 new codes and 4 revised codes in the TEVAR family were all surveyed for the January 2025 RUC meeting.

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33380 ***Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft covering the left subclavian artery and all aortic tube endograft extension(s) proximally in the aortic arch and ascending aorta and distally to the celiac artery, when performed***
The RUC reviewed survey results from 64 vascular surgeons, cardiothoracic surgeons, and interventional radiologists and recommends the 25th percentile work RVU of 30.00, which accounts for the physician work required to perform this service. The RUC recommends 100 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 120 minutes intra-service time, 30 minutes immediate post-service time, 1-99291, 1-99233, 1-99232, 1-99238, 1-99214 and 1-99213 visit, which equals 546 minutes of total time.

The specialty society selected pre-service time package *4-FAC Difficult Patient/Difficult Procedure*. The selected time package was modified to more accurately reflect pre-service planning collected in the modified survey tool to more accurately reflect pre-service time involved with this service. The specialty society requests 100 minutes of pre-service evaluation time which is consistent with the median survey results and 60 minutes above the standard pre-service package time of 40 minutes. The additional pre-service evaluation time includes 40 minutes for pre-service evaluation plus 60 minutes for pre-planning, which should be bundled in the main procedure and cannot be reported separately per CMS policy. For this service, the pre-planning time review includes confirming the suitability of the anatomy for TEVAR. To do this, a large number of measurements are required, including aortic diameters throughout the aorta, outer and inner curve lengths, center-line lengths from arch vessels to the celiac, subclavian diameters, distance from the left subclavian to the vertebral artery, and diameters of the access vessels (common femoral, external iliac, and common iliac arteries). Additionally, the surgeon assesses the perceived quality of the aorta, particularly in the seal zones, and the tortuosity of the aorta. During this planning, the surgeon reviews all available endograft sizes from several vendors and develops a specific operative plan and device selection that will successfully treat the pathology at hand. This may require ordering specific devices and components which are not readily available at the surgeon's institution. This service is provided after evaluation in the office but more than 24 hours before the procedure, however, is not separately reported. The RUC agreed with the other pre-service time components to complete the necessary positioning and scrub/dress/wait time. Further, the RUC agreed with post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc*, hospital visits, and the post-operative visits.

The specialty society requests 15 minutes of pre-service positioning time which is consistent with the median survey results and 12 minutes above the standard pre-service package time of 3 minutes. The additional pre-service position time accounts for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patients during the surgery, appropriately positioning the patient with arms tucked as indicated, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure. This extra time is 5 minutes less than the positioning time included with abdominal aortic aneurysm endovascular repair codes (34701-34708).

The specialty society selected post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc*. Regarding post-operative hospital care, the specialty societies provided a detailed rationale to support their recommendation. Among survey respondents, there was a uniform consensus that ICU-level care is provided by the surgeon during the post-operative period. Patients who have undergone thoracic endografting have always been transferred to the ICU immediately post-operatively, but any critical work was generally performed by dedicated critical care personnel. Over time, endovascular repair for thoracic pathology has increased from simple aneurysms to now including dissections,

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penetrating aortic ulcers, and even traumatic ruptures. A wider range of patients with a wider complexity of overall health are being treated with these minimally invasive approaches and longer segments of the aorta are now routinely covered, increasing the risk of spinal cord ischemia. Spinal cord ischemia, though uncommon, is a devastating potential complication for any thoracic aortic work, which has always been and is still best understood and managed by the operating surgeon. Thus, it is typical that prophylactic lumbar drains are still used for elective TEVAR cases, as they were required in the primary trial for the TBE device. Lumbar drains are placed by neurosurgery or anesthesiology before surgery in the operating room, and the ongoing measuring of perfusion to the spinal cord, as well as drain management, is managed by the operating surgeon.

Regarding post-operative office visits, the specialty societies noted that survey respondents indicated that while the number of TEVAR post-operative visits has not changed, the visits are now more complex. The first visit, which typically occurs 1-2 weeks following hospital discharge, is a level 3 post-op office visit (99213), wherein incisions are checked, wound care is provided, and a neurovascular assessment is performed. The second visit, which typically occurs 4-6 weeks following hospital discharge, is a level 4 post-op office visit (99214). Much of this time is spent by the operating surgeon reviewing the postoperative CT scan, which is from the aortic arch to the femoral vessels with fine cuts. Three-dimensional software is utilized to evaluate possible endoleaks or other endograft complications, and clinical decisions are made regarding the need for repeat surgical intervention. This work is independent and distinct from any radiologist's interpretation. Given the increased complexity and treatment length of these visits, more work and time is required for the operating surgeon to review these images and discuss them with the patient compared to 20 years ago when these codes were first valued.

To support the recommended work RVU of 30.00, the RUC compared the surveyed code to top key reference code 34708 *Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)* (work RVU = 36.50, 120 minutes intra-service time, 677 minutes total time) and second key reference code 34705 *Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)* (work RVU = 29.58, 150 minutes intra-service time, 512 minutes total time). The RUC recognized that the surveyed code is appropriately compared to the two key reference services in terms of intra-service time and total time, as well as relative intensity and complexity. The top key reference service code 34708 has identical intra-service time compared to the surveyed code, but the surveyed code requires less total time and is a less intense procedure for the physician to perform, thus justifying a lesser work RVU. Notably, the two key reference services chosen by survey respondents bracket the 25th percentile surveyed code work RVU and total time.

For additional support, the RUC referenced MPC codes 33534 *Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts* (work RVU = 39.88, 193 minutes intra-service time, 717 minutes total time) and 35301 *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision* (work RVU = 21.16, 120 minutes intra-service time, 404 minutes total time), noting that code

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35301 has identical intra-service time compared to the surveyed code, but requires 142 less minutes in pre-service time and post-operative visits. Together, both MPC codes require a similar measured intensity and complexity for the physician to perform. **The RUC recommends a work RVU of 30.00 for CPT code 33380.**

33381 ***Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft covering the left subclavian artery and all aortic tube endograft extension(s) proximally in the aortic arch and ascending aorta and distally to the celiac artery, when performed by deployment of an aorto-aortic tube endograft not involving coverage of the left subclavian artery origin and all endograft extension(s) placed from the level of the left subclavian carotid artery to the celiac artery***
The RUC reviewed survey results from 64 vascular surgeons, cardiothoracic surgeons, and interventional radiologists and recommends the 25th percentile work RVU of 26.75, which accounts for the physician work required to perform this service. The RUC recommends 85 minutes pre-service time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 110 minutes intra-service time, 30 minutes immediate post-service time, 1-99291, 2-99232, 1-99238, 1-99214 and 1-99213 visit, which equals 506 minutes total time.

The specialty society selected pre-service time package *4-FAC Difficult Patient/Difficult Procedure*. The selected time package was modified to more accurately reflect pre-service planning collected in the modified survey tool to more accurately reflect pre-service time involved with this service. The specialty society requests 85 minutes of pre-service evaluation time, 13 minutes less than the median survey results and 45 minutes above the standard pre-service package time of 40 minutes. The additional pre-service evaluation time includes 40 minutes for pre-service evaluation plus 45 minutes for pre-planning, which should be bundled in the main procedure and not reported separately per CMS policy. For this service, the pre-planning time review includes confirming the suitability of the anatomy for TEVAR. To do this, a large number of measurements are required, including aortic diameters throughout the aorta, outer and inner curve lengths, center-line lengths from arch vessels to the celiac, subclavian diameters, distance from the left subclavian to the vertebral artery, and diameters of the access vessels (common femoral, external iliac, and common iliac arteries). Additionally, the surgeon assesses the perceived quality of the aorta, particularly in the seal zones, and the tortuosity of the aorta. During this planning, the surgeon reviews all available endograft sizes from several vendors and develops a specific operative plan and device selection that will successfully treat the pathology at hand. This may require ordering specific devices and components which are not readily available at the surgeon's institution. This service is provided after evaluation in the office but more than 24 hours before the procedure, however, is not separately reported.

The specialty society requests 15 minutes of pre-service positioning time which is consistent with the median survey results and 12 minutes above the pre-service package time of 3 minutes. The additional pre-service position time accounts for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patients during the surgery, appropriately positioning the patient with arms tucked as indicated, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure. This extra time is 5 minutes less than the positioning time included with abdominal aortic aneurysm endovascular repair codes (34701-34708).

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The specialty society selected post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc*. Regarding post-operative hospital care, the specialty societies provided a detailed rationale to support their recommendation. Among survey respondents, there was a uniform consensus that ICU-level care is provided by the surgeon during the postoperative period. Patients who have undergone thoracic endografting have always been transferred to the ICU immediately post-operatively, but any critical work was generally done by dedicated critical care personnel. Over time, endovascular repair for thoracic pathology has increased from simple aneurysms to now including dissections, penetrating aortic ulcers, and even traumatic ruptures. A wider range of patients with a wider complexity of overall health are being treated with these minimally invasive approaches and longer segments of the aorta are now routinely covered, increasing the risk of spinal cord ischemia. Spinal cord ischemia, though uncommon, is a devastating potential complication for any thoracic aortic work, which has always been and is still best understood and managed by the operating surgeon. Thus, it is typical that prophylactic lumbar drains are still used for elective TEVAR cases, as they were required in the primary trial for the TBE device. Lumbar drains are placed by neurosurgery or anesthesiology before surgery in the operating room, and the ongoing measuring of perfusion to the spinal cord, as well as drain management, is managed by the operating surgeon.

Regarding post-operative office visits, the specialty societies noted that survey respondents indicated that while the number of TEVAR post-operative visits has not changed, the visits are now more complex. The first visit, which typically occurs 1-2 weeks following hospital discharge, is a level 3 post-op office visit (99213), wherein incisions are checked, wound care is provided, and a neurovascular assessment is performed. The second visit, which typically occurs 4-6 weeks following hospital discharge, is a level 4 post-op office visit (99214). Much of this time is spent by the operating surgeon reviewing the postoperative CT scan, which is from the aortic arch to the femoral vessels with fine cuts. Three-dimensional software is utilized to evaluate possible endoleaks or other endograft complications, and clinical decisions are made regarding the need for repeat surgical intervention. This work is independent and distinct from any radiologist's interpretation. Given the increased complexity and treatment length of these visits, more work and time is required for the operating surgeon to review these images and discuss them with the patient compared to 20 years ago when these codes were first valued.

To support the recommended work RVU of 26.75, the RUC compared the surveyed code to top key reference code 34701 *Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)* (work RVU = 23.71, 120 minutes intra-service time, 482 minutes total time) and second key reference code 34705 *Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)* (work RVU = 29.58, 150 minutes intra-service time, 512 minutes total time). The RUC recognized that the two key reference services chosen by survey respondents bracket the 25th percentile work RVU of the surveyed code and total time. Notably, the top key reference service code 34701 requires similar intra-service time and is almost identical in terms of intensity and complexity for the physician to perform.

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For additional support, the RUC referenced MPC code 35301 *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision* (work RVU = 21.16, 120 minutes intra-service time, 404 minutes total time), noting it requires similar intra-service time as the surveyed code but 102 fewer minutes in pre-service time and post-operative visits. **The RUC recommends a work RVU of 26.75 for CPT code 33381.**

33882 ***Endovascular repair of the thoracic aorta by deployment of a branched endograft multipiece system involving an aorto-aortic tube device with a fenestration for the left subclavian artery stentgraft(s) and all aortic tube endograft extension(s) placed from the level of the left common carotid artery to the celiac artery, including pre-procedure sizing and device selection, all target zone angioplasty, all nonselective catheterization(s) and left subclavian artery selective catheterization(s), and all associated radiological supervision and interpretation***
The RUC reviewed survey results from 59 vascular surgeons, cardiothoracic surgeons, and interventional radiologists and recommends the 25th percentile work RVU of 39.00, which accounts for the physician work required to perform this service. The RUC recommends 100 minutes pre-service evaluation time, 20 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 180 minutes intra-service time, 40 minutes immediate post-service time, 1-99291, 1-99233, 1-99232, 1-99238, 1-99214, 1-99213 visit, which equals 621 minutes of total time.

The specialty society selected pre-service time package *4-FAC Difficult Patient/Difficult Procedure*. The selected time package was modified to more accurately reflect pre-service planning collected in the modified survey tool to more accurately reflect pre-service time involved with this service. The specialty society requests 100 minutes of pre-service evaluation time, 20 minutes less than the median survey results and 60 minutes above the standard pre-service package time of 40 minutes. The additional pre-service evaluation time includes 40 minutes for pre-service evaluation plus 60 minutes for pre-planning, which should be bundled in the main procedure and not reported separately per CMS policy. For this service, the pre-planning time review includes confirming the suitability of the anatomy for TEVAR. To do this, a large number of measurements are required, including aortic diameters throughout the aorta, outer and inner curve lengths, center-line lengths from arch vessels to the celiac, subclavian diameters, distance from the left subclavian to the vertebral artery, and diameters of the access vessels (common femoral, external iliac, and common iliac arteries). Additionally, the surgeon assesses the perceived quality of the aorta, particularly in the seal zones, and the tortuosity of the aorta. During this planning, the surgeon reviews all available endograft sizes from several vendors and develops a specific operative plan and device selection that will successfully treat the pathology at hand. This may require ordering specific devices and components which are not readily available at the surgeon's institution. This service is provided after evaluation in the office but more than 24 hours before the procedure, however, is not separately reported.

The specialty society requests 20 minutes of pre-service positioning time which is consistent with the median survey results and 17 minutes above the pre-service package time of 3 minutes. The additional pre-service position time accounts for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patients during the surgery, appropriately positioning the patient with one arm extended and another tucked or positioned over the head, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure. This extra time is identical to the positioning time included with abdominal aortic aneurysm endovascular repair codes (CPT codes 34701-34708). The specialty society recommended, and the RUC concurred, that 40 minutes of immediate post-service time is typical — it is consistent with the median survey results and 7 minutes above the standard post-service package time of 33 minutes. The additional post-service time accounts for time for the physician to complete the operative note, which includes reviewing all images

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related to the aortic arch vessels, subclavian, and vertebral arteries, annotating appropriate images, dictating radiologic findings, and documenting radiation exposure and contrast volumes. The RUC agreed these changes to the pre-service and post-service time packages are appropriate.

The specialty society selected post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc*. Regarding post-operative hospital care, the specialty societies provided a detailed rationale to support their recommendation. Among survey respondents, there was a uniform consensus that ICU-level care is provided by the surgeon during the postoperative period. Patients who have undergone thoracic endografting have always been transferred to the ICU immediately post-operatively, but any critical work was generally done by dedicated critical care personnel. Over time, endovascular repair for thoracic pathology has increased from simple aneurysms to now including dissections, penetrating aortic ulcers, and even traumatic ruptures. A wider range of patients with a wider complexity of overall health are being treated with these minimally invasive approaches and longer segments of the aorta are now routinely covered, increasing the risk of spinal cord ischemia. Spinal cord ischemia, though uncommon, is a devastating potential complication for any thoracic aortic work, which has always been and is still best understood and managed by the operating surgeon. Thus, it is typical that prophylactic lumbar drains are still used for elective TEVAR cases, as they were required in the primary trial for the TBE device. Lumbar drains are placed by neurosurgery or anesthesiology before surgery in the operating room, and the ongoing measuring of perfusion to the spinal cord, as well as drain management, is managed by the operating surgeon.

Regarding post-operative office visits, the specialty societies noted that survey respondents indicated that while the number of TEVAR post-operative visits has not changed, the visits are now more complex. The first visit, which typically occurs 1-2 weeks following hospital discharge, is a level 3 post-op office visit (99213), wherein incisions are checked, wound care is provided, and a neurovascular assessment is performed. The second visit, which typically occurs 4-6 weeks following hospital discharge, is a level 4 post-op office visit (99214). Much of this time is spent by the operating surgeon reviewing the postoperative CT scan, which is from the aortic arch to the femoral vessels with fine cuts. Three-dimensional software is utilized to evaluate possible endoleaks or other endograft complications, and clinical decisions are made regarding the need for repeat surgical intervention. This work is independent and distinct from any radiologist's interpretation. Given the increased complexity and treatment length of these visits, more work and time is required for the operating surgeon to review these images and discuss them with the patient compared to 20 years ago when these codes were first valued.

To support the recommended work RVU of 39.00, the RUC compared the surveyed code to top key reference code 34706 *Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)* (work RVU = 45.00, 178 minutes intra-service time, 735 minutes total time) and second key reference code 34708 *Endovascular repair of iliac artery by deploysument of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)* (work RVU = 36.50, 120 minutes intra-service time, 677 minutes total time). The RUC recognized that the

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two key reference services chosen by survey respondents bracket the 25th percentile work RVU of the surveyed code. Notably, the top key reference service code 34706 requires nearly identical intra-service time to perform but requires more and a higher level of post-operative hospital visits.

For additional support, the RUC referenced MPC code 33534 *Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts* (work RVU = 39.88, 193 minutes intra-service time, 717 minutes total time), noting it has a very similar work RVU as the surveyed code, albeit slightly higher due to more intra-service time and significantly more total time. **The RUC recommends a work RVU of 39.00 for CPT code 33882.**

33883 ***Delayed placement of proximal extension prosthesis(es) not involving coverage of the left subclavian artery origin, after endovascular repair of the thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed***
The RUC reviewed survey results from 61 vascular surgeons, cardiothoracic surgeons, and interventional radiologists and recommends the 25th percentile work RVU of 24.25, which accounts for the physician work required to perform this service. The RUC recommends 85 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 90 minutes intra-service time, 30 minutes immediate post-service time, 1-99291, 2-99232, 1-99238, 1-99214 and 1-99213 visit, which equals 486 minutes of total time.

The specialty society selected pre-service time package *4-FAC Difficult Patient/Difficult Procedure*. The selected time package was modified to more accurately reflect pre-service planning collected in the modified survey tool to more accurately reflect pre-service time involved with this service. The specialty society requests 85 minutes of pre-service evaluation time, 5 minutes less than the median survey results and 45 minutes above the standard pre-service package time of 40 minutes. The additional pre-service evaluation time includes 40 minutes for pre-service evaluation plus 45 minutes for pre-planning, which should be bundled in the main procedure and not reported separately per CMS policy. For this service, the pre-planning time review includes confirming the suitability of the anatomy for TEVAR. To do this, a large number of measurements are required, including aortic diameters throughout the aorta, outer and inner curve lengths, center-line lengths from arch vessels to the celiac, subclavian diameters, distance from the left subclavian to the vertebral artery, and diameters of the access vessels (common femoral, external iliac, and common iliac arteries). Additionally, the surgeon assesses the perceived quality of the aorta, particularly in the seal zones, and the tortuosity of the aorta. During this planning, the surgeon reviews all available endograft sizes from several vendors and develops a specific operative plan and device selection that will successfully treat the pathology at hand. This may require ordering specific devices and components which are not readily available at the surgeon's institution. This service is provided after evaluation in the office but more than 24 hours before the procedure, however, is not separately reported.

The specialty society requests 15 minutes of pre-service positioning time which is consistent with the median survey results and 12 minutes above the pre-service package time of 3 minutes. The additional pre-service position time accounts for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patients during the surgery, appropriately positioning the patient with arms tucked as indicated, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure. This extra time is 5 minutes less than the positioning time included with abdominal aortic aneurysm endovascular repair codes (34701-34708).

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The specialty society selected post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc*. Regarding post-operative hospital care, the specialty societies provided a detailed rationale to support their recommendation. Among survey respondents, there was a uniform consensus that ICU-level care is provided by the surgeon during the postoperative period. Patients who have undergone thoracic endografting have always been transferred to the ICU immediately post-operatively, but any critical work was generally done by dedicated critical care personnel. Over time, endovascular repair for thoracic pathology has increased from simple aneurysms to now including dissections, penetrating aortic ulcers, and even traumatic ruptures. A wider range of patients with a wider complexity of overall health are being treated with these minimally invasive approaches and longer segments of the aorta are now routinely covered, increasing the risk of spinal cord ischemia. Spinal cord ischemia, though uncommon, is a devastating potential complication for any thoracic aortic work, which has always been and is still best understood and managed by the operating surgeon. Thus, it is typical that prophylactic lumbar drains are still used for elective TEVAR cases, as they were required in the primary trial for the TBE device. Lumbar drains are placed by neurosurgery or anesthesiology before surgery in the operating room, and the ongoing measuring of perfusion to the spinal cord, as well as drain management, is managed by the operating surgeon.

Regarding post-operative office visits, the specialty societies noted that survey respondents indicated that while the number of TEVAR post-operative visits has not changed, the visits are now more complex. The first visit, which typically occurs 1-2 weeks following hospital discharge, is a level 3 post-op office visit (99213), wherein incisions are checked, wound care is provided, and a neurovascular assessment is performed. The second visit, which typically occurs 4-6 weeks following hospital discharge, is a level 4 post-op office visit (99214). Much of this time is spent by the operating surgeon reviewing the postoperative CT scan, which is from the aortic arch to the femoral vessels with fine cuts. Three-dimensional software is utilized to evaluate possible endoleaks or other endograft complications, and clinical decisions are made regarding the need for repeat surgical intervention. This work is independent and distinct from any radiologist's interpretation. Given the increased complexity and treatment length of these visits, more work and time is required for the operating surgeon to review these images and discuss them with the patient compared to 20 years ago when these codes were first valued.

To support the recommended work RVU of 24.25, the RUC compared the surveyed code to top key reference code 34701 *Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)* (work RVU = 23.71, 120 minutes intra-service time, 482 minutes total time) and second key reference code 34708 *Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)* (work RVU = 36.50, 120 minutes intra-service time, 677 minutes total time). The RUC recognized that the two key reference services chosen by survey respondents bracket the 25th percentile work RVU of the surveyed code. Notably, the top key reference service code 34701 requires nearly identical total time and intensity to perform as the surveyed code. The second key reference service requires more intra-service time and total time as the surveyed code and is appropriately valued higher.

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For additional support, the RUC referenced MPC code 35301 *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision* (work RVU = 21.16, 120 minutes intra-service time, 404 minutes total time), noting it has a similar work RVU as the surveyed code overall. Although it requires more intra-service time, CPT code 35301 has less total time and requires less intensity to perform than the surveyed code. **The RUC recommends a work RVU of 24.25 for CPT code 33883.**

33886 ***Delayed placement of distal extension prosthesis(es) from the level of the left subclavian artery to the celiac artery, after endovascular repair of descending thoracic aorta, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation***

The RUC reviewed survey results from 61 vascular surgeons, cardiothoracic surgeons, and interventional radiologists and recommends the 25th percentile work RVU of 23.50, which accounts for the physician work required to perform this service. The RUC recommends 85 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 90 minutes intra-service time, 30 minutes immediate post-service time, 1-99291, 2-99232, 1-99238, 1-99214 and 1-99213 visit, which equals 486 minutes of total time.

The physician work involved with CPT codes 33886 and 33883 is nearly identical. Notably, CPT code 33886 describes endovascular repair with a distal extension prosthesis, which can be distinguished from CPT code 33883, which describes endovascular repair with a proximal extension prosthesis, the former service being slightly more intense to perform for the surgeon and thus requiring slightly more physician work overall.

The specialty society selected pre-service time package *4-FAC Difficult Patient/Difficult Procedure*. The selected time package was modified to more accurately reflect pre-service planning collected in the modified survey tool to more accurately reflect pre-service time involved with this service. The specialty society requests 85 minutes of pre-service evaluation time, 5 minutes less than the median survey results and 45 minutes above the standard pre-service package time of 40 minutes. The additional pre-service evaluation time includes 40 minutes for pre-service evaluation plus 45 minutes for pre-planning, which should be bundled in the main procedure and not reported separately per CMS policy. For this service, the pre-planning time review includes confirming the suitability of the anatomy for TEVAR. To do this, a large number of measurements are required, including aortic diameters throughout the aorta, outer and inner curve lengths, center-line lengths from arch vessels to the celiac, subclavian diameters, distance from the left subclavian to the vertebral artery, and diameters of the access vessels (common femoral, external iliac, and common iliac arteries). Additionally, the surgeon assesses the perceived quality of the aorta, particularly in the seal zones, and the tortuosity of the aorta. During this planning, the surgeon reviews all available endograft sizes from several vendors and develops a specific operative plan and device selection that will successfully treat the pathology at hand. This may require ordering specific devices and components which are not readily available at the surgeon's institution. This service is provided after evaluation in the office but more than 24 hours before the procedure, however, is not separately reported.

The specialty society requests 15 minutes of pre-service positioning time which is consistent with the median survey results and 12 minutes above the pre-service package time of 3 minutes. The additional pre-service position time accounts for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patients during the surgery, appropriately positioning the patient with arms tucked as indicated, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the

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procedure. This extra time is 5 minutes less than the positioning time included with abdominal aortic aneurysm endovascular repair codes (34701-34708).

The specialty society selected post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc*. Regarding post-operative hospital care, the specialty societies provided a detailed rationale to support their recommendation. Among survey respondents, there was a uniform consensus that ICU-level care is provided by the surgeon during the postoperative period. Patients who have undergone thoracic endografting have always been transferred to the ICU immediately post-operatively, but any critical work was generally done by dedicated critical care personnel. Over time, endovascular repair for thoracic pathology has increased from simple aneurysms to now including dissections, penetrating aortic ulcers, and even traumatic ruptures. A wider range of patients with a wider complexity of overall health are being treated with these minimally invasive approaches and longer segments of the aorta are now routinely covered, increasing the risk of spinal cord ischemia. Spinal cord ischemia, though uncommon, is a devastating potential complication for any thoracic aortic work, which has always been and is still best understood and managed by the operating surgeon. Thus, it is typical that prophylactic lumbar drains are still used for elective TEVAR cases, as they were required in the primary trial for the TBE device. Lumbar drains are placed by neurosurgery or anesthesiology prior to surgery in the operating room, and the ongoing measuring of perfusion to the spinal cord, as well as drain management, is managed by the operating surgeon.

Regarding post-operative office visits, the specialty societies noted that survey respondents indicated that while the number of TEVAR post-operative visits has not changed, the visits are now more complex. The first visit, which typically occurs 1-2 weeks following hospital discharge, is a level 3 post-op office visit (99213), wherein incisions are checked, wound care is provided, and a neurovascular assessment is performed. The second visit, which typically occurs 4-6 weeks following hospital discharge, is a level 4 post-op office visit (99214). Much of this time is spent by the operating surgeon reviewing the postoperative CT scan, which is from the aortic arch to the femoral vessels with fine cuts. Three-dimensional software is utilized to evaluate possible endoleaks or other endograft complications, and clinical decisions are made regarding the need for repeat surgical intervention. This work is independent and distinct from any radiologist's interpretation. Given the increased complexity and treatment length of these visits, more work and time is required for the operating surgeon to review these images and discuss them with the patient compared to 20 years ago when these codes were first valued.

To support the recommended work RVU of 23.50, the RUC compared the surveyed code to top key reference code 34701 *Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)* (work RVU = 23.71, 120 minutes intra-service time, 482 minutes total time) and second key reference code 34718 *Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral* (work RVU = 24.00, 120 minutes intra-service time, 477 minutes total time). The RUC recognized that the surveyed

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I=New code s=Revised code :=Add-on code H=Modifier 51 exempt *=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code

code is comparable to the two key reference services in terms of total time and overall intensity and complexity. The surveyed code requires less intra-service time than the two key reference services, thus justifying it having a lower work RVU. The top key reference service code 34701 has identical intra-service time compared to the surveyed code, but the surveyed code requires less total time and is a less intense procedure for the physician to perform, thus justifying a lesser work RVU.

For additional support, the RUC referenced MPC code 35301 *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision* (work RVU = 21.16, 120 minutes intra-service time, 404 minutes total time), noting it has a similar work RVU as the surveyed code overall. Although it requires more intra-service time, CPT code 35301 has less total time and requires less intensity to perform than the surveyed code. **The RUC recommends a work RVU of 23.50 for CPT code 33886.**

35602 ***Bypass graft, with other than vein; carotid-contralateral carotid***
The RUC reviewed survey results from 52 vascular surgeons and cardiothoracic surgeons and recommends the 25th percentile work RVU of 27.40, which accounts for the physician work required to perform this service. The RUC recommends 40 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 150 minutes intra-service time, 30 minutes immediate post-service time, 1-99233, 2-99232, 1-99238, 1-99214 and 1-99213 visit, which equals 486 minutes of total time.

Notably, CPT code 35602 has a 090-day global period and replaces existing CPT code 33891, which has a 000-day global period. The specialty society selected pre-service time package *4-FAC Difficult Patient/Difficult Procedure*. The selected time package was modified to more accurately reflect pre-service time involved with this service. Unlike the other codes in the TEVAR family, CPT code 35602 does not include any bundled pre-planning time review. Thus, the specialty society requests 40 minutes of pre-service evaluation time which is consistent with the standard pre-service package time and 43 minutes less than the median survey results.

The specialty society requests 15 minutes of pre-service positioning time, 2 minutes less than the median survey results and 12 minutes above the pre-service package time of 3 minutes. The additional pre-service position time accounts for the time needed for the neck incision. The patient is placed in the "beach chair" position, and a shoulder role is typically placed. The neck is placed in the neutral position but should be free to move from side to side depending on which carotid is being operated on at the specific moment as both carotids will ultimately be dissected. This positioning is done in concert with anesthesia to ensure the endotracheal tube is not dislodged and does not become dislodged during the surgery. The endotracheal tube is secured appropriately under the observation of the surgeon to ensure an appropriate field for skin preparation. The extra positioning time is consistent with other vascular codes involving carotid dissection.

The specialty society selected post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc*. Regarding post-operative hospital care, the specialty societies provided a detailed rationale to support their recommendation. Among survey respondents, there was a uniform consensus that these patients are typically managed in the ICU following surgery, though, unlike the other codes in this family, the surgeon does not provide any of the critical care time. Typically, an intensivist provides care for blood pressure and other critical care needs, while the surgeon guides the specific parameters to be followed. The first day requires a 99233 visit, and when the patient is transferred out of the ICU,

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all care, including neurologic assessments and blood pressure control, is performed by the surgeon. These additional visits are of moderate complexity.

Regarding post-operative office visits, the specialty societies noted that survey respondents indicated that while the number of TEVAR post-operative visits has not changed, the visits are now more complex. The first visit, which typically occurs 1-2 weeks following hospital discharge, is a level 3 post-op office visit (99213), wherein incisions are checked, wound care is provided, and a neurovascular assessment is performed. The second visit, which typically occurs 4-6 weeks following hospital discharge, is a level 4 post-op office visit (99214). A neurovascular assessment is again performed. Additional time is spent by the operating surgeon reviewing postoperative imaging, either ultrasound, CT, physiologic testing, or some combination of all these. Clinical decisions are made regarding the need for repeat surgical intervention. This work is distinct from any radiologist's interpretation.

To support the recommended work RVU of 27.40, the RUC compared the surveyed code to top key reference code 35601 *Bypass graft, with other than vein; common carotid-ipsilateral internal carotid* (work RVU = 27.09, 180 minutes intra-service time, 484 minutes total time) and second key reference code 35606 *Bypass graft, with other than vein; carotid-subclavian* (work RVU = 22.46, 145 minutes intra-service time, 414 minutes total time). The RUC recognized that the surveyed code is appropriately compared to the two key reference services in terms of intra-service time and total time, as well as relative intensity and complexity. The top key reference service code 35601 requires nearly identical total time compared to the surveyed code, and more intra-service time but is a less intense procedure for the physician to perform. The second key reference service, code 35606, requires nearly identical intra-service time but less total time than the surveyed code and is also less intense to perform than the surveyed code. Notably, the two key reference services chosen by survey respondents bracket the survey 25th percentile of the surveyed code despite lesser intensity. The specialty societies noted that there are many clinical scenarios where this service would be applicable, not just in conjunction with TEVAR, resulting in a range of intensities.

For additional support, the RUC referenced CPT code 34703 *Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-uni-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)* (work RVU = 26.52, 150 minutes intra-service time, 507 minutes total time). The RUC noted that the CPT code 34703 is an appropriate reference service, as it has identical intra-service time, similar total time, and is comparable in terms of the intensity required for the physician to perform. **The RUC recommends a work RVU of 27.40 for CPT code 35602.**

Practice Expense
The Practice Expense (PE) Subcommittee concurred that there is compelling evidence to support an increase over the aggregate current cost for clinical staff time, supplies and equipment. New code 33882 was created to describe a new stent that accommodates the left subclavian artery, thus new technology/technique. And the bypass code 35602 is changing from a 000-day global to a 090-day global. Compelling evidence was accepted based on new technology and change in global period.

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The PE Subcommittee reviewed the direct practice expense inputs and made a single modification to the standard 090-day global inputs. Supply item SA053 *pack, post-op incision care (suture & staple)* was changed to SA052 *pack, post-op incision care (staple)* for the code family as the typical incision would be closed with staples. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

New Technology
CPT code 33882 will be placed on the New Technology list to be reviewed by the RUC in three years.

Work Neutrality
The RUC's recommendation for these codes will result in an overall work savings that should be redistributed back to the Medicare conversion factor.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Cardiovascular System** **Heart and Pericardium** **Endovascular Repair of ~~Descending~~ Thoracic Aorta** ~~Codes 33880-33891 represent a family of procedures to report placement of an endovascular graft for repair of the descending thoracic aorta. These codes include all device introduction, manipulation, positioning, and deployment. All balloon angioplasty and/or stent deployment within the target treatment zone for the endoprosthesis, either before or after endograft deployment, are not separately reportable.~~ ~~Open arterial exposure and associated closure of the arteriotomy sites (eg, 34714, 34715, 34716, 34812, 34820, 34833, 34834), introduction of guidewires and catheters (eg, 36140, 36200-36218), and extensive repair or replacement of an artery (eg, 35226, 35286) may be additionally reported. Transposition of subclavian artery to carotid, and carotid-carotid bypass performed in conjunction with endovascular repair of the descending thoracic aorta (eg, 33889, 33891) may be separately reported. The primary codes, 33880 and 33881, include placement of all distal extensions, if required, in the distal thoracic aorta, while proximal extensions, if needed, may be reported separately.~~ ~~For fluoroscopic guidance in conjunction with endovascular repair of the thoracic aorta, see codes 75956-75959 as appropriate. Codes 75956 and 75957 include all angiography of the thoracic aorta and its branches for diagnostic imaging prior to deployment of the primary endovascular devices (including all routine components of modular devices), fluoroscopic guidance in the delivery of the endovascular components, and intraprocedural arterial angiography (eg, confirm position, detect endoleak, evaluate runoff). Code 75958 includes the analogous services for placement of each proximal thoracic endovascular extension. Code 75959 includes the analogous services for placement of a distal thoracic endovascular extension(s) placed during a procedure after the primary repair.~~			

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~~Other interventional procedures performed at the time of endovascular repair of the descending thoracic aorta should be additionally reported (eg, innominate, carotid, subclavian, visceral, or iliac artery transluminal angioplasty or stenting, arterial embolization, intravascular ultrasound) when performed before or after deployment of the aortic prostheses.~~

Codes 33880, 33881, 33882, 33883, 33886 describe delivery, positioning, and deployment of an endograft for treatment of thoracic aortic pathology (with or without rupture), such as aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma (IMH), or traumatic disruption. The terms, endovascular graft, endoprosthesis, endograft, and stentgraft, refer to a covered stent. The thoracic aorta includes the ascending aorta, the aortic arch which includes the arch or brachiocephalic vessels (eg, innominate artery, left common carotid artery, left subclavian artery) and the descending thoracic aorta to the level of the diaphragm above the origin of the celiac arteries. Reporting endovascular repair of the thoracic aorta is based on anatomy with regard to the left subclavian artery.

Code selection for endovascular repair of the thoracic aorta is based on the most proximal extent of thoracic aortic coverage with an endoprosthesis at the end of the operative session and includes all aortic stentgraft(s) implanted both proximally to the aortic root and distally up to the celiac artery, when performed.

When the endoprosthesis is placed proximal to the left subclavian artery, the innominate, common carotid, and/or subclavian arteries may require revascularization through open surgical or endovascular techniques. Open surgical treatment may be performed as a bypass (eg, debranching) or transposition procedure. Endovascular revascularization may also be accomplished through separate parallel stentgraft(s) extending alongside the aortic tube stentgraft into a brachiocephalic vessel(s). Alternatively, a fenestrated and/or branched endograft multipiece (modular) system may be implanted which involves an aortic tube device that has a fenestration through which additional stentgraft extension(s) are placed into a brachiocephalic vessel as needed. Fenestrations within the fabric allow for selective catheterization of the branch vessels and subsequent placement of an endoprosthesis to maintain flow to the branch artery. Parallel stentgrafts placed alongside the thoracic graft permits branch flow to the brachiocephalic vessels that preserve flow to these critical branches otherwise covered by the thoracic endograft. Anatomic variation in the location and orientation of the brachiocephalic (innominate, left common carotid, left subclavian) artery origins requires use of a patient-specific fenestrated endograft for endovascular repair that preserves flow to essential arteries and that allows proximal seal and fixation to be achieved. These procedures involve selective catheterization.

The thoracic aortic endograft may be configured in three orientations:

1. Aortic tube device not covering the left subclavian artery;
2. Aortic tube device with a separate parallel stentgraft(s) extending alongside the aortic stentgraft into one or more of the brachiocephalic vessel(s); or
3. Fenestrated and/or branched endograft multipiece (modular) system involving an aortic tube device that has a fenestration through which additional stentgraft extension(s) are placed into one or more of the brachiocephalic vessel(s) as needed.

Report 33880, 33881 for deployment of an aorto-aortic tube device. Report 33882 for deployment of a fenestrated and/or branched endograft multipiece or modular system involving an aorto-aortic tube device that has a fenestration through which an additional stentgraft extension(s) is placed into the left subclavian artery.

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For brachiocephalic branch vessel preservation, subclavian to carotid artery transposition is reported with code 35694; carotid artery to subclavian artery bypass with other than vein is reported with 35606; and carotid to contralateral carotid artery bypass with other than vein is reported with 35602.

The treatment zone for endograft procedures is defined by those vessels that contain an endograft(s) (aortic tube device, parallel/fenestration stentgraft[s], and/or proximal and distal extension[s]) deployed during that operative session. Adjunctive procedures outside the treatment zone (eg, angioplasty, endovascular stent placement, embolization) may be separately reported.

Code 33883 is reported for delayed placement of a proximal extension prosthesis(es) for endovascular repair of the thoracic aortic aneurysm, pseudoaneurysm, dissection, endoleak, or endograft migration. Code 33883 includes pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed. Code 33883 may only be reported once for all proximal stentgraft extensions placed up to the left subclavian artery proximally. For delayed placement of a proximal aortic stentgraft extension that covers the left subclavian artery, see 33880, 33882.

Code 33886 is reported for delayed placement of distal extension prosthesis(es) for endovascular repair of the descending thoracic aortic aneurysm, false aneurysm, dissection, endoleak, or endograft migration. Code 33886 includes pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed. Code 33886 may only be reported once for all distal stentgraft extensions placed up to the celiac artery distally.

Nonselective catheterization from iliac (with or without conduit) and femoral (with or without conduit) access is included in 33880, 33881, 33882, 33883, 33886 and is not separately reported. However, selective catheterization of the innominate, left common carotid, subclavian, anomalous brachiocephalic (arch) vessels and/or arterial families outside the treatment zone of the endograft may be separately reported. Selective catheterization of the left subclavian artery from iliac (with or without conduit) and femoral (with or without conduit) access is included in 33882. Intravascular ultrasound (37252, 37253) performed during endovascular aneurysm repair may be separately reported, when performed. Balloon angioplasty and/or stenting within the treatment zone of the endograft, either before or after endograft deployment, is not separately reported.

Fluoroscopic guidance and radiological supervision and interpretation in conjunction with endograft repair is not separately reported. Thoracic endograft services for treatment of thoracic aortic pathology include all intraprocedural imaging (eg, angiography, rotational computed tomography) of the aorta and its branches prior to deployment of the endovascular device, fluoroscopic guidance and roadmapping used in the delivery of the endovascular components, and intraprocedural and completion angiography (eg, confirm position, detect endoleak, evaluate runoff) performed at the time of the endovascular thoracic aorta repair.

Code 34712 describes transcatheter delivery of accessory-enhanced fixation devices to the endograft (eg, anchor, screw, tack), including all associated radiological supervision and interpretation. Code 34712 may only be reported once per operative session for the thoracic aortic repair.

Percutaneous vascular access requiring use of closure devices for large sheaths (ie, 12-French or larger) or access requiring open surgical arterial exposure may be separately reported (eg, 34713, 34714, 34715, 34716, 34812, 34820, 34833, 34834). Code 34713 describes percutaneous access and closure of a femoral arteriotomy for delivery of endovascular prosthesis through a large arterial sheath (ie, 12-French

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or larger). Ultrasound guidance (ie, 76937), when performed, is included in 34713 and not separately reported for the same access. (Percutaneous access using a sheath smaller than 12-French is included in 33880, 33881, 33883, 33884, 33886 and is not separately reported).

Code 34812 describes open repair and closure of the femoral artery. Extensive repair of an artery (eg, 35226, 35286, 35371) may also be reported separately. Iliac exposure for device delivery through a retroperitoneal incision, open brachial exposure, or axillary or subclavian exposure through an infraclavicular, or supraclavicular or sternotomy incision during endovascular aneurysm repair may be separately reported (eg, 34715, 34812, 34820, 34834). Endovascular device delivery or establishment of cardiopulmonary bypass that requires creation of a prosthetic conduit utilizing a femoral artery, iliac artery with a retroperitoneal incision, or axillary or subclavian artery exposure through an infraclavicular, supraclavicular, or sternotomy incision (34714, 34716, 34833) and oversewing of the conduit at the time of procedure completion may be separately reported during endovascular aneurysm repair or cardiac procedures requiring cardiopulmonary bypass. If a conduit is converted to a bypass, report the bypass (eg, 35665) and not the arterial exposure with conduit (34714, 34716, 34833). Arterial embolization(s) of arteries outside the treatment zone (eg, intercostal) to facilitate complete endovascular aneurysm exclusion may be separately reported (eg, 37242) along with selective and/or nonselective catheterizations of those arteries.

Balloon angioplasty and/or stenting at the sealing zone(s) of an endograft is an integral part of the procedure and is not separately reported. However, balloon angioplasty and/or stent deployment in vessels that do not contain endograft (outside the treatment zone for the endograft), either before or after endograft deployment, may be separately reported. To maintain patency of branch vessels during aortic stentgraft deployment, separate smaller stentgrafts may be inserted alongside the aortic stentgraft and are termed “parallel grafts”, “chimney grafts”, and “snorkel grafts”. Parallel stentgraft(s) that are deployed in the vessels during thoracic aortic endovascular repair are outside the treatment zone and may be reported with the corresponding arterial stent, catheterization, and exposure codes as indicated. For example, percutaneous left axillary artery access with a 6-French sheath, retrograde catheterization of the aorta, and placement of a stentgraft that extends from left subclavian artery into the thoracic aorta may be reported with 36200 and 37236.

Interventional procedures that are performed either before or after endograft deployment during the same operative session for endovascular thoracic aortic aneurysm repair may be separately reported (eg, arterial embolization, intravascular ultrasound, balloon angioplasty or stenting of native artery[ies] outside the endograft treatment zone).

For endovascular stenting or balloon angioplasty of congenital coarctation or postsurgical recoarctation of the ascending, transverse, or descending thoracic or abdominal aorta, see 33894, 33895, 33897.

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▲33880	O1	Endovascular repair of ~~descending~~ thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation ~~(eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption)~~; by deployment of an aorto-aortic tube endograft covering the left subclavian artery and all aortic tube endograft extension(s) proximally in the aortic arch and ascending aorta and distally to the celiac artery, when performed ~~involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin~~ ~~(For radiological supervision and interpretation, use 75956 in conjunction with 33880)~~ (Do not report 33880 in conjunction with 33881, 33882, 33883, 33886, during the same session)	090	30.00 (2025 Work RVU = 34.58)
▲33881	O2	by deployment of an aorto-aortic tube endograft not involving coverage of the left subclavian artery origin and all endograft extension(s) placed from the level of the left subclavian carotid artery to the celiac artery ~~not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin~~ ~~(For radiological supervision and interpretation, use 75957 in conjunction with 33881)~~ (Do not report 33881 in conjunction with 33880, 33882, 33883, 33886, during the same session)	090	26.75 (2025 Work RVU = 29.58)

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●33882	O3	Endovascular repair of the thoracic aorta by deployment of a branched endograft multipiece system involving an aorto-aortic tube device with a fenestration for the left subclavian artery stentgraft(s) and all aortic tube endograft extension(s) placed from the level of the left common carotid artery to the celiac artery, including pre-procedure sizing and device selection, all target zone angioplasty, all nonselective catheterization(s) and left subclavian artery selective catheterization(s), and all associated radiological supervision and interpretation	090	39.00
▲33883	O4	Delayed placement of proximal extension prosthesis(es) not involving coverage of the left subclavian artery origin, after endovascular repair of the thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed ~~Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension~~ ~~(For radiological supervision and interpretation, use 75958 in conjunction with 33883)~~ ~~(Do not report 33881, 33883 when extension placement converts repair to cover left subclavian origin. Use only 33880)~~ (Report 33883 once, regardless of number of modules deployed) (For delayed placement of proximal thoracic aortic stentgraft extension that covers the left subclavian artery, see 33880, 33882) (Do not report 33883 in conjunction with 33880, 33881, 33882, 33886, during the same session)	090	24.25 (2025 Work RVU = 21.09)

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D33884	-	~~each additional proximal extension (List separately in addition to code for primary procedure)~~ ~~(Use 33884 in conjunction with 33883)~~ ~~(For radiological supervision and interpretation, use 75958 in conjunction with 33884)~~ (33884 has been deleted. To report, use 33883)	~~ZZZ~~	~~(2025 Work RVU = 8.20)~~
▲33886	O5	Delayed placement of distal extension prosthesis(es) from the level of the left subclavian artery to the celiac artery, after endovascular repair of descending thoracic aorta, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation ~~Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta~~ (Do not report 33886 in conjunction with 33880, 33881, 33882, 33883, during the same session) (Report 33886 once, regardless of number of modules deployed) ~~(For radiological supervision and interpretation, use 75959 in conjunction with 33886)~~	090	23.50 (2025 Work RVU = 18.09)
D33889	-	~~Open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision, unilateral~~ ~~(Do not report 33889 in conjunction with 35694)~~ (33889 has been deleted. For open subclavian to carotid artery transposition performed in conjunction with endovascular repair of thoracic aorta, by neck incision, use 35694)	~~000~~	~~(2025 Work RVU = 15.92)~~

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D33891	-	~~Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision~~ ~~(Do not report 33891 in conjunction with 35509, 35601)~~ (33891 has been deleted. For bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of thoracic aorta, by neck incision, use 35602)	~~000~~	~~(2025 Work RVU = 20.00)~~

Arteries and Veins
Endovascular Repair of Abdominal Aorta and/or Iliac Arteries

✚*34713* *Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)*

(Use 34713 in conjunction with 33880, 33881, 33882, 33883, ~~33884,~~ 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, as appropriate. Do not report 34713 in conjunction with 33880, 33881, 33882, 33883, ~~33884,~~ 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, for percutaneous closure of femoral artery after delivery of endovascular prosthesis if a sheath smaller than 12 French was used)

(34713 may only be reported once per side. For bilateral procedure, report 34713 twice. Do not report modifier 50 in conjunction with 34713)

(Do not report ultrasound guidance [ie, 76937] for percutaneous vascular access in conjunction with 34713 for the same access)

(Do not report 34713 for percutaneous access and closure of the femoral artery in conjunction with 37258, 37259, 37260, 37261~~37221, 37223,~~ 37236, 37237)

(Do not report 34713 in conjunction with 37258, 37259, 37260, 37261~~37221, 37223~~ for covered stent placement[s] for atherosclerotic occlusive disease of the iliac artery[ies])

#✚*34812* *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*

(Use 34812 in conjunction with 33880, 33881, 33882, 33883, ~~33884,~~ 33886, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)

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	(34812 may only be reported once per side. For bilateral procedure, report 34812 twice. Do not report modifier 50 in conjunction with 34812)
	(Do not report 34812 in conjunction with 33953, 33954, 33959, 33962, 33969, 33984, 33987)
✚*34714*	*Open femoral artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by groin incision, unilateral (List separately in addition to code for primary procedure)*
	(Use 34714 in conjunction with 32852, 32854, 33031, 33120, 33251, 33256, 33259, 33261, 33305, 33315, 33322, 33335, 33390, 33391, 33404, 33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416, 33417, 33422, 33425, 33426, 33427, 33430, 33440, 33460, 33463, 33464, 33465, 33468, 33474, 33475, 33476, 33478, 33496, 33500, 33502, 33504, 33505, 33506, 33507, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33600-33688, 33692, 33694, 33697, 33702, 33710, 33720, 33724, 33726, 33730, 33732, 33736, 33750, 33755, 33762, 33764, 33766, 33767, 33770-33783, 33786, 33788, 33802, 33803, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33853, 33858, 33859, 33863, 33864, 33871, 33875, 33877, 33880, 33881, 33882, 33883, ~~33884,~~ 33886, 33910, 33916, 33917, 33920, 33922, 33926, 33935, 33945, 33975, 33976, 33977, 33978, 33979, 33980, 33983, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)
	(34714 may only be reported once per side. For bilateral procedure, report 34714 twice. Do not report modifier 50 in conjunction with 34714)
	(Do not report 34714 in conjunction with 33362, 33953, 33954, 33959, 33962, 33969, 33984, 34812 when performed on the same side)
#✚*34820*	*Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)*
	(Use 34820 in conjunction with 33880, 33881, 33882, 33883, ~~33884,~~ 33886, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)
	(34820 may only be reported once per side. For bilateral procedure, report 34820 twice. Do not report modifier 50 in conjunction with 34820)
	(Do not report 34820 in conjunction with 33953, 33954, 33959, 33962, 33969, 33984)
#✚*34833*	*Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)*
	(Use 34833 in conjunction with 32852, 32854, 33031, 33120, 33251, 33256, 33259, 33261, 33305, 33315, 33322, 33335, 33390, 33391, 33404, 33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416, 33417, 33422, 33425, 33426, 33427, 33430, 33440, 33460, 33463, 33464, 33465, 33468, 33474, 33475, 33476, 33478, 33496, 33500, 33502, 33504, 33505, 33506,

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	33507, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33600-33688, 33692, 33694, 33697, 33702, 33710, 33720, 33724, 33726, 33730, 33732, 33736, 33750, 33755, 33762, 33764, 33766, 33767, 33770-33783, 33786, 33788, 33802, 33803, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33853, 33858, 33859, 33863, 33864, 33871, 33875, 33877, 33880, 33881, 33882, 33883, ~~33884,~~ 33886, 33910, 33916, 33917, 33920, 33922, 33926, 33935, 33945, 33975, 33976, 33977, 33978, 33979, 33980, 33983, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)
	(34833 may only be reported once per side. For bilateral procedure, report 34833 twice. Do not report modifier 50 in conjunction with 34833)
	(Do not report 34833 in conjunction with 33364, 33953, 33954, 33959, 33962, 33969, 33984, 34820 when performed on the same side)
#✚*34834*	*Open brachial artery exposure for delivery of endovascular prosthesis, unilateral (List separately in addition to code for primary procedure)*
	(Use 34834 in conjunction with 33880, 33881, 33882, 33883, ~~33884,~~ 33886, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)
	(34834 may only be reported once per side. For bilateral procedure, report 34834 twice. Do not report modifier 50 in conjunction with 34834)
	(Do not report 34834 in conjunction with 33953, 33954, 33959, 33962, 33969, 33984)
✚*34715*	*Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
	(Use 34715 in conjunction with 33880, 33881, 33882, 33883, ~~33884,~~ 33886, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)
	(34715 may only be reported once per side. For bilateral procedure, report 34715 twice. Do not report modifier 50 in conjunction with 34715)
	(Do not report 34715 in conjunction with 33363, 33953, 33954, 33959, 33962, 33969, 33984)
✚*34716*	*Open axillary/subclavian artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
	(Use 34716 in conjunction with 32852, 32854, 33031, 33120, 33251, 33256, 33259-33261, 33305, 33315, 33322, 33335, 33390, 33391, 33404, 33405, 33406, 33410, 33411, 33412, 33413, 33414, 33415, 33416, 33417, 33422, 33425, 33426, 33427, 33430, 33440, 33460, 33463, 33464, 33465, 33468, 33474, 33475, 33476, 33478, 33496, 33500, 33502, 33504, 33505, 33506, 33507, 33510, 33511, 33512, 33513, 33514, 33516, 33533, 33534, 33535, 33536, 33542, 33545, 33548, 33600-33688, 33692,

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33694, 33697, 33702, 33710, 33720, 33724, 33726, 33730, 33732, 33736, 33750, 33755, 33762, 33764, 33766, 33767, 33770-33783, 33786, 33788, 33802, 33803, 33814, 33820, 33822, 33824, 33840, 33845, 33851, 33853, 33858, 33859, 33863, 33864, 33871, 33875, 33877, 33880, 33881, 33882, 33883, ~~33884,~~ 33886, 33910, 33916, 33917, 33920, 33922, 33926, 33935, 33945, 33975, 33976, 33977, 33978, 33979, 33980, 33983, 33990, 33991, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)

(34716 may only be reported once per side. For bilateral procedure, report 34716 twice. Do not report modifier 50 in conjunction with 34716)

Direct Repair of Aneurysm or Excision (Partial or Total) and Graft Insertion for Aneurysm, Pseudoaneurysm, Ruptured Aneurysm, and Associated Occlusive Disease

Procedures 35001-35152 include…

(For direct repairs associated with occlusive disease only, see 35201-35286)

(For intracranial aneurysm, see 61700 et seq)

(For endovascular repair of abdominal aortic and/or iliac artery aneurysm, see 34701-34716)

(For thoracic aortic aneurysm, see 33858-33875)

(For endovascular repair of ~~descending~~ thoracic aorta~~, involving coverage of left subclavian artery origin~~ by deployment of an aorto-aortic tube endograft covering the left subclavian artery and all aortic tube endograft extension(s) proximally in the aortic arch and ascending aorta and distally to the celiac artery, when performed, use 33880)

35001 *Direct repair of aneurysm, pseudoaneurysm, or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm and associated occlusive disease, carotid, subclavian artery, by neck incision*

Fenestrated Endovascular Repair of the Visceral and Infrarenal Aorta

Exposure of the access vessels (eg, 34713, 34714, 34715, 34716, 34812, 34820, 34833, 34834) may be reported separately. Extensive repair of an artery (eg, 35226, 35286) may be reported separately. For concomitant endovascular treatment of the ~~descending~~ thoracic aorta, 33880-33886 ~~and 75956-75959~~ may be reported with 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848. For isolated endovascular infrarenal abdominal aortic aneurysm repair that does not require placement of a fenestrated graft to preserve flow to the visceral branch(es), see 34701, 34702, 34703, 34704, 34705, 34706.

Bypass Graft
Other Than Vein

●35602	O6	Bypass graft, with other than vein; carotid-contralateral carotid	090	27.40

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~~(For open transcervical common carotid-common carotid bypass performed in conjunction with endovascular repair of descending thoracic aorta, use 33891)~~

(For open subclavian to carotid artery transposition performed in conjunction with endovascular thoracic aneurysm repair by neck incision, use 3569433889)

Arterial Transposition

35691 *Transposition and/or reimplantation; vertebral to carotid artery*

35693 *vertebral to subclavian artery*

35694 *subclavian to carotid artery*

~~(For open subclavian to carotid artery transposition performed in conjunction with endovascular repair of descending thoracic aorta, use 33889)~~

35695 *carotid to subclavian artery*

Transcatheter Procedures
Other Procedures

37217 *Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery by retrograde treatment, open ipsilateral cervical carotid artery exposure, including angioplasty, when performed, and radiological supervision and interpretation*

(37217 includes open vessel exposure and vascular access closure, all access and selective catheterization of the vessel, traversing the lesion, and any radiological supervision and interpretation directly related to the intervention when performed, standard closure of arteriotomy by suture, and imaging performed to document completion of the intervention in addition to the intervention[s] performed. Carotid artery revascularization services [eg, ~~33891,~~ 35602, 35301, 35509, 35510, 35601, 35606] performed during the same session may be reported separately, when performed)

(Do not report 37217 in conjunction with 35201, 36221- 36227, 37246, 37247 for ipsilateral services)

(For open or percutaneous transcatheter placement of intravascular cervical carotid artery stent[s], see 37215, 37216)

(For open or percutaneous antegrade transcatheter placement of innominate and/or intrathoracic carotid artery stent[s], use 37218)

(For open or percutaneous transcatheter placement of extracranial vertebral artery stent[s], see 0075T, 0076T)

(For transcatheter placement of intracranial stent[s], use 61635)

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Intravascular Ultrasound Services

✚*37252* *Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)*

✚*37253* *each additional noncoronary vessel (List separately in addition to code for primary procedure)*

(Use 37253 in conjunction with 37252)

(Use 37252, 37253 in conjunction with 33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369, 33477, 33880, 33881, 33882, 33883, ~~33884,~~ 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34709, 34710, 34711, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 36010, 36011, 36012, 36013, 36014, 36015, 36100, 36140, 36160, 36200, 36215, 36216, 36217, 36218, 36221, 36222, 36223, 36224, 36225, 36226, 36227, 36228, 36245, 36246, 36247, 36248, 36251, 36252, 36253, 36254, 36481, 36555-36571, 36578, 36580, 36581, 36582, 36583, 36584, 36585, 36595, 36901, 36902, 36903, 36904, 36905, 36906, 36907, 36908, 36909, 37184, 37185, 37186, 37187, 37188, 37200, 37211, 37212, 37213, 37214, 37215, 37216, 37218, 37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235, 37236, 37237, 37238, 37239, 37241, 37242, 37243, 37244, 37246, 37247, 37248, 37249, 61623, 75600, 75605, 75625, 75630, 75635, 75705, 75710, 75716, 75726, 75731, 75733, 75736, 75741, 75743, 75746, 75756, 75774, 75805, 75807, 75810, 75820, 75822, 75825, 75827, 75831, 75833, 75860, 75870, 75872, 75885, 75887, 75889, 75891, 75893, 75894, 75898, 75901, 75902, ~~75956, 75957, 75958, 75959,~~ 75970, 76000, 77001, 0075T, 0076T, 0234T, 0235T, 0236T, 0237T, 0238T, 0338T)

(Do not report 37252, 37253 in conjunction with 36836, 36837, 37191, 37192, 37193, 37197)

Radiology
Diagnostic Radiology (Diagnostic Imaging)
Vascular Procedures
Transcatheter Procedures

D75956	-	~~Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation~~ ~~(For implantation of endovascular graft, use 33880)~~	~~XXX~~	~~(2025 Work RVU = 7.00)~~

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D75957	-	~~not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin, radiological supervision and interpretation~~ ~~(For implantation of endovascular graft, use 33881)~~ (75956, 75957 have been deleted)	~~XXX~~	~~(2025 Work RVU = 6.00)~~
D75958	-	~~Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption), radiological supervision and interpretation~~ ~~(Report 75958 for each proximal extension)~~ ~~(For implantation of proximal endovascular extension, see 33883, 33884)~~ (75958 has been deleted)	~~XXX~~	~~(2025 Work RVU = 4.00)~~
D75959	-	~~Placement of distal extension prosthesis(s) (delayed) after endovascular repair of descending thoracic aorta, as needed, to level of celiac origin, radiological supervision and interpretation~~ ~~(Do not report 75959 in conjunction with 75956, 75957)~~ ~~(Report 75959 once, regardless of number of modules deployed)~~ ~~(For implantation of distal endovascular extension, use 33886)~~ ~~(Radiologic supervision for transcatheter placement of stent[s] is included in the therapeutic service codes)~~ ~~(For removal of a vena cava filter, use 37193)~~ (75959 has been deleted)	~~XXX~~	~~(2025 Work RVU = 3.50)~~

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33880 Tracking Number O1 Original Specialty Recommended RVU: **30.00**
Presented Recommended RVU: **30.00**
Global Period: 090 Current Work RVU: **34.58** RUC Recommended RVU: **30.00**

CPT Descriptor: Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft covering the left subclavian artery and all aortic tube endograft extension(s) proximally in the aortic arch and ascending aorta and distally to the celiac artery, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male with hypertension, 50 pack-years smoking, and previous myocardial infarction is found to have a 7-cm diameter descending thoracic aortic aneurysm that begins immediately beyond the origin of left subclavian artery. Endovascular repair of the descending thoracic aortic aneurysm is performed. The proximal extent of the endoprosthesis covers the left subclavian artery origin.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 13% , Overnight stay-more than 24 hours 88%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Preservice endograft planning: Extensive and detailed review of the preoperative imaging studies is required to determine the exact measurements of the aneurysm and to select the precise, correct endograft. This work is unique in that it would not be performed until after the decision for surgery. However, it must be completed several days prior to surgery to ensure that all required implants are ordered and have arrived on site before surgery begins. An accurate preoperative choice of component diameters and lengths is a primary determinant of whether the endovascular procedure will be successful, so this work must be done carefully. Cross-sectional imaging from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where three-dimensional (3D) software is used, permitting iterative modeling of a virtual device within the aorta in multiplanar views and centerline of flow analysis. The physician manually adjusts the modeling for altered anatomy, which is tortuous or thrombus laden. Orthogonal centerline imaging is used to determine diameter measurements of the ascending aorta, aortic arch, and thoracic aorta. The iliac and femoral diameters also determine the success of the device delivery and any potential adjunctive maneuvers that may be required to facilitate delivery. Tortuosity, calcification, thrombus presence, and stenosis require consideration as they may impact device delivery. Cross section, longitudinal, and centerline of flow measurements, with manual adjustments where needed, are used to map the distances between the left carotid artery, subclavian artery, and the celiac artery. A stretched/straightened view permits manual validation of the computer-generated lengths. Preservice work also includes the procedural workup. Preservice work necessarily includes review of surgical indication, physical exam findings, current medications, and all laboratory test results. Careful final review of imaging is performed. The proposed procedure is discussed with the patient and family, including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The endograft, catheters, and introducer sheaths are brought into the OR after verification of appropriate diameters and lengths. Assessment is made for the need for stand-by devices (eg, balloons) that might be needed emergently. The surgeon ensures availability of pharmacologic and laboratory agents such as heparin, protamine, and activated coagulation time testing. In addition, the surgeon ensures all technical personnel have been familiarized with the upcoming procedure

and that they are fully familiar with all required devices. Imaging studies are uploaded on the OR computers and placed on monitors for easy viewing during the operative procedure. If deemed necessary by the surgeon, a lumbar drain is placed by an appropriate physician. The surgeon supervises appropriate patient positioning on the OR table and ensures that fluoroscopy is functional and that desired imaging angles are attainable with the available equipment. The surgeon changes into radiation protection gear, ensures that all who will be in the suite do likewise, and supervises sterile preparation of access site(s) and subsequent draping. The surgeon leads the preprocedural time-out.

Description of Intra-Service Work: Perform road-mapping arteriogram with specific attention to great vessel artery origins, celiac origin; image aortic arch in multiple projections to determine exact orthogonal coordinates to deploy prosthesis. Wait for anesthesia to insert and adjust TEE, if employed. Re-confirm availability of endovascular components for correct models, diameters, lengths, etc. Surgeon directs the patient to be anticoagulated with bolus dose heparin and directs anesthesia to maintain this effect throughout the case. Surgeon then exchanges soft j-wires for superstiff lunderquist wires. The initial component is unpacked and inspected for damage. The device is then prepared for insertion. It is then loaded over the superstiff wire and advanced to the femoral artery. The carrier tip is introduced into the arteriotomy. The proximal vascular clamp is opened and the leading edge of the graft is advanced to the artery. Rubber constrictor loops are utilized to minimize blood loss. Under careful fluoroscopic guidance the surgeon directs the first component and carrier through the external iliac, common iliac, and abdominal aorta. The device is navigated into the thoracic aorta up to the arch, employing extreme care so nose-cone lies in the aortic arch with leading edge of component just beyond left subclavian origin. Angiography is employed to confirm great vessel origins in relation to the leading edge of the device. The surgeon instructs the anesthesiologist to lower blood pressure and waits for desired effect. Deployment of the endograft is begun, making final precise adjustments to align leading edge of component in arch, across left subclavian origin. Contrast injections in multiple planes are performed to ensure final exact positioning. The carrier is advanced to recapture the nosecone. The carrier and nosecone are retracted with care not to distrub the first component. The carrier is withdrawn through the descending thoracic aorta and through iliac arteries with care not to disrupt iliacs. The first component carrier is removed through the femoral artery and the femoral artery is re-clamped. A compliant balloon is introduced under fluoro guidance, advance through iliac, abdominal aorta, thoracic aorta, to arch. Anesthesiology is notified the aortic arch is about to be occluded; reduce BP as needed. The compliant balloon is inflated under constant fluoroscopic observation to expand and seat first component. The balloon is deflated and carefully retracted past the first component and out of the femoral artery. A multi-sideport catheter is advanced into the aortic arch and a contrast injection is performed to image the graft and confirm accurate placement. A second component is prepared and loaded onto the superstuff wire and advanced into the thoracic aorta through the iliac vessels, abdominal aorta. Under fluoroscopic guidance the second component is invaginated into the first, precisely adjusting the overlap. A multi-sideport catheter is introduced and contrast injections are performed to ensure the distal edge has not covered the celiac. Final adjustments are made and the second component is deployed. The carrier is carefully retracted through the endograft and removed from the groin, minimizing blood loss. A multi-sideport catheter is introduced and contrast injections are performed to determine need for additional components. All above steps are repeated in sequence to determine sufficient components to complete a hemostatic distal seal above the celiac artery. A compliant balloon is introduced under fluoro guidance and used for final expansion, seating, and seal of all additional components. The balloon is withdrawn. A multi-sideport catheter is introduced into the aortic arch and a final arteriogram is performed and interpreted to determine appropriate coverage, patency of major arteries, and absence of endoleaks. Completion pressure measures are obtained. All catheters, wires, and sheaths are removed using fluoroscopic guidance.

Description of Post-Service Work: Hospital: Sterile dressings are applied. The patient is assisted with transfer from the operating table to the gurney. The patient is monitored for hemodynamic stability in transit. Assessment of adequate perfusion to and motor function of the lower extremities is ensured. Postoperative orders for medications, imaging, and laboratories are written. The procedure and outcome are discussed with family. A brief operative note is written. Postoperative imaging is reviewed. An operative report is dictated which includes a detailed description of all radiographic images. A copy is sent to the referring physician. The surgeon typically spends 60 minutes or more providing critical care, ensuring hemodynamic and cardiovascular stability. Instructions for neurological monitoring and the management of lumbar drain care are provided to ICU staff along with a detailed postoperative examination. Ongoing neurological monitoring is performed. Cerebral spinal fluid (CSF) drainage amounts are carefully directed by the surgeon, when necessary, to provide adequate spinal perfusion pressure but not result in CSF drainage complications. To maintain an appropriate spinal perfusion pressure, vasoactive agents are titrated and directed by the surgeon in combination with other factors such as laboratory values and oxygen administration for spinal cord perfusion and protection. The surgeon must be present to ensure these orders are performed as spinal cord ischemia can result with only a short window of time for remedy. Additional post-operative care is communicated with the ICU staff. Careful monitoring for any complaints of pain or neurovascular compromise is performed at all postoperative in-hospital visits, particularly in the first 24 hours, but continues for 72 hours postoperatively and spinal cord care is directed by the surgeon. Exam requires close monitoring for

neurological changes, chest or abdominal tenderness, upper extremity motor function, lower extremity motor function, and lower extremity tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Tight control of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are performed as is neurologic evaluation for any signs of spinal cord ischemia. Upper and lower extremities are assessed for emboli and adequate perfusion is ensured. Hemoglobin and coagulation laboratory results are monitored daily. The need for routine or advanced imaging is assessed daily. Postoperative CT scans are obtained, either during the inpatient stay or early in the post discharge period. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily. Discharge day management includes communicating with all support services, such as visiting nurses and referring physicians, reviewing interval chart notes, answering patient and family questions, evaluating all predischarge laboratory results, evaluating and redressing the incisions, assessing pain score, and performing medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, an interval history is solicited for ongoing or new symptoms; the chest is examined for tenderness; arterial access sites and surgical incisions are examined for inflammation, drainage, and wound infection. Upper and lower extremities are examined for adequate perfusion. Lower extremity strength is assessed. Diagnostic blood tests and/or imaging studies are ordered based on findings. Postoperative CT scans from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where three-dimensional (3D) software is used to evaluate for possible endoleaks or other endograft complications. Clinical decisions are made regarding the need for repeat surgical intervention. Wound care is provided, as needed. Staples and sutures are removed as indicated. Patient and family questions are answered. Prescriptions for medication and therapy are written, as necessary. Progress is discussed with the referring physician (verbal and written). Progress notes are dictated/typed for the medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Vigneshwar Kasirajan, MD (STS), Robert Kennedy, MD (SIR), Minhaj Khaja, MD (SIR), James Levett, MD (STS), Matthew Sideman, MD (SVS), Jonathan Thompson, MD (SVS) and Joseph Turek, MD (STS)					
Specialty Society(ies):	AATS, SIR, STS, SVS					
CPT Code:	33880					
Sample Size:	5232	**Resp N:**	64			
Description of Sample:	SIR - Random STS/AATS - US Self-designated Adult Cardiac surgeons SVS - Entire US, active MD/DO membership					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	10.00	40.00
Survey RVW:	20.00	30.00	**35.65**	40.00	55.00
Pre-Service Evaluation Time:			**100.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	40.00	61.00	**120.00**	180.00	300.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**95.00**	99231x **0.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33880	**Recommended Physician Work RVU: 30.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**100.00**	**40.00**	**60.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	70.00	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	95.00	99231x **0.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	63.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34708	090	36.50	**RUC Time**

CPT Descriptor Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34705	090	29.58	**RUC Time**

CPT Descriptor Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33534	090	39.88	**RUC Time**	4,466

CPT Descriptor 1 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	23,542

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 25.0 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 25.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 33880	Top Key Reference CPT Code: 34708	2nd Key Reference CPT Code: **34705**
Median Pre-Service Time	130.00	100.00	150.00
Median Intra-Service Time	120.00	120.00	150.00
Median Immediate Post-service Time	30.00	60.00	40.00
Median Critical Care Time	70.0	70.00	0.00
Median Other Hospital Visit Time	95.0	210.00	95.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	63.0	79.00	39.00
Median Total Time	**546.00**	**677.00**	**512.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	6%	25%	38%	31%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	31%	63%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	50%	44%

Physical effort required	0%	63%	38%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	19%	69%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	25%	63%	13%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	31%	69%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	6%	38%	56%
Physical effort required	0%	63%	38%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	25%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Endovascular repair of thoracic aortic aneurysms (TEVAR) received FDA approval in March 2005 following the pivotal trial utilizing the Gore TAG device. This was approximately 5 years after FDA approval of endovascular devices for

abdominal aneurysm repair (EVAR). A family of TEVAR codes was presented to the RUC in April 2005. At that time, TEVAR was typically performed by a team of physicians including vascular surgeons, cardiothoracic surgeons, and interventional radiologists. These codes utilized component coding to account for the various providers and portions of the procedure performed. The TEVAR family of codes appeared in the 2006 Medicare Physician Fee Schedule and the values have not been reviewed since that time. In May 2022 the FDA approved the use of a thoracic branch endoprothesis (TBE) during TEVAR procedures. This was the first new type of device to gain FDA approval within the TEVAR family.

The CPT panel approved TEVAR coding changes at the September 2024 CPT meeting. This recommendation includes 2 new codes, 4 revised codes, and 3 code deletions. The new family of codes updates the TEVAR family to current coding standards as outlined below:

1. Catheter placement is now bundled into the main procedure.
2. Radiologic supervision & interpretation is now bundled into the main procedure.
3. All proximal extensions performed at the time of TEVAR are now bundled into the main procedure.
4. A new code has been created for the distinct work required for a TBE, which includes all the work of a TEVAR
5. There will no longer be separate codes for extra-anatomic bypass surgery performed in conjunction with TEVAR

Survey Methodology

A multi-disciplinary workgroup including SVS, SIR, and STS was convened. Approval to modify the survey instrument by adding a question regarding pre-planning time was obtained from the Research Subcommittee.

Pre-Service Time

Evaluation – package has 40 minutes. Survey median was 100. The specialties are recommending 100 minutes (40+60).

Pre Planning Time
CMS requested pre planning work be bundled in the main procedure and not report separately. *FedReg, Vol.79, No.219, p67664.*

For codes 33880 and 33882, survey respondents reported a median pre planning time of 60 minutes.

The pre planning time review includes confirming the suitability of the anatomy for TEVAR. To do this, a large number of measurements are required including: aortic diameters throughout the aorta, outer and inner curve lengths, center-line lengths from arch vessels to the celiac, subclavian diameters, distance from the left subclavian to the vertebral artery, and diameters of the access vessels (common femoral, external iliac, and common iliac arteries). Additionally the surgeon assesses perceived quality of the aorta, particularly in the seal zones, and tortuosity of the aorta. During this planning the surgeon reviews all available endograft sizes, from several vendors, and develop a specific operative plan and device selection that will successfully treat the pathology at hand. This may require ordering in specific devices and components which are not readily available at the surgeon's institution. This service is provided after evaluation in the office, but more than 24 hours prior to the procedure.

33880 and 33882 involve coverage of and stent grafting into the subclavian artery, respectively. The extra 15 minutes of pre-planning time, in comparison to codes 33881, 33883, and 33886 is necessary for several reasons. For the 33880 code, when coverage of the subclavian is necessary, one must review additional cervical and even intracranial imaging to ensure bilateral vertebral artery patency and basilar artery patency. This is necessary to ensure the left arm does not become ischemic during coverage. Additionally, with coverage of the subclavian, posterior circulation stroke could also happen with abnormal vertebral artery circulation. This must be reviewed. Additionally, the endograft is subsequently encroached on the left carotid artery. Diameter measurements and distances must be exact to ensure adequate and appropriate seal as there are no other options for proximal extension should the first device not be correct. Precision is required.

The specialties are recommending a total of 100 minutes for pre evaluation time - 40 for pre service evaluation and 60 for pre planning.

Positioning - package time is 3 minutes. Survey median is 15 minutes. The specialties are requesting an additional 12 minutes of positioning time to account for positioning the imaging equipment and operating room equipment to

minimize conflicts between equipment and patient during surgery, appropriately positioning the patient with arms tucked as indicated, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure. This extra time is 5 min less than the positioning time included with abdominal aortic aneurysm endovascular repair codes (34701-34708)

SDW – package is 20 minutes. Survey median time is 15 min. The specialties are recommending deleting 5 min from the survey time to achieve the 15 minutes of SDW package time.

Post-Service Time

Post-service package 9B would apply for these complex procedures.

For CPT Codes 33880, 33881, 33883, 33886 - package time is 33 minutes. Survey median time is 30 minutes. The specialties reduced the recommended time to 30 minutes, the survey median.

Post Operative Hospital Care

While our survey respondents confirmed the number of hospital visits has stayed the same for TEVAR codes, there was uniform consensus among the respondents that ICU level care is provided by the surgeon in the post-operative period. Thoracic endografting has significantly changed since the initial codes were valued in 2005. When thoracic endografts were in their infancy, typically short endografts were placed with specific aneurysmal anatomy. Patients with unfavorable endovascular anatomy were treated open or not treated at all. These patients have always been transferred to the ICU immediately post-operatively, but any critical care work was generally done by dedicated critical care personnel. Spinal cord ischemia is a devastating complication for any thoracic aortic work. Protection for open thoracic and thoraco-abdominal aneurysm repairs was commonplace with lumbar drains and other adjuncts. At this same time, given short endograft coverage, spinal cord ischemia was uncommon and prophylactic lumbar drains were unusual.

Our survey respondents felt 3 inpatient visits were typical, plus a discharge day for all codes. 33880, 33881, 33882, 33883, and 33886 all have 1 ICU visit. The additional complexity for 33880 and 33882 for 1 99233 and 1 99232 visit involve the continued complexity on the second day for monitoring for left upper extremity perfusion and for additional neurological exams necessary to ensure no cerebral infarcts or strokes. The 33881, 33883, and 33886 do not require this additional evaluation and thus require two 99232 visits. All inpatient visits align with our survey and correlate clinically.

Hospital care has since changed for these patients. Endovascular repair for thoracic pathology is now the default treatment paradigm for pathology distal to the left carotid artery. The range of pathologies has increased from simple aneurysms to now include not only aneurysms, but dissections, penetrating aortic ulcers, and even traumatic ruptures. A wider age range of patients with a wider complexity of overall health are being treated with these minimally invasive approaches. Longer segments of aorta are now routinely covered, increasing the risk of spinal cord ischemia. Lumbar drains are now typically used for elective TEVAR cases. These drains were *required* in the primary trial for the TBE device. Spinal cord ischemia is a devastating complication which is best understood and managed by the operating surgeon. Lumbar drains are typically placed by neurosurgery or anesthesiology prior to surgery in the operating room. During the case, lumbar drain management (amount to drain) and blood pressure goals are driven by the operating surgeon. This continues when the patient leaves the OR and is transferred to the ICU. The first 24-48 hours are the critical window where the spinal cord is at greatest risk for malperfusion and subsequent ischemia/paralysis. The surgeon guides and personally performs regular neurologic assessments to ensure adequate neurologic function. Perfusion to the spinal cord is measured as spinal cord perfusion pressure (SCPP). This is mean arterial pressure (MAP) minus intra-spinal pressure (ISP). The two components of this, MAP and ISP, are both managed by the operating surgeon. Specific goal directed blood pressure management with pressors and ionotropes are directed by the surgeon. Fluid resuscitation and how much is directed by the surgeon. Over-reaching with MAP goals can compromise the repair and access sites, so tight MAP goals are paramount. Drain management is also typically the responsibility of the surgeon. To ensure low ISP, Cerebral Spinal Fluid (CSF) is drained at regular intervals and varying amounts to ensure low ISP and thus, high SCPP. The amount to drain is based upon ISP and determined at least hourly. Too much drainage can result in headaches, intraspinal hematomas, and even herniation if not managed correctly. BP and ISP management, in conjunction with regular neurologic assessments, is critical to ensure spinal perfusion and minimize risk of paralysis. Given the tenuous nature of these patients, this care is reserved for the operating surgeon.

Post Operative Office Visits

While the number of TEVAR post-operative visits has not changed, our survey respondents did indicate these are more complex visits. It is the consensus of the expert panel these visits are generally performed 1-2 weeks following hospital discharge and 4-6 weeks following discharge. The first visit is generally a low complexity visit of at least 20 minutes (99213). Incisions are checked and wound care is provided. A neurovascular assessment is performed. On the second visit, this is of moderate complexity and typically lasts 30 minutes or more. Much of this time is spent by the operating surgeon reviewing the postoperative CT scan. This is from the aortic arch to femoral vessels with fine cuts. The CT is uploaded to a workstation, where three-dimensional (3D) software is used to evaluate for possible endoleaks or other endograft complications. Clinical decisions are made regarding the need for repeat surgical intervention. This is done separately from any radiologist interpretation. Given the increased complexity and treatment length of these, more work is required to review these images and discuss them with the patient compared to 20 years ago when the codes were first valued.

Comparison with Key Reference Services

There were 5 codes that were chosen most often as key reference services for 33880-33882

- 34701, *Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for* ***other than rupture*** *(eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)*
- 34705*, Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation;* ***for other than rupture*** *(eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)*
- 34706*, Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation;* ***for rupture*** *including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)*
- 34708*, Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral;* ***for rupture*** *including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)*
- 34718*, Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed,* ***for other than rupture*** *(eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral*

The following table incorporates our recommended RVW for 33880-33882 and 35602 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33886	**23.50**	**0.105**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
34701 KRS	23.71	0.124	447	110	20	20	120	40	32, 31, 38	13, 12
34718 KRS	24.00	0.117	477	110	20	20	120	35	33, 32, 38	13, 12
33883	**24.25**	**0.113**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33881	**26.75**	**0.115**	**506**	**85**	**15**	**15**	**110**	**30**	**91, 32x2, 38**	**14, 13**
35601 KRS	27.09	0.098	484	40	15	20	180	30	33, 32, 31, 38	13x2
35602	**27.40**	**0.112**	**486**	**40**	**15**	**15**	**150**	**30**	**33, 32x2, 38**	**14, 13**
34705 KRS	29.58	0.130	512	110	20	20	150	40	33, 32	13, 12
33880	**30.00**	**0.125**	**546**	**100**	**15**	**15**	**120**	**30**	**91, 33, 32x2, 38**	**14, 13**
33390 KRS	35.00	0.108	622	60	15	20	180	45	91, 33, 32x2, 31, 38	13, 12
34708 KRS	36.50	0.141	677	60	20	20	120	60	91, 33x2, 32x2, 31, 38	14, 13, 12
33882	**39.00**	**0.131**	**621**	**100**	**20**	**15**	**180**	**40**	**91, 33, 32x2, 38**	**14, 13**
34706 KRS	45.00	0.143	735	60	20	20	178	60	91, 33x2, 32x2, 31, 38	14, 13, 12

Comparison to MPC codes

There are limited MPC codes in the RVW range of these complex procedures. The specialty societies offer the following codes as brackets for the TEVAR recommendations:

- MPC 35301, *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision*
- MPC 33534, *Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
35301 MPC	21.16	0.104	404	40	15	20	120	30	33, 32, 38	13x2
33886	**23.50**	**0.105**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33883	**24.25**	**0.113**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33881	**26.75**	**0.115**	**506**	**85**	**15**	**15**	**110**	**30**	**91, 32x2, 38**	**14, 13**
35602	**27.40**	**0.112**	**486**	**40**	**15**	**15**	**150**	**30**	**33, 32x2, 38**	**14, 13**
33880	**30.00**	**0.125**	**546**	**100**	**15**	**15**	**120**	**30**	**91, 33, 32x2, 38**	**14, 13**
33882	**39.00**	**0.131**	**621**	**100**	**20**	**15**	**180**	**40**	**91, 33, 32x2, 38**	**14, 13**
33534 MPC	39.88	0.110	717	60	15	20	193	40	91, 33x3, 32, 31, 38	14, 12

Recommendation

For CPT Code 33880, the specialty societies recommend the 25th percentile survey value of 30.00 RVW. This represents a ***decrease of 31.3%*** from current value of 44.35 RVWs by current coding convention.

Comparison to existing codes is a difficult process due to bundling of the new codes to include pre-service planning, all radiologic S&I, catheter selection, and all extensions when compared to the existing codes. To calculate the current RVW using current coding convention, one would begin with the existing work of 33880. The work of bilateral non-selective catheterization is added by multiplying the RVW for 36200 by 1.5 to account for the bilaterality and then multiply by 0.5 for the multiple procedure reduction. The radiologic supervision and interpretation for TEVAR with subclavian coverage is then added. This total would typically be 44.35. Comparing this computed existing value with

our proposed value for 33880 results in a ***31.3% reduction***. The following table is a graphic explanation of this comparison.

Existing TEVAR with Subclavian Coverage	Work RVU	Adjustment	Adjusted Work RVU
33880 TEVAR with coverage of subclavian	34.58	None	34.58
36200-50 Bilateral catheter in aorta	2.77	Bilaterality & MPPR	2.08
75956 Rad S&I code for TEVAR with subclavian coverage	7.00	None	7.00
Total existing coding sequence			**44.35**
New Code			
33880 New Code	30.00	None	**30.00**
Change Existing to New			**-31.3%**

Summary

The new family of CPT codes for TEVAR represent a complex set of operations that now include pre-planning, all radiologic supervision and interpretation, all routine catheterization, and all currently placed extensions at the initial time of TEVAR. This updated code family better describes the current practice of TEVAR and conforms with current concepts in code creation and valuation. Additionally, with deletion of bypass codes at the time of TEVAR, this will help simplify coding by reducing the number of codes which describe the same work, leading to confusion and improper coding.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33880

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty Thoracic/Cardiac Surgery How often? Sometimes

Specialty Interventional Radiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 889
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current RUC database (2023 utilization)

Specialty Vascular Surgery Frequency 519 Percentage 61.70 %

Specialty Thoracic/Cardiac Surgery Frequency 228 Percentage 27.11 %

Specialty Interventional Radiology Frequency 10 Percentage 1.18 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 33880

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33881 Tracking Number O2 Original Specialty Recommended RVU: **26.75**
Presented Recommended RVU: **26.75**
Global Period: 090 Current Work RVU: **29.58** RUC Recommended RVU: **26.75**

CPT Descriptor: Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft not involving coverage of the left subclavian artery origin and all endograft extension(s) placed from the level of the left subclavian carotid artery to the celiac artery

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male with hypertension, 50 pack-years smoking, and previous myocardial infarction is found to have a 7-cm diameter descending thoracic aortic aneurysm that begins several centimeters beyond the left subclavian artery origin. Endovascular repair of his descending thoracic aortic aneurysm is performed. The proximal portion of the endoprosthesis does not cover the left subclavian artery origin.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 13% , Overnight stay-more than 24 hours 88%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Preservice endograft planning: Extensive and detailed review of the preoperative imaging studies is required to determine the exact measurements of the aneurysm and to select the precise, correct endograft. This work is unique in that it would not be performed until after the decision for surgery. However, it must be completed several days prior to surgery to ensure that all required implants are ordered and have arrived on site before surgery begins. An accurate preoperative choice of component diameters and lengths is a primary determinant of whether the endovascular procedure will be successful, so this work must be done carefully. Cross-sectional imaging from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where three-dimensional (3D) software is used, permitting iterative modeling of a virtual device within the aorta in multiplanar views and centerline of flow analysis. The physician manually adjusts the modeling for altered anatomy, which is tortuous or thrombus laden. Orthogonal centerline imaging is used to determine diameter measurements of the ascending aorta, aortic arch, and thoracic aorta. The iliac and femoral diameters also determine the success of the device delivery and any potential adjunctive maneuvers that may be required to facilitate delivery. Tortuosity, calcification, thrombus presence, and stenosis require consideration as they may impact device delivery. Cross section, longitudinal, and centerline of flow measurements, with manual adjustments where needed, are used to map the distances between the subclavian artery and the celiac artery. A stretched/straightened view permits manual validation of the computer-generated lengths. Preservice work also includes the procedural workup. Preservice work necessarily includes review of surgical indication, physical exam findings, current medications, and all laboratory test results. Careful final review of imaging is performed. The proposed procedure is discussed with the patient and family, including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The endograft, catheters, and introducer sheaths are brought into the OR after verification of appropriate diameters and lengths. Assessment is made for the need for stand-by devices (eg, balloons) that might be needed emergently. The surgeon ensures availability of pharmacologic and laboratory agents such as heparin, protamine, and activated coagulation time testing. In addition, the surgeon ensures all technical personnel have been familiarized with the upcoming procedure and that they are

fully familiar with all required devices. Imaging studies are uploaded on the OR computers and placed on monitors for easy viewing during the operative procedure. If deemed necessary by the surgeon, a lumbar drain is placed by an appropriate physician. The surgeon supervises appropriate patient positioning on the OR table and ensures that fluoroscopy is functional and that desired imaging angles are attainable with the available equipment. The surgeon changes into radiation protection gear, ensures that all who will be in the suite do likewise, and supervises sterile preparation of access site(s) and subsequent draping. The surgeon leads the preprocedural time-out.

Description of Intra-Service Work: Perform road-mapping arteriogram with specific attention to great vessel artery origins, celiac origin; image aortic arch in multiple projections to determine exact orthogonal coordinates to deploy prosthesis. Wait for anesthesia to insert and adjust TEE, if employed. Re-confirm availability of endovascular components for correct models, diameters, lengths, etc. Surgeon directs the patient to be anticoagulated with bolus dose heparin and directs anesthesia to maintain this effect throughout the case. Surgeon then exchanges soft j-wires for superstiff lunderquist wires. The initial component is unpacked and inspected for damage. The device is then prepared for insertion. It is then loaded over the superstiff wire and advanced to the femoral artery. The carrier tip is introduced into the arteriotomy. The proximal vascular clamp is opened and the leading edge of the graft is advanced to the artery. Rubber constrictor loops are utilized to minimize blood loss. Under careful fluoroscopic guidance the surgeon directs the first component and carrier through the external iliac, common iliac, and abdominal aorta. The device is navigated into the thoracic aorta up to the arch, employing extreme care so nose-cone lies in the aortic arch with leading edge of component just to the left subclavian origin. Angiography is employed to confirm great vessel origins in relation to the leading edge of the device. The surgeon instructs the anesthesiologist to lower blood pressure and waits for desired effect. Deployment of the endograft is begun, making final precise adjustments to align leading edge of component in arch, just beyond the left subclavian origin. Contrast injections in multiple planes are performed to ensure final exact positioning. The carrier is advanced to recapture the nosecone. The carrier and nosecone are retracted with care not to disturb the first component. The carrier is withdrawn through the descending thoracic aorta and through iliac arteries with care not to disrupt iliacs. The first component carrier is removed through the femoral artery and the femoral artery is re-clamped. A compliant balloon is introduced under fluoro guidance, advance through iliac, abdominal aorta, thoracic aorta, to arch. Anesthesiology is notified the aortic arch is about to be occluded; reduce BP as needed. The compliant balloon is inflated under constant fluoroscopic observation to expand and seat first component. The balloon is deflated and carefully retracted past the first component and out of the femoral artery. A multi-sideport catheter is advanced into the aortic arch and a contrast injection is performed to image the graft and confirm accurate placement. A second component is prepared and loaded onto the superstuff wire and advanced into the thoracic aorta through the iliac vessels, abdominal aorta. Under fluoroscopic guidance the second component is invaginated into the first, precisely adjusting the overlap. A multi-sideport catheter is introduced and contrast injections are performed to ensure the distal edge has not covered the celiac. Final adjustments are made and the second component is deployed. The carrier is carefully retracted through the endograft and removed from the groin, minimizing blood loss. A multi-sideport catheter is introduced and contrast injections are performed to determine need for additional components. All above steps are repeated in sequence to determine sufficient components to complete a hemostatic distal seal above the celiac artery. A compliant balloon is introduced under fluoro guidance and used for final expansion, seating, and seal of all additional components. The balloon is withdrawn. A multi-sideport catheter is introduced into the aortic arch and a final arteriogram is performed and interpreted to determine appropriate coverage, patency of major arteries, and absence of endoleaks. Completion pressure measures are obtained. All catheters, wires, and sheaths are removed using fluoroscopic guidance.

Description of Post-Service Work: Hospital: Sterile dressings are applied. The patient is assisted with transfer from the operating table to the gurney. The patient is monitored for hemodynamic stability in transit. Assessment of adequate perfusion to and motor function of the lower extremities is ensured. Postoperative orders for medications, imaging, and laboratories are written. The procedure and outcome are discussed with family. A brief operative note is written. Postoperative imaging is reviewed. An operative report is dictated which includes a detailed description of all radiographic images. A copy is sent to the referring physician. The surgeon typically spends 60 minutes or more providing critical care, ensuring hemodynamic and cardiovascular stability. Instructions for neurological monitoring and the management of lumbar drain care are provided to ICU staff along with a detailed postoperative examination. Ongoing neurological monitoring is performed. Cerebral spinal fluid (CSF) drainage amounts are carefully directed by the surgeon, when necessary, to provide adequate spinal perfusion pressure but not result in CSF drainage complications. To maintain an appropriate spinal perfusion pressure, vasoactive agents are titrated and directed by the surgeon in combination with other factors such as laboratory values and oxygen administration for spinal cord perfusion and protection. The surgeon must be present to ensure these orders are performed as spinal cord ischemia can result with only a short window of time for remedy. Additional post-operative care is communicated with the ICU staff. Careful monitoring for any complaints of pain or neurovascular compromise is performed at all postoperative in-hospital visits, particularly in the first 24 hours, but continues for 72 hours postoperatively and spinal cord care is directed by the surgeon. Exam requires close monitoring for

neurological changes, chest or abdominal tenderness, upper extremity motor function, lower extremity motor function, and lower extremity tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Tight control of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are performed as is neurologic evaluation for any signs of spinal cord ischemia. Upper and lower extremities are assessed for emboli and adequate perfusion is ensured. Hemoglobin and coagulation laboratory results are monitored daily. The need for routine or advanced imaging is assessed daily. Postoperative CT scans are obtained, either during the inpatient stay or early in the post discharge period. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily. Discharge day management includes communicating with all support services, such as visiting nurses and referring physicians, reviewing interval chart notes, answering patient and family questions, evaluating all predischarge laboratory results, evaluating and redressing the incisions, assessing pain score, and performing medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, an interval history is solicited for ongoing or new symptoms; the chest is examined for tenderness; arterial access sites and surgical incisions are examined for inflammation, drainage, and wound infection. Upper and lower extremities are examined for adequate perfusion. Lower extremity strength is assessed. Diagnostic blood tests and/or imaging studies are ordered based on findings. Postoperative CT scans from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where three-dimensional (3D) software is used to evaluate for possible endoleaks or other endograft complications. Clinical decisions are made regarding the need for repeat surgical intervention. Wound care is provided, as needed. Staples and sutures are removed as indicated. Patient and family questions are answered. Prescriptions for medication and therapy are written, as necessary. Progress is discussed with the referring physician (verbal and written). Progress notes are dictated/typed for the medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Vigneshwar Kasirajan, MD (STS), Robert Kennedy, MD (SIR), Minhaj Khaja, MD (SIR), James Levett, MD (STS), Matthew Sideman, MD (SVS), Jonathan Thompson, MD (SVS) and Joseph Turek, MD (STS)					
Specialty Society(ies):	AATS, SIR, STS, SVS					
CPT Code:	33881					
Sample Size:	5232	**Resp N:**	64			
Description of Sample:	SIR - Random STS/AATS - US Self-designated Adult Cardiac surgeons SVS - Entire US, active MD/DO membership					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	10.00	30.00
Survey RVW:	15.00	26.75	**35.00**	40.00	55.00
Pre-Service Evaluation Time:			**98.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	40.00	74.00	**110.00**	150.00	250.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**80.00**	99231x **0.00** 99232x **2.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33881	**Recommended Physician Work RVU: 26.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**85.00**	**40.00**	**45.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**110.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	70.00	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	80.00	99231x **0.00** 99232x **2.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	63.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34701	090	23.71	**RUC Time**

CPT Descriptor Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34705	090	29.58	**RUC Time**

CPT Descriptor Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33534	090	39.88	**RUC Time**	4,466

CPT Descriptor 1 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	23,542

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 18 **% of respondents:** 28.1 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 25.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 33881	Top Key Reference CPT Code: 34701	2nd Key Reference CPT Code: **34705**
Median Pre-Service Time	115.00	150.00	150.00
Median Intra-Service Time	110.00	120.00	150.00
Median Immediate Post-service Time	30.00	40.00	40.00
Median Critical Care Time	70.0	0.00	0.00
Median Other Hospital Visit Time	80.0	95.00	95.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	63.0	39.00	39.00
Median Total Time	**506.00**	**482.00**	**512.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	22%	50%	28%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	22%	78%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	67%	33%

Physical effort required	0%	28%	72%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	17%	83%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	31%	56%	13%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	19%	81%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	44%	56%
Physical effort required	6%	38%	56%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	19%	81%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Endovascular repair of thoracic aortic aneurysms (TEVAR) received FDA approval in March 2005 following the pivotal trial utilizing the Gore TAG device. This was approximately 5 years after FDA approval of endovascular devices for

abdominal aneurysm repair (EVAR). A family of TEVAR codes was presented to the RUC in April 2005. At that time, TEVAR was typically performed by a team of physicians including vascular surgeons, cardiothoracic surgeons, and interventional radiologists. These codes utilized component coding to account for the various providers and portions of the procedure performed. The TEVAR family of codes appeared in the 2006 Medicare Physician Fee Schedule and the values have not been reviewed since that time. In May 2022 the FDA approved the use of a thoracic branch endoprothesis (TBE) during TEVAR procedures. This was the first new type of device to gain FDA approval within the TEVAR family.

The CPT panel approved TEVAR coding changes at the September 2024 CPT meeting. This recommendation includes 2 new codes, 4 revised codes, and 3 code deletions. The new family of codes updates the TEVAR family to current coding standards as outlined below:

1. Catheter placement is now bundled into the main procedure.
2. Radiologic supervision & interpretation is now bundled into the main procedure.
3. All proximal extensions performed at the time of TEVAR are now bundled into the main procedure.
4. A new code has been created for the distinct work required for a TBE, which includes all the work of a TEVAR
5. There will no longer be separate codes for extra-anatomic bypass surgery performed in conjunction with TEVAR

Survey Methodology

A multi-disciplinary workgroup including SVS, SIR, and STS was convened. Approval to modify the survey instrument by adding a question regarding pre-planning time was obtained from the Research Subcommittee.

Pre-Service Time

Evaluation – package has 40 minutes. Survey median was 98. The specialties are recommending 85 minutes (40+45).

Pre Planning Time
CMS requested pre planning work be bundled in the main procedure and not report separately. *FedReg, Vol.79, No.219, p67664.*

For codes 33881, 33883, and 33886, survey respondents reported a median pre planning time of 45 minutes.

The pre planning time review includes confirming the suitability of the anatomy for TEVAR. To do this, a large number of measurements are required including: aortic diameters throughout the aorta, outer and inner curve lengths, center-line lengths from arch vessels to the celiac, subclavian diameters, distance from the left subclavian to the vertebral artery, and diameters of the access vessels (common femoral, external iliac, and common iliac arteries). Additionally the surgeon assesses perceived quality of the aorta, particularly in the seal zones, and tortuosity of the aorta. During this planning the surgeon reviews all available endograft sizes, from several vendors, and develop a specific operative plan and device selection that will successfully treat the pathology at hand. This may require ordering in specific devices and components which are not readily available at the surgeon's institution. This service is provided after evaluation in the office, but more than 24 hours prior to the procedure.

The specialties are recommending a total of 85 minutes for pre evaluation time - 40 for pre service evaluation and 45 for pre planning.

Positioning - package time is 3 minutes. Survey median is 15 minutes. The specialties are requesting an additional 12 minutes of positioning time to account for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patient during surgery, appropriately positioning the patient with arms tucked as indicated, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure. This extra time is 5 min less than the positioning time included with abdominal aortic aneurysm endovascular repair codes (34701-34708)

SDW – package is 20 minutes. Survey median time is 15 min. The specialties are recommending deleting 5 min from the survey time to achieve the 15 minutes of SDW package time.

Post-Service Time

Post-service package 9B would apply for these complex procedures.

For CPT Codes 33880, 33881, 33883, 33886 - package time is 33 minutes. Survey median time is 30 minutes. The specialties reduced the recommended time to 30 minutes, the survey median.

Post Operative Hospital Care

While our survey respondents confirmed the number of hospital visits has stayed the same for TEVAR codes, there was uniform consensus among the respondents that ICU level care is provided by the surgeon in the post-operative period. Thoracic endografting has significantly changed since the initial codes were valued in 2005. When thoracic endografts were in their infancy, typically short endografts were placed with specific aneurysmal anatomy. Patients with unfavorable endovascular anatomy were treated open or not treated at all. These patients have always been transferred to the ICU immediately post-operatively, but any critical care work was generally done by dedicated critical care personnel. Spinal cord ischemia is a devastating complication for any thoracic aortic work. Protection for open thoracic and thoraco-abdominal aneurysm repairs was commonplace with lumbar drains and other adjuncts. At this same time, given short endograft coverage, spinal cord ischemia was uncommon and prophylactic lumbar drains were unusual.

Hospital care has since changed for these patients. Endovascular repair for thoracic pathology is now the default treatment paradigm for pathology distal to the left carotid artery. The range of pathologies has increased from simple aneurysms to now include not only aneurysms, but dissections, penetrating aortic ulcers, and even traumatic ruptures. A wider age range of patients with a wider complexity of overall health are being treated with these minimally invasive approaches. Longer segments of aorta are now routinely covered, increasing the risk of spinal cord ischemia. Lumbar drains are now typically used for elective TEVAR cases. These drains were *required* in the primary trial for the TBE device. Spinal cord ischemia is a devastating complication which is best understood and managed by the operating surgeon. Lumbar drains are typically placed by neurosurgery or anesthesiology prior to surgery in the operating room. During the case, lumbar drain management (amount to drain) and blood pressure goals are driven by the operating surgeon. This continues when the patient leaves the OR and is transferred to the ICU. The first 24-48 hours are the critical window where the spinal cord is at greatest risk for malperfusion and subsequent ischemia/paralysis. The surgeon guides and personally performs regular neurologic assessments to ensure adequate neurologic function. Perfusion to the spinal cord is measured as spinal cord perfusion pressure (SCPP). This is mean arterial pressure (MAP) minus intra-spinal pressure (ISP). The two components of this, MAP and ISP, are both managed by the operating surgeon. Specific goal directed blood pressure management with pressors and ionotropes are directed by the surgeon. Fluid resuscitation and how much is directed by the surgeon. Over-reaching with MAP goals can compromise the repair and access sites, so tight MAP goals are paramount. Drain management is also typically the responsibility of the surgeon. To ensure low ISP, Cerebral Spinal Fluid (CSF) is drained at regular intervals and varying amounts to ensure low ISP and thus, high SCPP. The amount to drain is based upon ISP and determined at least hourly. Too much drainage can result in headaches, intraspinal hematomas, and even herniation if not managed correctly. BP and ISP management, in conjunction with regular neurologic assessments, is critical to ensure spinal perfusion and minimize risk of paralysis. Given the tenuous nature of these patients, this care is reserved for the operating surgeon.

Post Operative Office Visits

While the number of TEVAR post-operative visits has not changed, our survey respondents did indicate these are more complex visits. It is the consensus of the expert panel these visits are generally performed 1-2 weeks following hospital discharge and 4-6 weeks following discharge. The first visit is generally a low complexity visit of at least 20 minutes (99213). Incisions are checked and wound care is provided. A neurovascular assessment is performed. On the second visit, this is of moderate complexity and typically lasts 30 minutes or more. Much of this time is spent by the operating surgeon reviewing the postoperative CT scan. This is from the aortic arch to femoral vessels with fine cuts. The CT is uploaded to a workstation, where three-dimensional (3D) software is used to evaluate for possible endoleaks or other endograft complications. Clinical decisions are made regarding the need for repeat surgical intervention. This is done separately from any radiologist interpretation. Given the increased complexity and treatment length of these, more work is required to review these images and discuss them with the patient compared to 20 years ago when the codes were first valued.

Comparison with Key Reference Services

There were 5 codes that were chosen most often as key reference services for 33880-33882

- 34701, *Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for **other than rupture** (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)*
- 34705*, Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; **for other than rupture** (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)*
- 34706*, Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; **for rupture** including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)*
- 34708*, Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; **for rupture** including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)*
- 34718*, Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, **for other than rupture** (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral*

The following table incorporates our recommended RVW for 33880-33882 and 35602 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33886	**23.50**	**0.105**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
34701 KRS	23.71	0.124	447	110	20	20	120	40	32, 31, 38	13, 12
34718 KRS	24.00	0.117	477	110	20	20	120	35	33, 32, 38	13, 12
33883	**24.25**	**0.113**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33881	**26.75**	**0.115**	**506**	**85**	**15**	**15**	**110**	**30**	**91, 32x2, 38**	**14, 13**
35601 KRS	27.09	0.098	484	40	15	20	180	30	33, 32, 31, 38	13x2
35602	**27.40**	**0.112**	**486**	**40**	**15**	**15**	**150**	**30**	**33, 32x2, 38**	**14, 13**
34705 KRS	29.58	0.130	512	110	20	20	150	40	33, 32	13, 12
33880	**30.00**	**0.125**	**546**	**100**	**15**	**15**	**120**	**30**	**91, 33, 32x2, 38**	**14, 13**
33390 KRS	35.00	0.108	622	60	15	20	180	45	91, 33, 32x2, 31, 38	13, 12
34708 KRS	36.50	0.141	677	60	20	20	120	60	91, 33x2, 32x2, 31, 38	14, 13, 12
33882	**39.00**	**0.131**	**621**	**100**	**20**	**15**	**180**	**40**	**91, 33, 32x2, 38**	**14, 13**

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
34706 KRS	45.00	0.143	735	60	20	20	178	60	91, 33x2, 32x2, 31, 38	14, 13, 12

Comparison to MPC codes

There are limited MPC codes in the RVW range of these complex procedures. The specialty societies offer the following codes as brackets for the TEVAR recommendations:

- MPC 35301, *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision*
- MPC 33534, *Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
35301 MPC	21.16	0.104	404	40	15	20	120	30	33, 32, 38	13x2
33886	**23.50**	**0.105**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33883	**24.25**	**0.113**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33881	**26.75**	**0.115**	**506**	**85**	**15**	**15**	**110**	**30**	**91, 32x2, 38**	**14, 13**
35602	**27.40**	**0.112**	**486**	**40**	**15**	**15**	**150**	**30**	**33, 32x2, 38**	**14, 13**
33880	**30.00**	**0.125**	**546**	**100**	**15**	**15**	**120**	**30**	**91, 33, 32x2, 38**	**14, 13**
33882	**39.00**	**0.131**	**621**	**100**	**20**	**15**	**180**	**40**	**91, 33, 32x2, 38**	**14, 13**
33534 MPC	39.88	0.110	717	60	15	20	193	40	91, 33x3, 32, 31, 38	14, 12

Recommendation

For CPT Code 33881, the specialty societies recommend the 25th percentile survey value of 26.75 RVW. This represents a ***decrease of 29.0%*** from current value of 37.66 RVWs by current coding convention.

Comparison to existing codes is a difficult process due to bundling of the new codes to include pre-service planning, all radiologic S&I, catheter selection, and all extensions when compared to the existing codes. To calculate the current RVW using current coding convention, one would begin with the existing work of 33881. The work of bilateral non-selective catheterization is added by multiplying the RVW for 36200 by 1.5 to account for the bilaterality and then multiply by 0.5 for the multiple procedure reduction. The radiologic supervision and interpretation for TEVAR without subclavian coverage is then added. This total would typically be 37.66. Comparing this computed existing value with our proposed value for 33881 results in a ***29.0% reduction***. The following table is a graphic explanation of this comparison.

Existing TEVAR without Subclavian Coverage	Work RVU	Adjustment	Adjusted Work RVU
33881 TEVAR without coverage of subclavian	29.58	None	29.58
36200-50 Bilateral catheter in aorta	2.77	Bilaterality & MPPR	2.08
75957 Rad S&I code for TEVAR without subclavian coverage	6.00	None	6.00
Total existing coding sequence			**37.66**
New Code			

33881 New Code	26.75	None	**26.75**
Change Existing to New			**-29.0%**

Summary

The new family of CPT codes for TEVAR represent a complex set of operations that now include pre-planning, all radiologic supervision and interpretation, all routine catheterization, and all currently placed extensions at the initial time of TEVAR. This updated code family better describes the current practice of TEVAR and conforms with current concepts in code creation and valuation. Additionally, with deletion of bypass codes at the time of TEVAR, this will help simplify coding by reducing the number of codes which describe the same work, leading to confusion and improper coding.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33881

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty Thoracic/Cardiac Surgery How often? Sometimes

Specialty Interventional Radiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,407
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current RUC database (2023 utilization)

Specialty Vascular Surgery Frequency 937 Percentage 66.03 %

Specialty Thoracic/Cardiac Surgery Frequency 298 Percentage 21.00 %

Specialty Interventional Radiology Frequency 17 Percentage 1.19 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 33881

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33882 Tracking Number O3 Original Specialty Recommended RVU: **39.00**
Presented Recommended RVU: **39.00**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **39.00**

CPT Descriptor: Endovascular repair of the thoracic aorta by deployment of a branched endograft multipiece system involving an aorto-aortic tube device with a fenestration for the left subclavian artery stent graft(s) and all aortic tube endograft extension(s) placed from the level of the left common carotid artery to the celiac artery, including preprocedure sizing and device selection, all target zone angioplasty, all nonselective catheterization(s) and left subclavian artery selective catheterization(s), and all associated radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male with hypertension, 50 pack-years smoking, and previous myocardial infarction is found to have a 7-cm diameter descending thoracic aortic aneurysm that begins at the origin of left subclavian artery. Endovascular repair of the descending thoracic aortic aneurysm with a single branch endoprosthesis to the subclavian artery is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 9% , Overnight stay-more than 24 hours 92%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Preservice endograft planning: Extensive and detailed review of the preoperative imaging studies is required to determine the exact measurements of the aneurysm and to select the precise, correct endograft. This work is unique in that it would not be performed until after the decision for surgery. However, it must be completed several days prior to surgery to ensure that all required implants are ordered and have arrived on site before surgery begins. An accurate preoperative choice of component diameters and lengths is a primary determinant of whether the endovascular procedure will be successful, so this work must be done carefully. Cross-sectional imaging from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where three-dimensional (3D) software is used, permitting iterative modeling of a virtual device within the aorta in multiplanar views and centerline of flow analysis. Inner and outer curve measurements are also required to ensure successful endograft seal. The physician manually adjusts the modeling for altered anatomy, which is tortuous or thrombus laden. Orthogonal centerline imaging is used to determine diameter measurements of the ascending aorta, aortic arch, and thoracic aorta. Additionally, centerline measurements are taken of the subclavian artery throughout its course. The distance from the origin of the subclavian to the vertebral artery is measured to ensure the endograft will not cover the vertebral artery. The iliac and femoral diameters also determine the success of the device delivery and any potential adjunctive maneuvers that may be required to facilitate delivery. Tortuosity, calcification, thrombus presence, and stenosis require consideration as they may impact device delivery. Cross section, longitudinal, outer-curve, inner-curve, and centerline of flow measurements, with manual adjustments where needed, are used to map the distances between the innominate artery, left carotid artery, left subclavian artery, and the celiac artery. A stretched/straightened view permits manual validation of the computer-generated lengths. Preservice work also includes the procedural workup. Preservice work necessarily includes review of surgical indication, physical exam findings, current medications, and all laboratory test results. Careful final review of imaging is performed. The proposed procedure is discussed with the patient and family, including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access

site(s) is marked. The endograft, catheters, and introducer sheaths are brought into the OR after verification of appropriate diameters and lengths. Assessment is made for the need for stand-by devices (eg, balloons) that might be needed emergently. The surgeon ensures availability of pharmacologic and laboratory agents such as heparin, protamine, and activated coagulation time testing. In addition, the surgeon ensures all technical personnel have been familiarized with the upcoming procedure and that they are fully familiar with all required devices. Imaging studies are uploaded on the OR computers and placed on monitors for easy viewing during the operative procedure. If deemed necessary by the surgeon, a lumbar drain is placed by an appropriate physician. The surgeon supervises appropriate patient positioning on the OR table and ensures that fluoroscopy is functional and that desired imaging angles are attainable with the available equipment. The surgeon changes into radiation protection gear, ensures that all who will be in the suite do likewise, and supervises sterile preparation of access site(s) and subsequent draping. The surgeon leads the preprocedural time-out.

Description of Intra-Service Work: Perform road-mapping arteriogram with specific attention to great vessel artery origins, celiac origin; image aortic arch in multiple projections to determine exact orthogonal coordinates to deploy prosthesis. Wait for anesthesia to insert and adjust TEE, if employed. Re-confirm availability of endovascular components for correct models, diameters, lengths, etc. Surgeon directs the patient to be anticoagulated with bolus dose heparin and directs anesthesia to maintain this effect throughout the case. Surgeon then exchanges soft j-wires for superstiff lunderquist wires. A wire is placed from left brachial access to across the left subclavian vessel into the thoracic aorta. This wire is snared from the femoral access and brought out the femoral access. The initial component is unpacked and inspected for damage. The device is then prepared for insertion. It is then loaded over the superstiff wire and with the second through (subclavian) wire and advanced to the femoral artery. The carrier tip is introduced into the arteriotomy. The proximal vascular clamp is opened and the leading edge of the graft is advanced to the artery. Rubber constrictor loops are utilized to minimize blood loss. Under careful fluoroscopic guidance the surgeon directs the thoracic component and carrier through the external iliac, common iliac, and abdominal aorta. The device is navigated into the thoracic aorta up to the arch, employing extreme care so nose-cone lies in the aortic arch with leading edge of component across left subclavian origin. The fenestration is oriented toward the left subclavian artery. Angiography is employed to confirm great vessel origins in relation to the leading edge of the device. The surgeon instructs the anesthesiologist to lower blood pressure and waits for desired effect. Deployment of the endograft is begun, making final precise adjustments to align leading edge of component in arch, across left subclavian origin. Contrast injections in multiple planes are performed to ensure final exact positioning. The carrier is advanced to recapture the nosecone. The carrier and nosecone are retracted with care not to disturb the first component. The carrier is withdrawn through the descending thoracic aorta and through iliac arteries with care not to disrupt iliacs. The first component carrier is removed through the femoral artery and the femoral artery is re-clamped. A compliant balloon is introduced under fluoro guidance, advance through iliac, abdominal aorta, thoracic aorta, to arch. Anesthesiology is notified the aortic arch is about to be occluded; reduce BP as needed. The compliant balloon is inflated under constant fluoroscopic observation to expand and seat proximal portion of the first component. The balloon is deflated and carefully retracted past the first component and out of the femoral artery. Contrast injections are performed to ensure imaging of subclavian branches, primarily the vertebral artery. A sheath is advanced from upper extremity access through the graft branch/fenestration into thoracic aorta. The subclavian endoprosthesis advanced from femoral access is mated with the upper extremity sheath. The subclavian endoprosthesis is advanced through the main aortic component and branch/fenestration into the subclavian artery. The surgeon deploys the subclavian endoprosthesis with appropriate vessel overlap, ensuring the vertebral artery is not covered. An appropriate sized balloon is introduced through the femoral access to inflate subclavian endoprosthesis in areas of overlap within main thoracic endograft and distal subclavian artery vessel for seal. A multi-sideport catheter is advanced into the aortic arch and a contrast injection is performed to image the graft and confirm accurate placement. A second component is prepared and loaded onto the superstiff wire and advanced into the thoracic aorta through the iliac vessels, abdominal aorta. Under fluoroscopic guidance the second component is invaginated into the first, precisely adjusting the overlap. A multi-sideport catheter is introduced and contrast injections are performed to ensure the distal edge has not covered the celiac. Final adjustments are made and the second component is deployed. The carrier is carefully retracted through the endograft and removed from the groin, minimizing blood loss. A multi-sideport catheter is introduced and contrast injections are performed to determine need for additional components. All above steps are repeated in sequence to determine sufficient components to complete a hemostatic distal seal above the celiac artery. A compliant balloon is introduced under fluoro guidance and used for final expansion, seating, and seal of all additional components. The balloon is withdrawn. A multi-sideport catheter is introduced into the aortic arch and a final arteriogram is performed and interpreted to determine appropriate coverage, patency of major arteries, and absence of endoleaks. Completion pressure measures are obtained. All catheters, wires, and sheaths are removed using fluoroscopic guidance.

Description of Post-Service Work: Hospital: Sterile dressings are applied. The patient is assisted with transfer from the operating table to the gurney. The patient is monitored for hemodynamic stability in transit. Assessment of adequate perfusion to and motor function of the lower extremities is ensured. Postoperative orders for medications, imaging, and

laboratories are written. The procedure and outcome are discussed with family. A brief operative note is written. Postoperative imaging is reviewed. An operative report is dictated which includes a detailed description of all radiographic images. A copy is sent to the referring physician. The surgeon typically spends 60 minutes or more providing critical care, ensuring hemodynamic and cardiovascular stability. Instructions for neurological monitoring and the management of lumbar drain care are provided to ICU staff along with a detailed postoperative examination. Ongoing neurological monitoring is performed. Cerebral spinal fluid (CSF) drainage amounts are carefully directed by the surgeon, when necessary, to provide adequate spinal perfusion pressure but not result in CSF drainage complications. To maintain an appropriate spinal perfusion pressure, vasoactive agents are titrated and directed by the surgeon in combination with other factors such as laboratory values and oxygen administration for spinal cord perfusion and protection. The surgeon must be present to ensure these orders are performed as spinal cord ischemia can result with only a short window of time for remedy. Additional post-operative care is communicated with the ICU staff. Careful monitoring for any complaints of pain or neurovascular compromise is performed at all postoperative in-hospital visits, particularly in the first 24 hours, but continues for 72 hours postoperatively and spinal cord care is directed by the surgeon. Exam requires close monitoring for neurological changes, chest or abdominal tenderness, upper extremity motor function, lower extremity motor function, and lower extremity tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Tight control of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are performed as is neurologic evaluation for any signs of spinal cord ischemia. Upper and lower extremities are assessed for emboli and adequate perfusion is ensured. Hemoglobin and coagulation laboratory results are monitored daily. The need for routine or advanced imaging is assessed daily. Postoperative CT scans are obtained, either during the inpatient stay or early in the post discharge period. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily. Discharge day management includes communicating with all support services, such as visiting nurses and referring physicians, reviewing interval chart notes, answering patient and family questions, evaluating all predischarge laboratory results, evaluating and redressing the incisions, assessing pain score, and performing medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, an interval history is solicited for ongoing or new symptoms; the chest is examined for tenderness; arterial access sites and surgical incisions are examined for inflammation, drainage, and wound infection. Upper and lower extremities are examined for adequate perfusion. Lower extremity strength is assessed. Diagnostic blood tests and/or imaging studies are ordered based on findings. Postoperative CT scans from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where three-dimensional (3D) software is used to evaluate for possible endoleaks or other endograft complications. Clinical decisions are made regarding the need for repeat surgical intervention. Wound care is provided, as needed. Staples and sutures are removed as indicated. Patient and family questions are answered. Prescriptions for medication and therapy are written, as necessary. Progress is discussed with the referring physician (verbal and written). Progress notes are dictated/typed for the medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Vigneshwar Kasirajan, MD (STS), Robert Kennedy, MD (SIR), Minhaj Khaja, MD (SIR), James Levett, MD (STS), Matthew Sideman, MD (SVS), Jonathan Thompson, MD (SVS) and Joseph Turek, MD (STS)					
Specialty Society(ies):	AATS, SIR, STS, SVS					
CPT Code:	33882					
Sample Size:	5232	**Resp N:**	59			
Description of Sample:	SIR - Random STS/AATS - US Self-designated Adult Cardiac surgeons SVS - Entire US, active MD/DO membership					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	8.00	40.00
Survey RVW:	29.60	39.00	**45.00**	49.52	90.00
Pre-Service Evaluation Time:			**120.00**		
Pre-Service Positioning Time:			**20.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	55.00	120.00	**180.00**	240.00	350.00

Immediate Post Service-Time:	**40.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**95.00**	99231x **0.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33882	**Recommended Physician Work RVU: 39.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**100.00**	**40.00**	**60.00**
Pre-Service Positioning Time:		**20.00**	**3.00**	**17.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**180.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**33.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	70.00	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	95.00	99231x **0.00** 99232x **1.00** 99233x **1.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	63.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34706	090	45.00	**RUC Time**

CPT Descriptor Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34708	090	36.50	**RUC Time**

CPT Descriptor Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33534	090	39.88	**RUC Time**	4,466

CPT Descriptor 1 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	23,542

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 30 **% of respondents:** 50.8 **%**

Number of respondents who choose 2nd Key Reference Code: 14 **% of respondents:** 23.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 33882	**Top Key Reference CPT Code:** 34706	**2nd Key Reference CPT Code:** **34708**
Median Pre-Service Time	135.00	100.00	100.00
Median Intra-Service Time	180.00	178.00	120.00
Median Immediate Post-service Time	40.00	60.00	60.00
Median Critical Care Time	70.0	70.00	70.00
Median Other Hospital Visit Time	95.0	210.00	210.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	63.0	79.00	79.00
Median Total Time	**621.00**	**735.00**	**677.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	17%	70%	13%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	13%	73%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	40%	47%
Physical effort required	3%	17%	80%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	13%	83%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	29%	50%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	79%	21%
Physical effort required	0%	14%	86%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	43%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Endovascular repair of thoracic aortic aneurysms (TEVAR) received FDA approval in March 2005 following the pivotal trial utilizing the Gore TAG device. This was approximately 5 years after FDA approval of endovascular devices for abdominal aneurysm repair (EVAR). A family of TEVAR codes was presented to the RUC in April 2005. At that time, TEVAR was typically performed by a team of physicians including vascular surgeons, cardiothoracic surgeons, and interventional radiologists. These codes utilized component coding to account for the various providers and portions of the procedure performed. The TEVAR family of codes appeared in the 2006 Medicare Physician Fee Schedule and the values have not been reviewed since that time. In May 2022 the FDA approved the use of a thoracic branch endoprothesis (TBE) during TEVAR procedures. This was the first new type of device to gain FDA approval within the TEVAR family.

The CPT panel approved TEVAR coding changes at the September 2024 CPT meeting. This recommendation includes 2 new codes, 4 revised codes, and 3 code deletions. The new family of codes updates the TEVAR family to current coding standards as outlined below:

1. Catheter placement is now bundled into the main procedure.
2. Radiologic supervision & interpretation is now bundled into the main procedure.
3. All proximal extensions performed at the time of TEVAR are now bundled into the main procedure.
4. A new code has been created for the distinct work required for a TBE, which includes all the work of a TEVAR
5. There will no longer be separate codes for extra-anatomic bypass surgery performed in conjunction with TEVAR

Survey Methodology

A multi-disciplinary workgroup including SVS, SIR, and STS was convened. Approval to modify the survey instrument by adding a question regarding pre-planning time was obtained from the Research Subcommittee.

Pre-Service Time

Evaluation – package has 40 minutes. Survey median was 120. The specialties are recommending 100 minutes (40+60).

Pre Planning Time
CMS requested pre planning work be bundled in the main procedure and not report separately. *FedReg, Vol.79, No.219, p67664.*

For codes 33880 and 33882, survey respondents reported a median pre planning time of 60 minutes.

The pre planning time review includes confirming the suitability of the anatomy for TEVAR. To do this, a large number of measurements are required including: aortic diameters throughout the aorta, outer and inner curve lengths, center-line lengths from arch vessels to the celiac, subclavian diameters, distance from the left subclavian to the vertebral artery, and diameters of the access vessels (common femoral, external iliac, and common iliac arteries). Additionally the surgeon assesses perceived quality of the aorta, particularly in the seal zones, and tortuosity of the aorta. During this planning the surgeon reviews all available endograft sizes, from several vendors, and develop a specific operative plan and device selection that will successfully treat the pathology at hand. This may require ordering in specific devices and components which are not readily available at the surgeon's institution. This service is provided after evaluation in the office, but more than 24 hours prior to the procedure.

33880 and 33882 involve coverage of and stent grafting into the subclavian artery, respectively. The extra 15 minutes of pre-planning time, in comparison to codes 33881, 33883, and 33886 is necessary for several reasons. For the 33882, additional measurements are required. These include aortic arch inner curve lengths, aortic arch outer curve lengths, diameters at the left carotid and subclavian, diameter of the subclavian origin, and distance to the vertebral artery. These measurements are necessary to ensure the correct device and to ensure a branched device is possible. Not all anatomy is suitable for a branched device. Additionally, since a branch is placed into the subclavian, one must ensure this does not cover the vertebral artery or LIMA in the setting of prior CABG. Both of these scenarios could be devastating. There is no room for manipulation in the OR. These pre-planning times align with our survey and with the clinical demands for these particular codes.

The specialties are recommending a total of 100 minutes for pre evaluation time - 40 for pre service evaluation and 60 for pre planning.

Positioning - package time is 3 minutes. Survey median is 20 minutes. The specialties are requesting an additional 17 minutes of positioning time to account for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patient during surgery, appropriately positioning the patient with one arm extended and another tucked or positioned over the head, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure. This extra time is identical to the positioning time included with abdominal aortic aneurysm endovascular repair codes (34701-34708)

33882 has 20 minutes of pre-positioning time. This is 5 minutes more than the other 33880, 33881, 33883, and 33886. Since upper-extremity access is required, either with percutaneous or open approaches, the arm needs to be positioned in such a way that it does not interfere with the fluoroscopy equipment and that the image intensifier can move freely with the arm positioned out. Additionally, extra care is required to ensure specific visualization of the vertebral and carotid arteries. Anesthesia lines and monitoring equipment often needs to be adjusted further beyond the other codes. This time aligns with our survey and is clinically appropriate.

SDW – package is 20 minutes. Survey median time is 15 min. The specialties are recommending deleting 5 min from the survey time to achieve the 15 minutes of SDW package time.

Post-Service Time

For CPT Codes 33882 - package time is 33 minutes. Survey median time is 40 minutes. The specialties are recommending an additional 7 minutes to complete the operative note, which includes review of all images and cines in relation to the aortic arch vessels, subclavian, and vertebral arteries, annotate appropriate images, dictate radiologic findings, and document radiation exposure and contrast volumes.

Post Operative Hospital Care

While our survey respondents confirmed the number of hospital visits has stayed the same for TEVAR codes, there was uniform consensus among the respondents that ICU level care is provided by the surgeon in the post-operative period. Thoracic endografting has significantly changed since the initial codes were valued in 2005. When thoracic endografts were in their infancy, typically short endografts were placed with specific aneurysmal anatomy. Patients with unfavorable endovascular anatomy were treated open or not treated at all. These patients have always been transferred to the ICU immediately post-operatively, but any critical care work was generally done by dedicated critical care personnel. Spinal cord ischemia is a devastating complication for any thoracic aortic work. Protection for open thoracic and thoraco-abdominal aneurysm repairs was commonplace with lumbar drains and other adjuncts. At this same time, given short endograft coverage, spinal cord ischemia was uncommon and prophylactic lumbar drains were unusual.

Hospital care has since changed for these patients. Endovascular repair for thoracic pathology is now the default treatment paradigm for pathology distal to the left carotid artery. The range of pathologies has increased from simple aneurysms to now include not only aneurysms, but dissections, penetrating aortic ulcers, and even traumatic ruptures. A wider age range of patients with a wider complexity of overall health are being treated with these minimally invasive approaches. Longer segments of aorta are now routinely covered, increasing the risk of spinal cord ischemia. Lumbar drains are now typically used for elective TEVAR cases. These drains were *required* in the primary trial for the TBE device. Spinal cord ischemia is a devastating complication which is best understood and managed by the operating surgeon. Lumbar drains are typically placed by neurosurgery or anesthesiology prior to surgery in the operating room. During the case, lumbar drain management (amount to drain) and blood pressure goals are driven by the operating surgeon. This continues when the patient leaves the OR and is transferred to the ICU. The first 24-48 hours are the critical window where the spinal cord is at greatest risk for malperfusion and subsequent ischemia/paralysis. The surgeon guides and personally performs regular neurologic assessments to ensure adequate neurologic function. Perfusion to the spinal cord is measured as spinal cord perfusion pressure (SCPP). This is mean arterial pressure (MAP) minus intra-spinal pressure (ISP). The two components of this, MAP and ISP, are both managed by the operating surgeon. Specific goal directed blood pressure management with pressors and ionotropes are directed by the surgeon. Fluid resuscitation and how much is directed by the surgeon. Over-reaching with MAP goals can compromise the repair and access sites, so tight MAP goals are paramount. Drain management is also typically the responsibility of the surgeon. To ensure low ISP, Cerebral Spinal Fluid (CSF) is drained at regular intervals and varying amounts to ensure low ISP and thus, high SCPP. The amount to drain is based upon ISP and determined at least hourly. Too much drainage can result in headaches, intraspinal hematomas, and even herniation if not managed correctly. BP and ISP

management, in conjunction with regular neurologic assessments, is critical to ensure spinal perfusion and minimize risk of paralysis. Given the tenuous nature of these patients, this care is reserved for the operating surgeon.

Our survey respondents felt 3 inpatient visits were typical, plus a discharge day for all codes. 33880, 33881, 33882, 33883, and 33886 all have 1 ICU visit. The additional complexity for 33880 and 33882 for 1 99233 and 1 99232 visit involve the continued complexity on the second day for monitoring for left upper extremity perfusion and for additional neurological exams necessary to ensure no cerebral infarcts or strokes. The 33881, 33883, and 33886 do not require this additional evaluation and thus require two 99232 visits. All inpatient visits align with our survey and correlate clinically.

Post Operative Office Visits

While the number of TEVAR post-operative visits has not changed, our survey respondents did indicate these are more complex visits. It is the consensus of the expert panel these visits are generally performed 1-2 weeks following hospital discharge and 4-6 weeks following discharge. The first visit is generally a low complexity visit of at least 20 minutes (99213). Incisions are checked and wound care is provided. A neurovascular assessment is performed. On the second visit, this is of moderate complexity and typically lasts 30 minutes or more. Much of this time is spent by the operating surgeon reviewing the postoperative CT scan. This is from the aortic arch to femoral vessels with fine cuts. The CT is uploaded to a workstation, where three-dimensional (3D) software is used to evaluate for possible endoleaks or other endograft complications. Clinical decisions are made regarding the need for repeat surgical intervention. This is done separately from any radiologist interpretation. Given the increased complexity and treatment length of these, more work is required to review these images and discuss them with the patient compared to 20 years ago when the codes were first valued.

Comparison with Key Reference Services

There were 5 codes that were chosen most often as key reference services for 33880-33882

- 34701, *Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for **other than rupture** (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)*
- 34705*, Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; **for other than rupture** (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)*
- 34706*, Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; **for rupture** including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)*
- 34708*, Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; **for rupture** including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)*
- 34718*, Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, **for other than rupture** (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral*

The following table incorporates our recommended RVW for 33880-33882 and 35602 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33886	**23.50**	**0.105**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
34701 KRS	23.71	0.124	447	110	20	20	120	40	32, 31, 38	13, 12
34718 KRS	24.00	0.117	477	110	20	20	120	35	33, 32, 38	13, 12
33883	**24.25**	**0.113**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33881	**26.75**	**0.115**	**506**	**85**	**15**	**15**	**110**	**30**	**91, 32x2, 38**	**14, 13**
35601 KRS	27.09	0.098	484	40	15	20	180	30	33, 32, 31, 38	13x2
35602	**27.40**	**0.112**	**486**	**40**	**15**	**15**	**150**	**30**	**33, 32x2, 38**	**14, 13**
34705 KRS	29.58	0.130	512	110	20	20	150	40	33, 32	13, 12
33880	**30.00**	**0.125**	**546**	**100**	**15**	**15**	**120**	**30**	**91, 33, 32x2, 38**	**14, 13**
33390 KRS	35.00	0.108	622	60	15	20	180	45	91, 33, 32x2, 31, 38	13, 12
34708 KRS	36.50	0.141	677	60	20	20	120	60	91, 33x2, 32x2, 31, 38	14, 13, 12
33882	**39.00**	**0.131**	**621**	**100**	**20**	**15**	**180**	**40**	**91, 33, 32x2, 38**	**14, 13**
34706 KRS	45.00	0.143	735	60	20	20	178	60	91, 33x2, 32x2, 31, 38	14, 13, 12

Comparison to MPC codes

There are limited MPC codes in the RVW range of these complex procedures. The specialty societies offer the following codes as brackets for the TEVAR recommendations:

- MPC 35301, *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision*
- MPC 33534, *Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
35301 MPC	21.16	0.104	404	40	15	20	120	30	33, 32, 38	13x2
33886	**23.50**	**0.105**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33883	**24.25**	**0.113**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33881	**26.75**	**0.115**	**506**	**85**	**15**	**15**	**110**	**30**	**91, 32x2, 38**	**14, 13**
35602	**27.40**	**0.112**	**486**	**40**	**15**	**15**	**150**	**30**	**33, 32x2, 38**	**14, 13**
33880	**30.00**	**0.125**	**546**	**100**	**15**	**15**	**120**	**30**	**91, 33, 32x2, 38**	**14, 13**
33882	**39.00**	**0.131**	**621**	**100**	**20**	**15**	**180**	**40**	**91, 33, 32x2, 38**	**14, 13**
33534 MPC	39.88	0.110	717	60	15	20	193	40	91, 33x3, 32, 31, 38	14, 12

Recommendation

33882 (TBE) is the only code in this family that represents true new technology. Survey respondents were clear this was the procedure in this set with the most complexity and longest time. This procedure is several procedures in one. Like the other codes in this set, this includes all pre-service planning, catheter placement and radiographic S&I. The extra

time and intensity, compared to the other TEVAR codes, is justified clinically. An additional left upper extremity access site is required with TBE. A wire and catheter are placed past the vertebral, LIMA, and subclavian arteries into the descending aorta. This wire is then snared/captured from the bottom and pulled through the femoral access. This typically takes 5-10 minutes. The TBE graft is advanced over 2 wires, with care to ensure the wires are not twisted or wrapped. Doing so could result in significant difficulties and complication during deployment. The graft is advanced to the origin of the left common carotid artery. Multiple fluoroscopic and digital subtraction angiograms are performed to confirm the origin of the left carotid as coverage could result in profound cerebral ischemia and stroke. The graft is positioned confirming the portal of the graft is properly oriented in relation to the left subclavian artery. Misalignment would render the graft un-usable.

Finally, the subclavian graft is advanced through the portal into the left subclavian artery, ensuring the vertebral and LIMA (if applicable) are not covered. Additional angiography confirms this. The two components are ballooned and the remaining TEVAR portion of the case commences. This extra time is intense and takes at least 60 additional minutes above a standard TEVAR.

We recommend the 25th percentile survey value of 39.00 RVW. This procedure is currently reported with the unlisted vascular code 37799 making comparison impossible.

Summary

The new family of CPT codes for TEVAR represent a complex set of operations that now include pre-planning, all radiologic supervision and interpretation, all routine catheterization, and all currently placed extensions at the initial time of TEVAR. This updated code family better describes the current practice of TEVAR and conforms with current concepts in code creation and valuation. Additionally, with deletion of bypass codes at the time of TEVAR, this will help simplify coding by reducing the number of codes which describe the same work, leading to confusion and improper coding.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty Thoracic/Cardiac Surgery How often? Sometimes

Specialty Interventional Radiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 33881

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33883 Tracking Number O4 Original Specialty Recommended RVU: **24.25**
Presented Recommended RVU: **24.25**
Global Period: 090 Current Work RVU: **21.09** RUC Recommended RVU: **24.25**

CPT Descriptor: Delayed placement of proximal extension prosthesis(es) not involving coverage of the left subclavian artery origin, after endovascular repair of the thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male with hypertension, 50 pack-years smoking, and previous myocardial infarction underwent endovascular repair of descending thoracic aortic aneurysm one year ago. On follow-up CT scan he is found to have a proximal endoleak. Endovascular repair with a proximal extension prosthesis is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 5% , Overnight stay-less than 24 hours 18% , Overnight stay-more than 24 hours 77%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Preservice endograft planning: Extensive and detailed review of the preoperative imaging studies is required to determine the exact measurements of the aneurysm and to select the precise, correct endograft. This work is unique in that it would not be performed until after the decision for surgery. However, it must be completed several days prior to surgery to ensure that all required implants are ordered and have arrived on site before surgery begins. An accurate preoperative choice of component diameters and lengths is a primary determinant of whether the endovascular procedure will be successful, so this work must be done carefully. Cross-sectional imaging from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where three-dimensional (3D) software is used, permitting iterative modeling of a virtual device within the aorta in multiplanar views and centerline of flow analysis. The physician manually adjusts the modeling for altered anatomy, which is tortuous or thrombus laden. Orthogonal centerline imaging is used to determine diameter measurements of the ascending aorta, aortic arch, thoracic aorta, and previously placed endograft. The iliac and femoral diameters also determine the success of the device delivery and any potential adjunctive maneuvers that may be required to facilitate delivery. Tortuosity, calcification, thrombus presence, and stenosis require consideration as they may impact device delivery. Cross section, longitudinal, and centerline of flow measurements, with manual adjustments where needed, are used to map the distances between the subclavian artery and the prior graft. A stretched/straightened view permits manual validation of the computer-generated lengths. Review of operative records ensures correct diameter of the prior endograft. Preservice work also includes the procedural workup. Preservice work necessarily includes review of surgical indication, physical exam findings, current medications, and all laboratory test results. Careful final review of imaging is performed. The proposed procedure is discussed with the patient and family, including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The endograft, catheters, and introducer sheaths are brought into the OR after verification of appropriate diameters and lengths. Assessment is made for the need for stand-by devices (eg, balloons) that might be needed emergently. The surgeon ensures availability of pharmacologic and laboratory agents such as heparin, protamine, and activated coagulation time testing. In addition, the surgeon ensures all technical personnel have been familiarized with the upcoming procedure and that they are fully familiar with all required

devices. Imaging studies are uploaded on the OR computers and placed on monitors for easy viewing during the operative procedure. If deemed necessary by the surgeon, a lumbar drain is placed by an appropriate physician. The surgeon supervises appropriate patient positioning on the OR table and ensures that fluoroscopy is functional and that desired imaging angles are attainable with the available equipment. The surgeon changes into radiation protection gear, ensures that all who will be in the suite do likewise, and supervises sterile preparation of access site(s) and subsequent draping. The surgeon leads the preprocedural time-out.

Description of Intra-Service Work: Perform road-mapping arteriogram with specific attention to great vessel artery origins, celiac origin; image aortic arch in multiple projections to determine exact orthogonal coordinates to deploy prosthesis. Wait for anesthesia to insert and adjust TEE, if employed. Re-confirm availability of endovascular components for correct models, diameters, lengths, etc. Surgeon directs the patient to be anticoagulated with bolus dose heparin and directs anesthesia to maintain this effect throughout the case. Surgeon then exchanges soft j-wires for superstiff lunderquist wires. The component is unpacked and inspected for damage. The device is then prepared for insertion. It is then loaded over the superstiff wire and advanced to the femoral artery. The carrier tip is introduced into the arteriotomy. The proximal vascular clamp is opened and the leading edge of the graft is advanced to the artery. Rubber constrictor loops are utilized to minimize blood loss. Under careful fluoroscopic guidance the surgeon directs the first component and carrier through the external iliac, common iliac, and abdominal aorta. The device is navigated into the thoracic aorta through the previously placed components up to the arch, employing extreme care so nose-cone lies in the aortic arch with leading edge of component just to the left subclavian origin. Fluoroscopy is used in multiple projections to assure the trailing edge of the endograft overlaps the previous component adequately. Angiography is employed to confirm great vessel origins in relation to the leading edge of the device. The surgeon asks anesthesiology to check position with TEE (if used). The surgeon instructs the anesthesiologist to lower blood pressure and waits for desired effect. Deployment of the endograft is begun, making final precise adjustments to align leading edge of component in arch, just beyond the left subclavian origin. Contrast injections in multiple planes are performed to ensure final exact positioning prior to complete deployment. Endograft deployment is completed. The carrier is advanced to recapture the nosecone. The carrier and nosecone are retracted with care not to disturb the component or prior components. The carrier is withdrawn through the descending thoracic aorta and through iliac arteries with care not to disrupt iliacs. The component carrier is removed through the femoral artery and the femoral artery is re-clamped. A compliant balloon is introduced under fluoro guidance, advance through iliac, abdominal aorta, thoracic aorta, to arch. Anesthesiology is notified the aortic arch is about to be occluded; reduce BP as needed. The compliant balloon is inflated under constant fluoroscopic observation to expand and seat the component with prior components and to the aortic wall. The balloon is deflated and carefully retracted past the first component and out of the femoral artery. A multi-sideport catheter is advanced into the aortic arch and a contrast injection is performed to image the graft and confirm accurate placement. Additional ballooning or other maneuvers are performed, as required, to treat leaks. A multi-sideport catheter is introduced into the aortic arch and a final arteriogram is performed and interpreted to determine appropriate coverage, patency of major arteries, and absence of endoleaks. Completion pressure measures are obtained. All catheters, wires, and sheaths are removed using fluoroscopic guidance.

Description of Post-Service Work: Hospital: Sterile dressings are applied. The patient is assisted with transfer from the operating table to the gurney. The patient is monitored for hemodynamic stability in transit. Assessment of adequate perfusion to and motor function of the lower extremities is ensured. Postoperative orders for medications, imaging, and laboratories are written. The procedure and outcome are discussed with family. A brief operative note is written. Postoperative imaging is reviewed. An operative report is dictated which includes a detailed description of all radiographic images. A copy is sent to the referring physician. The surgeon typically spends 60 minutes or more providing critical care, ensuring hemodynamic and cardiovascular stability. Instructions for neurological monitoring and the management of lumbar drain care are provided to ICU staff along with a detailed postoperative examination. Ongoing neurological monitoring is performed. Cerebral spinal fluid (CSF) drainage amounts are carefully directed by the surgeon, when necessary, to provide adequate spinal perfusion pressure but not result in CSF drainage complications. To maintain an appropriate spinal perfusion pressure, vasoactive agents are titrated and directed by the surgeon in combination with other factors such as laboratory values and oxygen administration for spinal cord perfusion and protection. The surgeon must be present to ensure these orders are performed as spinal cord ischemia can result with only a short window of time for remedy. Additional post-operative care is communicated with the ICU staff. Careful monitoring for any complaints of pain or neurovascular compromise is performed at all postoperative in-hospital visits, particularly in the first 24 hours, but continues for 72 hours postoperatively and spinal cord care is directed by the surgeon. Exam requires close monitoring for neurological changes, chest or abdominal tenderness, upper extremity motor function, lower extremity motor function, and lower extremity tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Tight control of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are performed as is neurologic evaluation for any signs of spinal cord ischemia. Upper and lower extremities are assessed for emboli and adequate perfusion is ensured. Hemoglobin and coagulation laboratory results are monitored daily. The

need for routine or advanced imaging is assessed daily. Postoperative CT scans are obtained, either during the inpatient stay or early in the post discharge period. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily. Discharge day management includes communicating with all support services, such as visiting nurses and referring physicians, reviewing interval chart notes, answering patient and family questions, evaluating all predischarge laboratory results, evaluating and redressing the incisions, assessing pain score, and performing medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, an interval history is solicited for ongoing or new symptoms; the chest is examined for tenderness; arterial access sites and surgical incisions are examined for inflammation, drainage, and wound infection. Upper and lower extremities are examined for adequate perfusion. Lower extremity strength is assessed. Diagnostic blood tests and/or imaging studies are ordered based on findings. Postoperative CT scans from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where three-dimensional (3D) software is used to evaluate for possible endoleaks or other endograft complications. Clinical decisions are made regarding the need for repeat surgical intervention. Wound care is provided, as needed. Staples and sutures are removed as indicated. Patient and family questions are answered. Prescriptions for medication and therapy are written, as necessary. Progress is discussed with the referring physician (verbal and written). Progress notes are dictated/typed for the medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Vigneshwar Kasirajan, MD (STS), Robert Kennedy, MD (SIR), Minhaj Khaja, MD (SIR), James Levett, MD (STS), Matthew Sideman, MD (SVS), Jonathan Thompson, MD (SVS) and Joseph Turek, MD (STS)					
Specialty Society(ies):	AATS, SIR, STS, SVS					
CPT Code:	33883					
Sample Size:	5232	**Resp N:**	61			
Description of Sample:	SIR - Random STS/AATS - US Self-designated Adult Cardiac surgeons SVS - Entire US, active MD/DO membership					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	5.00	25.00
Survey RVW:	10.00	24.25	**27.00**	35.00	55.00
Pre-Service Evaluation Time:			**90.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	60.00	**90.00**	120.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**80.00**	99231x **0.00** 99232x **2.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33883	**Recommended Physician Work RVU: 24.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**85.00**	**40.00**	**45.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	70.00	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	80.00	99231x **0.00** 99232x **2.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	63.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34701	090	23.71	**RUC Time**

CPT Descriptor Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34708	090	36.50	**RUC Time**

CPT Descriptor Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for rupture including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33534	090	39.98	**RUC Time**	4,466

CPT Descriptor 1 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	23,542

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 26 **% of respondents:** 42.6 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 16.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 33883	Top Key Reference CPT Code: 34701	2nd Key Reference CPT Code: **34708**
Median Pre-Service Time	115.00	150.00	100.00
Median Intra-Service Time	90.00	120.00	120.00
Median Immediate Post-service Time	30.00	40.00	60.00
Median Critical Care Time	70.0	0.00	70.00
Median Other Hospital Visit Time	80.0	95.00	210.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	63.0	39.00	79.00
Median Total Time	**486.00**	**482.00**	**677.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	19%	65%	15%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	15%	73%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	12%	19%	69%

Physical effort required	0%	54%	46%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	15%	85%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	50%	40%	10%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	60%	40%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	10%	60%	30%
Physical effort required	0%	80%	20%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	30%	70%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Endovascular repair of thoracic aortic aneurysms (TEVAR) received FDA approval in March 2005 following the pivotal trial utilizing the Gore TAG device. This was approximately 5 years after FDA approval of endovascular devices for

abdominal aneurysm repair (EVAR). A family of TEVAR codes was presented to the RUC in April 2005. At that time, TEVAR was typically performed by a team of physicians including vascular surgeons, cardiothoracic surgeons, and interventional radiologists. These codes utilized component coding to account for the various providers and portions of the procedure performed. The TEVAR family of codes appeared in the 2006 Medicare Physician Fee Schedule and the values have not been reviewed since that time. In May 2022 the FDA approved the use of a thoracic branch endoprothesis (TBE) during TEVAR procedures. This was the first new type of device to gain FDA approval within the TEVAR family.

The CPT panel approved TEVAR coding changes at the September 2024 CPT meeting. This recommendation includes 2 new codes, 4 revised codes, and 3 code deletions. The new family of codes updates the TEVAR family to current coding standards as outlined below:

1. Catheter placement is now bundled into the main procedure.
2. Radiologic supervision & interpretation is now bundled into the main procedure.
3. All proximal extensions performed at the time of TEVAR are now bundled into the main procedure.
4. A new code has been created for the distinct work required for a TBE, which includes all the work of a TEVAR
5. There will no longer be separate codes for extra-anatomic bypass surgery performed in conjunction with TEVAR

Survey Methodology

A multi-disciplinary workgroup including SVS, SIR, and STS was convened. Approval to modify the survey instrument by adding a question regarding pre-planning time was obtained from the Research Subcommittee.

Pre-Service Time

Evaluation – package has 40 minutes. Survey median was 90. The specialties are recommending 85 minutes (40+45).

Pre Planning Time
CMS requested pre planning work be bundled in the main procedure and not report separately. *FedReg, Vol.79, No.219, p67664.*

For codes 33881, 33883, and 33886, survey respondents reported a median pre planning time of 45 minutes.

The pre planning time review includes confirming the suitability of the anatomy for TEVAR. To do this, a large number of measurements are required including: aortic diameters throughout the aorta, outer and inner curve lengths, center-line lengths from arch vessels to the celiac, subclavian diameters, distance from the left subclavian to the vertebral artery, and diameters of the access vessels (common femoral, external iliac, and common iliac arteries). Additionally the surgeon assesses perceived quality of the aorta, particularly in the seal zones, and tortuosity of the aorta. During this planning the surgeon reviews all available endograft sizes, from several vendors, and develop a specific operative plan and device selection that will successfully treat the pathology at hand. This may require ordering in specific devices and components which are not readily available at the surgeon's institution. This service is provided after evaluation in the office, but more than 24 hours prior to the procedure.

The specialties are recommending a total of 85 minutes for pre evaluation time - 40 for pre service evaluation and 45 for pre planning.

Positioning - package time is 3 minutes. Survey median is 15 minutes. The specialties are requesting an additional 12 minutes of positioning time to account for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patient during surgery, appropriately positioning the patient with arms tucked as indicated, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure. This extra time is 5 min less than the positioning time included with abdominal aortic aneurysm endovascular repair codes (34701-34708)

SDW – package is 20 minutes. Survey median time is 15 min. The specialties are recommending deleting 5 min from the survey time to achieve the 15 minutes of SDW package time.

Post-Service Time

Post-service package 9B would apply for these complex procedures.

For CPT Codes 33880, 33881, 33883, 33886 - package time is 33 minutes. Survey median time is 30 minutes. The specialties reduced the recommended time to 30 minutes, the survey median.

Post Operative Hospital Care

While our survey respondents confirmed the number of hospital visits has stayed the same for TEVAR codes, there was uniform consensus among the respondents that ICU level care is provided by the surgeon in the post-operative period. Thoracic endografting has significantly changed since the initial codes were valued in 2005. When thoracic endografts were in their infancy, typically short endografts were placed with specific aneurysmal anatomy. Patients with unfavorable endovascular anatomy were treated open or not treated at all. These patients have always been transferred to the ICU immediately post-operatively, but any critical care work was generally done by dedicated critical care personnel. Spinal cord ischemia is a devastating complication for any thoracic aortic work. Protection for open thoracic and thoraco-abdominal aneurysm repairs was commonplace with lumbar drains and other adjuncts. At this same time, given short endograft coverage, spinal cord ischemia was uncommon and prophylactic lumbar drains were unusual.

Hospital care has since changed for these patients. Endovascular repair for thoracic pathology is now the default treatment paradigm for pathology distal to the left carotid artery. The range of pathologies has increased from simple aneurysms to now include not only aneurysms, but dissections, penetrating aortic ulcers, and even traumatic ruptures. A wider age range of patients with a wider complexity of overall health are being treated with these minimally invasive approaches. Longer segments of aorta are now routinely covered, increasing the risk of spinal cord ischemia. Lumbar drains are now typically used for elective TEVAR cases. These drains were *required* in the primary trial for the TBE device. Spinal cord ischemia is a devastating complication which is best understood and managed by the operating surgeon. Lumbar drains are typically placed by neurosurgery or anesthesiology prior to surgery in the operating room. During the case, lumbar drain management (amount to drain) and blood pressure goals are driven by the operating surgeon. This continues when the patient leaves the OR and is transferred to the ICU. The first 24-48 hours are the critical window where the spinal cord is at greatest risk for malperfusion and subsequent ischemia/paralysis. The surgeon guides and personally performs regular neurologic assessments to ensure adequate neurologic function. Perfusion to the spinal cord is measured as spinal cord perfusion pressure (SCPP). This is mean arterial pressure (MAP) minus intra-spinal pressure (ISP). The two components of this, MAP and ISP, are both managed by the operating surgeon. Specific goal directed blood pressure management with pressors and ionotropes are directed by the surgeon. Fluid resuscitation and how much is directed by the surgeon. Over-reaching with MAP goals can compromise the repair and access sites, so tight MAP goals are paramount. Drain management is also typically the responsibility of the surgeon. To ensure low ISP, Cerebral Spinal Fluid (CSF) is drained at regular intervals and varying amounts to ensure low ISP and thus, high SCPP. The amount to drain is based upon ISP and determined at least hourly. Too much drainage can result in headaches, intraspinal hematomas, and even herniation if not managed correctly. BP and ISP management, in conjunction with regular neurologic assessments, is critical to ensure spinal perfusion and minimize risk of paralysis. Given the tenuous nature of these patients, this care is reserved for the operating surgeon.

Post Operative Office Visits

While the number of TEVAR post-operative visits has not changed, our survey respondents did indicate these are more complex visits. It is the consensus of the expert panel these visits are generally performed 1-2 weeks following hospital discharge and 4-6 weeks following discharge. The first visit is generally a low complexity visit of at least 20 minutes (99213). Incisions are checked and wound care is provided. A neurovascular assessment is performed. On the second visit, this is of moderate complexity and typically lasts 30 minutes or more. Much of this time is spent by the operating surgeon reviewing the postoperative CT scan. This is from the aortic arch to femoral vessels with fine cuts. The CT is uploaded to a workstation, where three-dimensional (3D) software is used to evaluate for possible endoleaks or other endograft complications. Clinical decisions are made regarding the need for repeat surgical intervention. This is done separately from any radiologist interpretation. Given the increased complexity and treatment length of these, more work is required to review these images and discuss them with the patient compared to 20 years ago when the codes were first valued.

Comparison with Key Reference Services

There were 5 codes that were chosen most often as key reference services for 33880-33882

- 34701, *Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for **other than rupture** (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)*
- 34705*, Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; **for other than rupture** (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)*
- 34706*, Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; **for rupture** including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)*
- 34708*, Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; **for rupture** including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)*
- 34718*, Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, **for other than rupture** (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral*

The following table incorporates our recommended RVW for 33880-33882 and 35602 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33886	**23.50**	**0.105**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
34701 KRS	23.71	0.124	447	110	20	20	120	40	32, 31, 38	13, 12
34718 KRS	24.00	0.117	477	110	20	20	120	35	33, 32, 38	13, 12
33883	**24.25**	**0.113**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33881	**26.75**	**0.115**	**506**	**85**	**15**	**15**	**110**	**30**	**91, 32x2, 38**	**14, 13**
35601 KRS	27.09	0.098	484	40	15	20	180	30	33, 32, 31, 38	13x2
35602	**27.40**	**0.112**	**486**	**40**	**15**	**15**	**150**	**30**	**33, 32x2, 38**	**14, 13**
34705 KRS	29.58	0.130	512	110	20	20	150	40	33, 32	13, 12
33880	**30.00**	**0.125**	**546**	**100**	**15**	**15**	**120**	**30**	**91, 33, 32x2, 38**	**14, 13**
33390 KRS	35.00	0.108	622	60	15	20	180	45	91, 33, 32x2, 31, 38	13, 12
34708 KRS	36.50	0.141	677	60	20	20	120	60	91, 33x2, 32x2, 31, 38	14, 13, 12
33882	**39.00**	**0.131**	**621**	**100**	**20**	**15**	**180**	**40**	**91, 33, 32x2, 38**	**14, 13**

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
34706 KRS	45.00	0.143	735	60	20	20	178	60	91, 33x2, 32x2, 31, 38	14, 13, 12

Comparison to MPC codes

There are limited MPC codes in the RVW range of these complex procedures. The specialty societies offer the following codes as brackets for the TEVAR recommendations:

- MPC 35301, *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision*
- MPC 33534, *Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
35301 MPC	21.16	0.104	404	40	15	20	120	30	33, 32, 38	13x2
33886	**23.50**	**0.105**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33883	**24.25**	**0.113**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33881	**26.75**	**0.115**	**506**	**85**	**15**	**15**	**110**	**30**	**91, 32x2, 38**	**14, 13**
35602	**27.40**	**0.112**	**486**	**40**	**15**	**15**	**150**	**30**	**33, 32x2, 38**	**14, 13**
33880	**30.00**	**0.125**	**546**	**100**	**15**	**15**	**120**	**30**	**91, 33, 32x2, 38**	**14, 13**
33882	**39.00**	**0.131**	**621**	**100**	**20**	**15**	**180**	**40**	**91, 33, 32x2, 38**	**14, 13**
33534 MPC	39.88	0.110	717	60	15	20	193	40	91, 33x3, 32, 31, 38	14, 12

Recommendation

For CPT Code 33883, the specialty societies recommend the 25th percentile survey value of 24.25 RVW. This represents a ***decrease of 10.7%*** from current value of 27.17 RVWs by current coding convention.

Comparison to existing codes is a difficult process due to bundling of the new codes to include pre-service planning, all radiologic S&I, catheter selection, and all extensions when compared to the existing codes. To calculate the current RVW using current coding convention, one would begin with the existing work of 33883. The work of bilateral non-selective catheterization is added by multiplying the RVW for 36200 by 1.5 to account for the bilaterality and then multiply by 0.5 for the multiple procedure reduction. The radiologic supervision and interpretation for TEVAR extension without subclavian coverage is then added. This total would typically be 27.17. Comparing this computed existing value with our proposed value for 33883 results in a ***10.7% reduction***. The following table is a graphic explanation of this comparison.

Existing Delayed TEVAR Proximal Extension without Subclavian Coverage	Work RVU	Adjustment	Adjusted Work RVU
33883 Delayed TEVAR proximal extension without coverage of subclavian	21.09	None	21.09
36200-50 Bilateral catheter in aorta	2.77	Bilaterality & MPPR	2.08
75958 Rad S&I code for delayed TEVAR extension without subclavian coverage	4.00	None	4.00
Total existing coding sequence			**27.17**
New Code			

33883 New Code	24.25	None	**24.25**
Change Existing to New			**-10.7%**

Summary

The new family of CPT codes for TEVAR represent a complex set of operations that now include pre-planning, all radiologic supervision and interpretation, all routine catheterization, and all currently placed extensions at the initial time of TEVAR. This updated code family better describes the current practice of TEVAR and conforms with current concepts in code creation and valuation. Additionally, with deletion of bypass codes at the time of TEVAR, this will help simplify coding by reducing the number of codes which describe the same work, leading to confusion and improper coding.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33883

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty Thoracic/Cardiac Surgery How often? Sometimes

Specialty Interventional Radiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period?

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 286
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current RUC database (2023 utilization)

Specialty Vascular Surgery Frequency 169 Percentage 71.30 %

Specialty Thoracic/Cardiac Surgery Frequency 38 Percentage 16.03 %

Specialty Interventional Radiology Frequency 6 Percentage 2.53 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 33883

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:33886 Tracking Number O5 Original Specialty Recommended RVU: **23.50**
Presented Recommended RVU: **23.50**
Global Period: 090 Current Work RVU: **18.09** RUC Recommended RVU: **23.50**

CPT Descriptor: Delayed placement of distal extension prosthesis(es) from the level of the left subclavian artery to the celiac artery, after endovascular repair of descending thoracic aorta, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male with hypertension, 50 pack-years smoking, and previous myocardial infarction underwent endovascular repair of descending thoracic aortic aneurysm one year ago. On follow-up CT scan he is found to have a distal endoleak. Endovascular repair with a distal extension prosthesis is performed.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 5% , Overnight stay-less than 24 hours 20% , Overnight stay-more than 24 hours 75%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Preservice endograft planning: Extensive and detailed review of the preoperative imaging studies is required to determine the exact measurements of the aneurysm and to select the precise, correct endograft. This work is unique in that it would not be performed until after the decision for surgery. However, it must be completed several days prior to surgery to ensure that all required implants are ordered and have arrived on site before surgery begins. An accurate preoperative choice of component diameters and lengths is a primary determinant of whether the endovascular procedure will be successful, so this work must be done carefully. Cross-sectional imaging from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where three-dimensional (3D) software is used, permitting iterative modeling of a virtual device within the aorta in multiplanar views and centerline of flow analysis. The physician manually adjusts the modeling for altered anatomy, which is tortuous or thrombus laden. Orthogonal centerline imaging is used to determine diameter measurements of the thoracic aorta, previously placed endograft, and the paravisceral aorta. The iliac and femoral diameters also determine the success of the device delivery and any potential adjunctive maneuvers that may be required to facilitate delivery. Tortuosity, calcification, thrombus presence, and stenosis require consideration as they may impact device delivery. Cross section, longitudinal, and centerline of flow measurements, with manual adjustments where needed, are used to map the distances between the prior graft and the celiac artery. A stretched/straightened view permits manual validation of the computer-generated lengths. Review of operative records ensures correct diameter of the prior endograft. Preservice work also includes the procedural workup. Preservice work necessarily includes review of surgical indication, physical exam findings, current medications, and all laboratory test results. Careful final review of imaging is performed. The proposed procedure is discussed with the patient and family, including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The endograft, catheters, and introducer sheaths are brought into the OR after verification of appropriate diameters and lengths. Assessment is made for the need for stand-by devices (eg, balloons) that might be needed emergently. The surgeon ensures availability of pharmacologic and laboratory agents such as heparin, protamine, and activated coagulation time testing. In addition, the surgeon ensures all technical personnel have been familiarized with the upcoming procedure and that they are fully familiar with all required devices. Imaging studies are uploaded on the OR computers and placed on monitors for easy viewing during the operative

procedure. If deemed necessary by the surgeon, a lumbar drain is placed by an appropriate physician. The surgeon supervises appropriate patient positioning on the OR table and ensures that fluoroscopy is functional and that desired imaging angles are attainable with the available equipment. The surgeon changes into radiation protection gear, ensures that all who will be in the suite do likewise, and supervises sterile preparation of access site(s) and subsequent draping. The surgeon leads the preprocedural time-out.

Description of Intra-Service Work: Perform road-mapping arteriogram with specific attention to great vessel artery origins, celiac origin; image aortic arch in multiple projections to determine exact orthogonal coordinates to deploy prosthesis. Wait for anesthesia to insert and adjust TEE, if employed. Re-confirm availability of endovascular components for correct models, diameters, lengths, etc. Surgeon directs the patient to be anticoagulated with bolus dose heparin and directs anesthesia to maintain this effect throughout the case. Surgeon then exchanges soft j-wires for superstiff lunderquist wires. The component is unpacked and inspected for damage. The device is then prepared for insertion. It is then loaded over the superstiff wire and advanced to the femoral artery. The carrier tip is introduced into the arteriotomy. The proximal vascular clamp is opened and the leading edge of the graft is advanced to the artery. Rubber constrictor loops are utilized to minimize blood loss. Under careful fluoroscopic guidance the surgeon directs the first component and carrier through the external iliac, common iliac, and abdominal aorta. The device is navigated into the descending thoracic aorta through the previously placed components. Fluoroscopy is used in multiple projections to assure the leading edge of the endograft overlaps the previous component adequately. Angiography is employed to confirm celiac origin in relation to the trailing edge of the device. The surgeon ensures the endograft will not cover the celiac artery origin. The surgeon asks anesthesiology to check position with TEE (if used). The surgeon instructs the anesthesiologist to lower blood pressure and waits for desired effect. Deployment of the endograft is begun, making final precise adjustments to align trailing edge of the component with the celiac origin. Contrast injections in multiple planes are performed to ensure final exact positioning prior to complete deployment. Endograft deployment is completed. The carrier is advanced to recapture the nosecone. The carrier and nosecone are retracted with care not to disturb the component or prior components. The carrier is withdrawn through the descending thoracic aorta and through iliac arteries with care not to disrupt iliacs. The component carrier is removed through the femoral artery and the femoral artery is re-clamped. A compliant balloon is introduced under fluoro guidance, advance through iliac, abdominal aorta, thoracic aorta. Anesthesiology is notified the thoracic aorta is about to be occluded; reduce BP as needed. The compliant balloon is inflated under constant fluoroscopic observation to expand and seat the component with prior components and to the aortic wall. The balloon is deflated and carefully retracted past the first component and out of the femoral artery. A multi-sideport catheter is advanced into the aortic arch and a contrast injection is performed to image the graft and confirm accurate placement. Additional ballooning or other maneuvers are performed, as required, to treat leaks. A multi-sideport catheter is introduced into the aortic arch and a final arteriogram is performed and interpreted to determine appropriate coverage, patency of major arteries, and absence of endoleaks. Completion pressure measures are obtained. All catheters, wires, and sheaths are removed using fluoroscopic guidance.

Description of Post-Service Work: Hospital: Sterile dressings are applied. The patient is assisted with transfer from the operating table to the gurney. The patient is monitored for hemodynamic stability in transit. Assessment of adequate perfusion to and motor function of the lower extremities is ensured. Postoperative orders for medications, imaging, and laboratories are written. The procedure and outcome are discussed with family. A brief operative note is written. Postoperative imaging is reviewed. An operative report is dictated which includes a detailed description of all radiographic images. A copy is sent to the referring physician. The surgeon typically spends 60 minutes or more providing critical care, ensuring hemodynamic and cardiovascular stability. Instructions for neurological monitoring and the management of lumbar drain care are provided to ICU staff along with a detailed postoperative examination. Ongoing neurological monitoring is performed. Cerebral spinal fluid (CSF) drainage amounts are carefully directed by the surgeon, when necessary, to provide adequate spinal perfusion pressure but not result in CSF drainage complications. To maintain an appropriate spinal perfusion pressure, vasoactive agents are titrated and directed by the surgeon in combination with other factors such as laboratory values and oxygen administration for spinal cord perfusion and protection. The surgeon must be present to ensure these orders are performed as spinal cord ischemia can result with only a short window of time for remedy. Additional post-operative care is communicated with the ICU staff. Careful monitoring for any complaints of pain or neurovascular compromise is performed at all postoperative in-hospital visits, particularly in the first 24 hours, but continues for 72 hours postoperatively and spinal cord care is directed by the surgeon. Exam requires close monitoring for neurological changes, chest or abdominal tenderness, upper extremity motor function, lower extremity motor function, and lower extremity tenderness. All arterial access sites are monitored for bleeding or hematoma formation. Tight control of blood pressure is critical. Urinary output is followed closely for signs of hypovolemia. Frequent pulse and perfusion checks are performed as is neurologic evaluation for any signs of spinal cord ischemia. Upper and lower extremities are assessed for emboli and adequate perfusion is ensured. Hemoglobin and coagulation laboratory results are monitored daily. The need for routine or advanced imaging is assessed daily. Postoperative CT scans are obtained, either during the inpatient stay or early in the post discharge period. Progress notes are recorded daily. Patient and family questions are answered.

Orders are updated daily. Rounds with nursing staff and other consultants are performed daily. Discharge day management includes communicating with all support services, such as visiting nurses and referring physicians, reviewing interval chart notes, answering patient and family questions, evaluating all predischarge laboratory results, evaluating and redressing the incisions, assessing pain score, and performing medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, an interval history is solicited for ongoing or new symptoms; the chest is examined for tenderness; arterial access sites and surgical incisions are examined for inflammation, drainage, and wound infection. Upper and lower extremities are examined for adequate perfusion. Lower extremity strength is assessed. Diagnostic blood tests and/or imaging studies are ordered based on findings. Postoperative CT scans from the aortic arch to femoral vessels with fine cuts are reviewed and uploaded to a workstation, where three-dimensional (3D) software is used to evaluate for possible endoleaks or other endograft complications. Clinical decisions are made regarding the need for repeat surgical intervention. Wound care is provided, as needed. Staples and sutures are removed as indicated. Patient and family questions are answered. Prescriptions for medication and therapy are written, as necessary. Progress is discussed with the referring physician (verbal and written). Progress notes are dictated/typed for the medical chart.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Vigneshwar Kasirajan, MD (STS), Robert Kennedy, MD (SIR), Minhaj Khaja, MD (SIR), James Levett, MD (STS), Matthew Sideman, MD (SVS), Jonathan Thompson, MD (SVS) and Joseph Turek, MD (STS)					
Specialty Society(ies):	AATS, SIR, STS, SVS					
CPT Code:	33886					
Sample Size:	5232	**Resp N:**	61			
Description of Sample:	SIR - Random STS/AATS - US Self-designated Adult Cardiac surgeons SVS - Entire US, active MD/DO membership					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**2.00**	4.00	30.00
Survey RVW:	10.00	23.50	**27.00**	35.00	55.00
Pre-Service Evaluation Time:			**90.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	60.00	**90.00**	120.00	200.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**70.00**	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	**80.00**	99231x **0.00** 99232x **2.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	33886	**Recommended Physician Work RVU: 23.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**85.00**	**40.00**	**45.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	70.00	99291x **1.00** 99292x **0.00**
Other Hospital time/visit(s):	80.00	99231x **0.00** 99232x **2.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	63.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34701	090	23.71	**RUC Time**

CPT Descriptor Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34718	090	24.00	**RUC Time**

CPT Descriptor Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33534	090	39.88	**RUC Time**	4,466

CPT Descriptor 1 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	23,542

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 30 **% of respondents:** 49.1 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 9.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 33886	**Top Key Reference CPT Code:** 34701	**2nd Key Reference CPT Code:** **34718**
Median Pre-Service Time	115.00	150.00	150.00
Median Intra-Service Time	90.00	120.00	120.00
Median Immediate Post-service Time	30.00	40.00	35.00
Median Critical Care Time	70.0	0.00	0.00
Median Other Hospital Visit Time	80.0	95.00	95.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	63.0	39.00	39.00
Median Total Time	**486.00**	**482.00**	**477.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	3%	30%	50%	17%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	30%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	30%	57%
Physical effort required	3%	57%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	27%	73%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	50%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	33%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	33%	50%
Physical effort required	17%	33%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	33%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Endovascular repair of thoracic aortic aneurysms (TEVAR) received FDA approval in March 2005 following the pivotal trial utilizing the Gore TAG device. This was approximately 5 years after FDA approval of endovascular devices for abdominal aneurysm repair (EVAR). A family of TEVAR codes was presented to the RUC in April 2005. At that time, TEVAR was typically performed by a team of physicians including vascular surgeons, cardiothoracic surgeons, and interventional radiologists. These codes utilized component coding to account for the various providers and portions of the procedure performed. The TEVAR family of codes appeared in the 2006 Medicare Physician Fee Schedule and the values have not been reviewed since that time. In May 2022 the FDA approved the use of a thoracic branch endoprothesis (TBE) during TEVAR procedures. This was the first new type of device to gain FDA approval within the TEVAR family.

The CPT panel approved TEVAR coding changes at the September 2024 CPT meeting. This recommendation includes 2 new codes, 4 revised codes, and 3 code deletions. The new family of codes updates the TEVAR family to current coding standards as outlined below:

1. Catheter placement is now bundled into the main procedure.
2. Radiologic supervision & interpretation is now bundled into the main procedure.
3. All proximal extensions performed at the time of TEVAR are now bundled into the main procedure.
4. A new code has been created for the distinct work required for a TBE, which includes all the work of a TEVAR
5. There will no longer be separate codes for extra-anatomic bypass surgery performed in conjunction with TEVAR

Survey Methodology

A multi-disciplinary workgroup including SVS, SIR, and STS was convened. Approval to modify the survey instrument by adding a question regarding pre-planning time was obtained from the Research Subcommittee.

Pre-Service Time

Evaluation – package has 40 minutes. Survey median was 90. The specialties are recommending 85 minutes (40+45).

Pre Planning Time
CMS requested pre planning work be bundled in the main procedure and not report separately. *FedReg, Vol.79, No.219, p67664.*

For codes 33881, 33883, and 33886, survey respondents reported a median pre planning time of 45 minutes.

The pre planning time review includes confirming the suitability of the anatomy for TEVAR. To do this, a large number of measurements are required including: aortic diameters throughout the aorta, outer and inner curve lengths, center-line lengths from arch vessels to the celiac, subclavian diameters, distance from the left subclavian to the vertebral artery, and diameters of the access vessels (common femoral, external iliac, and common iliac arteries). Additionally the surgeon assesses perceived quality of the aorta, particularly in the seal zones, and tortuosity of the aorta. During this planning the surgeon reviews all available endograft sizes, from several vendors, and develop a specific operative plan and device selection that will successfully treat the pathology at hand. This may require ordering in specific devices and components which are not readily available at the surgeon's institution. This service is provided after evaluation in the office, but more than 24 hours prior to the procedure.

The specialties are recommending a total of 85 minutes for pre evaluation time - 40 for pre service evaluation and 45 for pre planning.

Positioning - package time is 3 minutes. Survey median is 15 minutes. The specialties are requesting an additional 12 minutes of positioning time given to account for positioning the imaging equipment and operating room equipment to minimize conflicts between equipment and patient during surgery, appropriately positioning the patient with arms tucked as indicated, and confirming that all EKG leads and IV, Foley and arterial catheter lines are clear from the areas to be imaged during the procedure. This extra time is 5 min less than the positioning time included with abdominal aortic aneurysm endovascular repair codes (34701-34708)

SDW – package is 20 minutes. Survey median time is 15 min. The specialties are recommending deleting 5 min from the survey time to achieve the 15 minutes of SDW package time.

Post-Service Time

Post-service package 9B would apply for these complex procedures.

For CPT Codes 33880, 33881, 33883, 33886 - package time is 33 minutes. Survey median time is 30 minutes. The specialties reduced the recommended time to 30 minutes, the survey median.

Post Operative Hospital Care

While our survey respondents confirmed the number of hospital visits has stayed the same for TEVAR codes, there was uniform consensus among the respondents that ICU level care is provided by the surgeon in the post-operative period. Thoracic endografting has significantly changed since the initial codes were valued in 2005. When thoracic endografts were in their infancy, typically short endografts were placed with specific aneurysmal anatomy. Patients with unfavorable endovascular anatomy were treated open or not treated at all. These patients have always been transferred to the ICU immediately post-operatively, but any critical care work was generally done by dedicated critical care personnel. Spinal cord ischemia is a devastating complication for any thoracic aortic work. Protection for open thoracic and thoraco-abdominal aneurysm repairs was commonplace with lumbar drains and other adjuncts. At this same time, given short endograft coverage, spinal cord ischemia was uncommon and prophylactic lumbar drains were unusual.

Hospital care has since changed for these patients. Endovascular repair for thoracic pathology is now the default treatment paradigm for pathology distal to the left carotid artery. The range of pathologies has increased from simple aneurysms to now include not only aneurysms, but dissections, penetrating aortic ulcers, and even traumatic ruptures. A wider age range of patients with a wider complexity of overall health are being treated with these minimally invasive approaches. Longer segments of aorta are now routinely covered, increasing the risk of spinal cord ischemia. Lumbar drains are now typically used for elective TEVAR cases. These drains were *required* in the primary trial for the TBE device. Spinal cord ischemia is a devastating complication which is best understood and managed by the operating surgeon. Lumbar drains are typically placed by neurosurgery or anesthesiology prior to surgery in the operating room. During the case, lumbar drain management (amount to drain) and blood pressure goals are driven by the operating surgeon. This continues when the patient leaves the OR and is transferred to the ICU. The first 24-48 hours are the critical window where the spinal cord is at greatest risk for malperfusion and subsequent ischemia/paralysis. The surgeon guides and personally performs regular neurologic assessments to ensure adequate neurologic function. Perfusion to the spinal cord is measured as spinal cord perfusion pressure (SCPP). This is mean arterial pressure (MAP) minus intra-spinal pressure (ISP). The two components of this, MAP and ISP, are both managed by the operating surgeon. Specific goal directed blood pressure management with pressors and ionotropes are directed by the surgeon. Fluid resuscitation and how much is directed by the surgeon. Over-reaching with MAP goals can compromise the repair and access sites, so tight MAP goals are paramount. Drain management is also typically the responsibility of the surgeon. To ensure low ISP, Cerebral Spinal Fluid (CSF) is drained at regular intervals and varying amounts to ensure low ISP and thus, high SCPP. The amount to drain is based upon ISP and determined at least hourly. Too much drainage can result in headaches, intraspinal hematomas, and even herniation if not managed correctly. BP and ISP management, in conjunction with regular neurologic assessments, is critical to ensure spinal perfusion and minimize risk of paralysis. Given the tenuous nature of these patients, this care is reserved for the operating surgeon.

Post Operative Office Visits

While the number of TEVAR post-operative visits has not changed, our survey respondents did indicate these are more complex visits. It is the consensus of the expert panel these visits are generally performed 1-2 weeks following hospital discharge and 4-6 weeks following discharge. The first visit is generally a low complexity visit of at least 20 minutes (99213). Incisions are checked and wound care is provided. A neurovascular assessment is performed. On the second visit, this is of moderate complexity and typically lasts 30 minutes or more. Much of this time is spent by the operating surgeon reviewing the postoperative CT scan. This is from the aortic arch to femoral vessels with fine cuts. The CT is uploaded to a workstation, where three-dimensional (3D) software is used to evaluate for possible endoleaks or other endograft complications. Clinical decisions are made regarding the need for repeat surgical intervention. This is done separately from any radiologist interpretation. Given the increased complexity and treatment length of these, more work is required to review these images and discuss them with the patient compared to 20 years ago when the codes were first valued.

Comparison with Key Reference Services

There were 5 codes that were chosen most often as key reference services for 33880-33882

- 34701, *Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for* ***other than rupture*** *(eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)*
- 34705*, Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation;* ***for other than rupture*** *(eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)*
- 34706*, Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation;* ***for rupture*** *including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)*
- 34708*, Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral;* ***for rupture*** *including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)*
- 34718*, Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed,* ***for other than rupture*** *(eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral*

The following table incorporates our recommended RVW for 33880-33882 and 35602 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33886	**23.50**	**0.105**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
34701 KRS	23.71	0.124	447	110	20	20	120	40	32, 31, 38	13, 12
34718 KRS	24.00	0.117	477	110	20	20	120	35	33, 32, 38	13, 12
33883	**24.25**	**0.113**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33881	**26.75**	**0.115**	**506**	**85**	**15**	**15**	**110**	**30**	**91, 32x2, 38**	**14, 13**
35601 KRS	27.09	0.098	484	40	15	20	180	30	33, 32, 31, 38	13x2
35602	**27.40**	**0.112**	**486**	**40**	**15**	**15**	**150**	**30**	**33, 32x2, 38**	**14, 13**
34705 KRS	29.58	0.130	512	110	20	20	150	40	33, 32	13, 12
33880	**30.00**	**0.125**	**546**	**100**	**15**	**15**	**120**	**30**	**91, 33, 32x2, 38**	**14, 13**
33390 KRS	35.00	0.108	622	60	15	20	180	45	91, 33, 32x2, 31, 38	13, 12
34708 KRS	36.50	0.141	677	60	20	20	120	60	91, 33x2, 32x2, 31, 38	14, 13, 12

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33882	**39.00**	**0.131**	**621**	**100**	**20**	**15**	**180**	**40**	**91, 33, 32x2, 38**	**14, 13**
34706 KRS	45.00	0.143	735	60	20	20	178	60	91, 33x2, 32x2, 31, 38	14, 13, 12

Comparison to MPC codes

There are limited MPC codes in the RVW range of these complex procedures. The specialty societies offer the following codes as brackets for the TEVAR recommendations:

- MPC 35301, *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision*
- MPC 33534, *Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
35301 MPC	21.16	0.104	404	40	15	20	120	30	33, 32, 38	13x2
33886	**23.50**	**0.105**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33883	**24.25**	**0.113**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33881	**26.75**	**0.115**	**506**	**85**	**15**	**15**	**110**	**30**	**91, 32x2, 38**	**14, 13**
35602	**27.40**	**0.112**	**486**	**40**	**15**	**15**	**150**	**30**	**33, 32x2, 38**	**14, 13**
33880	**30.00**	**0.125**	**546**	**100**	**15**	**15**	**120**	**30**	**91, 33, 32x2, 38**	**14, 13**
33882	**39.00**	**0.131**	**621**	**100**	**20**	**15**	**180**	**40**	**91, 33, 32x2, 38**	**14, 13**
33534 MPC	39.88	0.110	717	60	15	20	193	40	91, 33x3, 32, 31, 38	14, 12

Recommendation

For CPT Code 33886, the specialty societies recommend the 25th percentile survey value of 23.50 RVW. This represents a ***decrease of 0.7%*** from current value of 23.67 RVWs by current coding convention.

Comparison to existing codes is a difficult process due to bundling of the new codes to include pre-service planning, all radiologic S&I, catheter selection, and all extensions when compared to the existing codes. To calculate the current RVW using current coding convention, one would begin with the existing work of 33886. The work of bilateral non-selective catheterization is added by multiplying the RVW for 36200 by 1.5 to account for the bilaterality and then multiply by 0.5 for the multiple procedure reduction. The radiologic supervision and interpretation for TEVAR extension without subclavian coverage is then added. This total would typically be 23.67. Comparing this computed existing value with our proposed value for 33886 results in a ***0.7% reduction***. The following table is a graphic explanation of this comparison.

Existing Delayed TEVAR Distal Extension	Work RVU	Adjustment	Adjusted Work RVU
33886 Delayed TEVAR distal extension	18.09	None	18.09
36200-50 Bilateral catheter in aorta	2.77	Bilaterality & MPPR	2.08
75959 Rad S&I code for delayed TEVAR extension without subclavian coverage	3.50	None	3.50
Total existing coding sequence			**23.67**

New Code			
33886 New Code	24.25	None	**23.50**
Change Existing to New			**-0.7%**

Summary

The new family of CPT codes for TEVAR represent a complex set of operations that now include pre-planning, all radiologic supervision and interpretation, all routine catheterization, and all currently placed extensions at the initial time of TEVAR. This updated code family better describes the current practice of TEVAR and conforms with current concepts in code creation and valuation. Additionally, with deletion of bypass codes at the time of TEVAR, this will help simplify coding by reducing the number of codes which describe the same work, leading to confusion and improper coding.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33886

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty Thoracic/Cardiac Surgery How often? Sometimes

Specialty Interventional Radiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 165
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current RUC database (2023 utilization)

Specialty Vascular Surgery Frequency 138 Percentage 71.13 %

Specialty Thoracic/Cardiac Surgery Frequency 35 Percentage 18.04 %

Specialty Interventional Radiology Frequency 4 Percentage 2.06 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 33886

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:35602 Tracking Number O6 Original Specialty Recommended RVU: **27.40**
Presented Recommended RVU: **27.40**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **27.40**

CPT Descriptor: Bypass graft, with other than vein; carotid-contralateral carotid

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old female with hypertension, 50 pack-years smoking, and previous myocardial infarction is found to have a 7-cm descending thoracic aortic aneurysm. The aneurysm originates immediately beyond her left common carotid artery origin. To achieve a hemostatic proximal seal zone, an endoprosthesis will need to be deployed across (and therefore occlude) the origin of this vessel. To maintain blood flow to her brain, a cross-neck carotid-carotid bypass is performed using a synthetic conduit.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 21% , Overnight stay-more than 24 hours 79%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Preservice work includes review of surgical indication, physical exam findings, current medications, and all laboratory test results. Any adjunct imaging, including non-invasive vascular studies, CTA, MRA, cerebral angiogram, cardiac stress testing or other imaging, is carefully reviewed. The proposed procedure is discussed with the patient and family, including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The surgeon ensures availability of pharmacologic and laboratory agents such as heparin, protamine, and activated coagulation time testing. In addition, the surgeon ensures all technical personnel have been familiarized with the upcoming procedure and that they are fully familiar with the procedure. The surgeon ensures all monitoring systems, including EEG/SSEP neuro-monitoring, are functioning. Imaging studies are uploaded on the OR computers and placed on monitors for easy viewing during the operative procedure. Correct graft conduit is selected and verified. The surgeon supervises appropriate patient positioning on the OR table. The surgeon supervises sterile preparation of incision sites and subsequent draping. The surgeon leads the preprocedural time-out.

Description of Intra-Service Work: 8cm bilateral neck incisions are made along the anterior borders of the sternocleidomastoid muscles. The platysma are divided and dissection continues through the soft tissues, mobilizing adjacent venous and nervous structures. Care is taken to avoid injuring these structures. The vagus nerve is particularly identified on each side. The facial vein is divided if necessary. The common carotid artery is cleared along its length for 5-6 cm, avoiding strong manipulation of the carotid artery which could disrupt plaque. Soft rubber loops are passed proximally and distally around both arteries. Very careful dissection is performed to create a soft tissue tunnel from one side of the neck to the other behind the pharynx. An appropriately sized synthetic conduit is passed through the tunnel. Once adequate exposure is achieved, intravenous heparin anticoagulation is administered. Proximal and distal vascular clamps are applied to the right common carotid artery. The artery is opened longitudinally and the first anastomosis of the bypass, between the conduit and the common carotid artery, is sewn with fine polypropylene sutures. The anastomosis is flushed to remove debris prior to completion of the suture line. Extreme care is taken to avoid air or other embolus from traveling up the carotid artery. The suture line is completed. A vascular clamp is applied to the graft, and clamps are then

removed from the carotid. Anastomotic leaks are sealed with additional sutures. The left common carotid artery is then clamped. An arteriotomy is created and the graft is trimmed to length. The second anastomosis is sewn with the end of the bypass conduit to the side of the carotid artery using fine polypropylene sutures. The anastomosis is flushed to remove debris to prevent cerebral embolization and the suture line is completed. Clamps are removed and leaks are sealed with additional sutures. All pulses are checked and flow is confirmed with a Doppler or ultrasound. The left common carotid artery just proximal to the anastomosis may be suture ligated at this point to help maintain patency of the carotid-carotid bypass graft. The wounds are irrigated copiously. Protamine is administered to reverse the effects of heparin. The surgeon waits for its affect and ensures hemostasis is sufficient. Tissue layers are closed sequentially with absorbable braded sutures. Skin is closed with suture or staples.

Description of Post-Service Work: Hospital: Sterile dressings are applied. The patient is assisted with transfer from the operating table to the gurney. A neurological exam is performed before the leaving the operating room. The patient is monitored for hemodynamic stability in transit to the intensive care unit. Postoperative orders for medications, imaging, and laboratories are written. The procedure and outcome are discussed with family. A brief operative note is written. An operative report is dictated, and a copy is sent to the referring physician. A discussion takes place with the family regarding the surgery. Postoperative imaging is reviewed. The plan of care is communicated with the ICU provider. These patients are typically co-managed with an intensivist. Extensive dissection of bilateral carotid arteries and the associated carotid body baroreceptors can result in significant instability. This instability typically requires application of and minute-to-minute adjustment of vasopressors such as norepinephrine or epinephrine. Some of these patients have paradoxical severe hypertension that requires nitroglycerin or nicardipine infusions to prevent reperfusion hyperemia and post-operative seizures. These decisions are made in partnership with the intensivist. Hemoglobin and coagulation laboratory results are monitored daily. The need for routine or advanced imaging is assessed daily. The patient is generally transferred out of the ICU after 24-48 hours under the care of the surgeon. Daily visits which include obtaining a relevant history, performing a physical exam including a detailed neurological examination and assessment of speech and swallow, are performed. Daily progress notes are recorded. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily. Discharge day management includes communicating with all support services, such as visiting nurses and referring physicians, reviewing interval chart notes, answering patient and family questions, evaluating all predischarge laboratory results, evaluating and redressing the incisions, assessing pain score, and performing medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office: At each office visit, an interval history is solicited for ongoing or new symptoms; the neck is examined for tenderness; surgical incisions are examined for inflammation, drainage, and wound infection. A thorough neurological exam is performed. Upper extremities are examined for adequate perfusion. Diagnostic blood tests and/or imaging studies are ordered based on findings. Postoperative CT scans or noninvasive vascular labs are reviewed for complications. Clinical decisions are made regarding the need for repeat surgical intervention. Wound care is provided, as needed. Staples and sutures are removed as indicated. Patient and family questions are answered. Prescriptions for medication and therapy are written, as necessary. Progress is discussed with the referring physician (verbal and written). Progress notes are dictated/typed for the medical chart

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Vigneshwar Kasirajan, MD (STS), James Levett, MD (STS), Matthew Sideman, MD (SVS), Jonathan Thompson, MD (SVS) and Joseph Turek, MD (STS)					
Specialty Society(ies):	AATS, STS, SVS					
CPT Code:	35602					
Sample Size:	5232	**Resp N:**	52			
Description of Sample:	STS/AATS - US Self-designated Adult Cardiac surgeons SVS - Entire US, active MD/DO membership					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**1.00**	3.00	35.00
Survey RVW:	16.00	27.40	**30.00**	35.00	45.00
Pre-Service Evaluation Time:			**83.00**		
Pre-Service Positioning Time:			**17.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	45.00	120.00	**150.00**	185.00	320.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**135.00**	99231x **0.00** 99232x **2.00** 99233x **1.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**80.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **2.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	35602	**Recommended Physician Work RVU: 27.40**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**150.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	135.00	99231x **0.00** 99232x **2.00** 99233x **1.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	63.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35601	090	27.09	**RUC Time**

CPT Descriptor Bypass graft, with other than vein; common carotid-ipsilateral internal carotid

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
35606	090	22.46	**RUC Time**

CPT Descriptor Bypass graft, with other than vein; carotid-subclavian

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33534	090	39.88	**RUC Time**	4,466

CPT Descriptor 1 Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
35301	090	21.16	**RUC Time**	23,542

CPT Descriptor 2 Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 30 **% of respondents:** 57.6 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 19.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 35602	Top Key Reference CPT Code: 35601	2nd Key Reference CPT Code: **35606**
Median Pre-Service Time	70.00	75.00	60.00
Median Intra-Service Time	150.00	180.00	145.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	135.0	115.00	95.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	63.0	46.00	46.00
Median Total Time	**486.00**	**484.00**	**414.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	37%	43%	20%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	37%	53%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	40%	60%
Physical effort required	3%	47%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	27%	73%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	10%	0%	60%	30%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	10%	90%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	0%	90%
Physical effort required	10%	0%	90%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	0%	90%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Endovascular repair of thoracic aortic aneurysms (TEVAR) received FDA approval in March 2005 following the pivotal trial utilizing the Gore TAG device. This was approximately 5 years after FDA approval of endovascular devices for abdominal aneurysm repair (EVAR). A family of TEVAR codes was presented to the RUC in April 2005. At that time, TEVAR was typically performed by a team of physicians including vascular surgeons, cardiothoracic surgeons, and interventional radiologists. These codes utilized component coding to account for the various providers and portions of the procedure performed. The TEVAR family of codes appeared in the 2006 Medicare Physician Fee Schedule and the values have not been reviewed since that time. In May 2022 the FDA approved the use of a thoracic branch endoprothesis (TBE) during TEVAR procedures. This was the first new type of device to gain FDA approval within the TEVAR family.

The CPT panel approved TEVAR coding changes at the September 2024 CPT meeting. This recommendation includes 2 new codes, 4 revised codes, and 3 code deletions. The new family of codes updates the TEVAR family to current coding standards as outlined below:

1. Catheter placement is now bundled into the main procedure.
2. Radiologic supervision & interpretation is now bundled into the main procedure.
3. All proximal extensions performed at the time of TEVAR are now bundled into the main procedure.
4. A new code has been created for the distinct work required for a TBE, which includes all the work of a TEVAR
5. There will no longer be separate codes for extra-anatomic bypass surgery performed in conjunction with TEVAR

Survey Methodology

A multi-disciplinary workgroup including SVS, SIR, and STS was convened. The SVS and STS surveyed this particular code which is an open procedure.

Pre Planning Time

35602 does not have any pre-planning time since this is an open bypass code. This is not an endovascular/endograft code. The specialty socities used the standard package times to align with our survey, adjusting accordingly. Similar codes do not have pre-planning time and the expert panel did not feel this time was necessary for this code.

Pre-Service Time

Evaluation – package has 40 minutes. Survey median was 83 minutes. The specialties are recommending the package time of 40 minutes.

Positioning - package time is 3 minutes. Survey median is 17 minutes. The specialties are requesting an additional 12 minutes of positioning time,15 minutes total, given the positioning related to the neck incision. The patient is placed in the "beach chair" position. A shoulder role is typically placed. The neck is placed in the neutral position but should be free to move from side to side depending on which carotid is being operated on at the specific moment as both carotids will ultimately be dissected. This positioning is done in concert with anesthesia to ensure the endotracheal tube is not dislodged and does not become dislodged during the surgery. The endotracheal tube is secured appropriately under the observation of the surgeon to ensure an appropriate field for skin preparation. The common carotid arteries and the carotid bifurcations are marked. The two planned incisions are then subsequently marked. This extra positioning time is consistent with other vascular codes involving carotid dissection: carotid endarterectomy (35301), carotid-carotid bypass with vein (35501), Retrograde carotid stent (37217). Extra positioning time is externally similar to other procedures in the neck region: total thyroidectomy (60240) and excision of carotid body tumor (60605)

SDW – package is 20 minutes. Survey median time is 15 min. The specialties are recommending deleting 5 min from the survey time to achieve the 15 minutes of SDW package time.

Post-Service Time

For CPT Codes 35602 - package time is 33 minutes. Survey median time is 30 minutes. The specialties reduced the recommended time to 30 minutes, the survey median.

Post Operative Hospital Care

Our expert panel believes these patients are typically managed initially in the ICU following surgery and our survey respondents did not believe the surgeon was providing any of the critical care time. The expert panel agrees with this. An intensivist is typically providing care for blood pressure and other critical care needs, while the surgeon guides the specific parameters to be followed. This first day requires at least 50 minutes of time (99233). When the patient is transferred out of the ICU, all care, including neurologic assessments and blood pressure control, is performed by the surgeon. These 2 additional visits are of moderate complexity. On the day of discharge, greater than 30 minutes is spent to coordinate these activities which is consistent with our survey.

Our survey respondents felt 3 inpatient visits were typical, plus a discharge day for all codes. For code 35602, one 99233 visit is needed the first day, the complexity is due to blood pressure control requirements and a neurological assessment given clamping of the bilateral carotid arteries. The additional 2 inpatient visits are 99232 to reflect the less complexity and risk of stroke following the first 24 hours of surgery. All inpatient visits align with our survey and correlate clinically.

Post Operative Office Visits

It is the consensus of the expert panel 2 post-op visits are generally performed; 1-2 weeks following hospital discharge and 4-6 weeks following discharge. The first visit is generally a low complexity visit of at least 20 minutes (99213). Incisions are checked and wound care is provided. A neurovascular assessment is performed. On the second visit, this is of moderate complexity and typically lasts 30 minutes or more. A neurovascular assessment is again performed. Additional time is spent by the operating surgeon reviewing the postoperative imaging, either ultrasound, CT, physiologic testing, or some combination of all these. Clinical decisions are made regarding the need for repeat surgical intervention. This is done separately from any radiologist interpretation.

Comparison with Key Reference Services

There were 5 codes that were chosen most often as key reference services for 33880-33882

- 34701, *Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for **other than rupture** (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)*
- 34705*, Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; **for other than rupture** (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)*
- 34706*, Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of an aorto-bi-iliac endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the iliac bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the iliac bifurcation; **for rupture** including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer, traumatic disruption)*
- 34708*, Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; **for rupture** including temporary aortic and/or iliac balloon occlusion, when performed (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, traumatic disruption)*
- 34718*, Endovascular repair of iliac artery, not associated with placement of an aorto-iliac artery endograft at the same session, by deployment of an iliac branched endograft, including pre-procedure sizing and device selection, all ipsilateral selective iliac artery catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally in the internal iliac, external iliac, and common femoral artery(ies), and treatment zone angioplasty/stenting, when performed, **for other than rupture** (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation, penetrating ulcer), unilateral*

The following table incorporates our recommended RVW for 33880-33882 and 35602 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33886	**23.50**	**0.105**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
34701 KRS	23.71	0.124	447	110	20	20	120	40	32, 31, 38	13, 12
34718 KRS	24.00	0.117	477	110	20	20	120	35	33, 32, 38	13, 12
33883	**24.25**	**0.113**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33881	**26.75**	**0.115**	**506**	**85**	**15**	**15**	**110**	**30**	**91, 32x2, 38**	**14, 13**
35601 KRS	27.09	0.098	484	40	15	20	180	30	33, 32, 31, 38	13x2
35602	**27.40**	**0.112**	**486**	**40**	**15**	**15**	**150**	**30**	**33, 32x2, 38**	**14, 13**
34705 KRS	29.58	0.130	512	110	20	20	150	40	33, 32	13, 12
33880	**30.00**	**0.125**	**546**	**100**	**15**	**15**	**120**	**30**	**91, 33, 32x2, 38**	**14, 13**
33390 KRS	35.00	0.108	622	60	15	20	180	45	91, 33, 32x2, 31, 38	13, 12
34708 KRS	36.50	0.141	677	60	20	20	120	60	91, 33x2, 32x2, 31, 38	14, 13, 12
33882	**39.00**	**0.131**	**621**	**100**	**20**	**15**	**180**	**40**	**91, 33, 32x2, 38**	**14, 13**
34706 KRS	45.00	0.143	735	60	20	20	178	60	91, 33x2, 32x2, 31, 38	14, 13, 12

Comparison to MPC codes

There are limited MPC codes in the RVW range of these complex procedures. The specialty societies offer the following codes as brackets for the TEVAR recommendations:

- MPC 35301, *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision*
- MPC 33534, *Coronary artery bypass, using arterial graft(s); 2 coronary arterial grafts*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
35301 MPC	21.16	0.104	404	40	15	20	120	30	33, 32, 38	13x2
33886	**23.50**	**0.105**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33883	**24.25**	**0.113**	**486**	**85**	**15**	**15**	**90**	**30**	**91, 32x2, 38**	**14, 13**
33881	**26.75**	**0.115**	**506**	**85**	**15**	**15**	**110**	**30**	**91, 32x2, 38**	**14, 13**
35602	**27.40**	**0.112**	**486**	**40**	**15**	**15**	**150**	**30**	**33, 32x2, 38**	**14, 13**
33880	**30.00**	**0.125**	**546**	**100**	**15**	**15**	**120**	**30**	**91, 33, 32x2, 38**	**14, 13**
33882	**39.00**	**0.131**	**621**	**100**	**20**	**15**	**180**	**40**	**91, 33, 32x2, 38**	**14, 13**
33534 MPC	39.88	0.110	717	60	15	20	193	40	91, 33x3, 32, 31, 38	14, 12

Recommendation

New CPT Code 35602 replaces existing code 33891. Existing CPT Code 33891 has a 000 day global period. New CPT Code 35602 is a 90 day global service making a direct comparison difficult. The existing value for CPT Code 33891 is 20.00 RVW. The specialty societies are recommending the 25th percentile survey value of 27.40 RVW for new CPT Code 35602. A more direct comparison can be estimated by using the RUC's IWPUT calculator to sum, the pre, intra and immediate post RVWs. This methodology would equal 18.86 RVW (1.35+16.84+0.67), lower than the current value of 20.00 RVW for existing CPT code 33891.

There are many clinical scenarios where this service would be applicable, not just in conjunction with TEVAR, resulting in a range of intensities. For example, when this is performed for atherosclerotic occlusive disease, clamping the carotid arteries in patients with already compromised cerebral flow is stressful. Risk of stroke, both ischemic and embolic, is a

real risk. The IWPUT of 0.112 is similar to other carotid surgeries, including carotid endarterectomy. Carotid endarterectomy, CPT Code 35301, is on our MPC list above with an IWPUT of 0.104.

The expert panel agrees with 2 post-operative visits. Based on the survey results data, both visits would reach the complexity of a 99214. However, the specialty societies are recommending one 99213 and one 99214, which they believe would be more in line with clinical practice.

Summary

The new family of CPT codes for TEVAR represent a complex set of operations that now include pre-planning, all radiologic supervision and interpretation, all routine catheterization, and all currently placed extensions at the initial time of TEVAR. This updated code family better describes the current practice of TEVAR and conforms with current concepts in code creation and valuation. Additionally, with deletion of bypass codes at the time of TEVAR, this will help simplify coding by reducing the number of codes which describe the same work, leading to confusion and improper coding.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 33891

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty Thoracic/Cardiac Surgery How often? Sometimes

Specialty Interventional Radiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 25 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current RUC database (2022 utilization)

Specialty Vascular Surgery Frequency 19 Percentage 76.00 %

Specialty Cardiac/Thoracic Surgery Frequency 5 Percentage 20.00 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 33886

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Thoracic Branch Endograft Services

TAB: 5

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube	090	2017	16	0.141	0.054			36.50			677	60	20	20			120			60	1		2	2	1	1.0			1	1	1					
2nd REF	34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of	090	2017	16	0.130	0.058			29.58			512	110	20	20			150			40			1	1		1.0				1	1					
CURRENT	33880	Endovascular repair of descending thoracic aorta (eg, aneurysm,	090	2005		0.105	0.058			34.58			599	90	20	20			225			45			1	1	1	1.0				2					
CURRENT	36200	Introduction of catheter, aorta	000			0.057	0.034			2.77			81	23	3	5			30			20															
CURRENT	75956-26	Endovascular repair of descending thoracic aorta (eg, aneurysm,	XXX	2005		0.065	0.050			7.00			140	30					90			20															
SVY	33880	Endovascular repair of thoracic aorta including preprocedure sizing and device selection, nonselective	090		64	0.172	0.065	20.00	30.00	35.65	40.00	55.00	546	100	15	15	40	61	120	180	300	30	1		1	1		1.0			1	1		0	3	5	10	40
REC	33880	Endovascular repair of thoracic aorta including preprocedure sizing and device selection, nonselective	090			0.125	0.055			30.00			546	100	15	15			120			30	1		1	1		1.0			1	1						

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube	090	2017	18	0.114	0.049			23.71			482	110	20	20			120			40			1	1		1.0				1	1					
2nd REF	34705	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of	090	2017	16	0.130	0.058			29.58			512	110	20	20			150			40			1	1		1.0				1	1					
CURRENT	33881	Endovascular repair of descending thoracic aorta (eg, aneurysm,	090	2005		0.095	0.053			29.58			554	75	20	20			200			40			1	1	1	1.0				2					
CURRENT	36200	Introduction of catheter, aorta	000			0.057	0.034			2.77			81	23	3	5			30			20															
CURRENT	75957-26	Endovascular repair of descending thoracic aorta (eg, aneurysm,	XXX	2005		0.081	0.055			6.00			110	30					60			20															
SVY	33881	by deployment of an aorto-aortic tube endograft not involving coverage of the	090		64	0.188	0.067	15.00	26.75	35.00	40.00	55.00	519	98	15	15	40	74	110	150	250	30	1			2		1.0			1	1		0	3	5	10	30
REC	33881	by deployment of an aorto-aortic tube endograft not involving coverage of the left subclavian artery origin and all	090			0.115	0.053			26.75			506	85	15	15			110			30	1			2		1.0			1	1						

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	34706	Endovascular repair of infrarenal aorta and/or iliac artery(ies) by deployment of	090	2017	30	0.143	0.061			45.00			735	60	20	20			178			60	1		2	2	1	1.0			1	1	1					
2nd REF	34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube	090	2017	14	0.141	0.054			36.50			677	60	20	20			120			60	1		2	2	1	1.0			1	1	1					
CURRENT	33999	Unlisted procedure, cardiac surgery	YYY			-	-						0																										
SVY	33882	Endovascular repair of the thoracic aorta by deployment of a branched endograft multipiece system involving	090		59	0.162	0.070	29.60	39.00	45.00	49.52	90.00	641	120	20	15	55	120	180	240	350	40	1		1	1		1.0			1	1		0	2	5	8	40
REC	33882	Endovascular repair of the thoracic aorta by deployment of a branched endograft multipiece system involving	090			0.131	0.063			39.00			621	100	20	15			180			40	1		1	1		1.0			1	1						

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube	090	2017	26	0.114	0.049			23.71			482	110	20	20			120			40			1	1		1.0				1	1					
2nd REF	34708	Endovascular repair of iliac artery by deployment of an ilio-iliac tube	090	2017	10	0.141	0.054			36.50			677	60	20	20			120			60	1		2	2	1	1.0			1	1	1					
CURRENT	33883	Placement of proximal extension prosthesis for endovascular repair of	090	2005		0.107	0.052			21.09			404	70	20	20			120			30					1	1	1.0				2					
CURRENT	36200	Introduction of catheter, aorta	000			0.057	0.034			2.77			81	23	3	5			30			20															
CURRENT	75958-26	Placement of proximal extension prosthesis for endovascular repair of	XXX	2005		0.048	0.036			4.00			110	30					60			20															
SVY	33883	Proximal extension prosthesis(s) not involving coverage of the left subclavian	090		61	0.142	0.055	10.00	24.25	27.00	35.00	55.00	491	90	15	15	30	60	90	120	180	30	1			2		1.0			1	1		0	1	2	5	25
REC	33883	Proximal extension prosthesis(s) not involving coverage of the left subclavian artery origin, delayed placement after	090			0.113	0.050			24.25			486	85	15	15			90			30	1			2		1.0			1	1						

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO
3					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE					
4	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
41					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE					
42	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
43	1st REF	34701	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube	090	2017	30	0.114	0.049			23.71			482	110	20	20			120			40			1	1		1.0				1	1							
44	2nd REF	34718	Endovascular repair of iliac artery, not associated with placement of an aorto-	090	2019	6	0.117	0.050			24.00			477	110	20	20			120			35			1	1		1.0				1	1							
45	CURRENT	33886	Placement of distal extension prosthesis(s) delayed after	090	2005		0.100	0.048			18.09			379	65	20	20			100			30				1	1	1.0				2								
46	CURRENT	36200	Introduction of catheter, aorta	000			0.057	0.034			2.77			81	23	3	5			30			20																		
47	CURRENT	75959-26	Placement of distal extension prosthesis(s) (delayed) after	XXX	2005		0.058	0.041			3.50			85	20					45			20																		
48	SVY	33886	Distal extension prosthesis(s) from the level of the left subclavian artery to the	090		61	0.142	0.055	10.00	23.50	27.00	35.00	55.00	491	90	15	15	30	60	90	120	200	30	1			2		1.0			1	1			0	1	2	4	30	
49	REC	33886	Distal extension prosthesis(s) from the level of the left subclavian artery to the celiac artery, delayed placement after endovascular repair of descending	090			0.105	0.048			23.50			486	85	15	15			90			30	1			2		1.0			1	1							
50																																								
51					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE					
52	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX	
53	1st REF	35601	Bypass graft, with other than vein; common carotid-ipsilateral internal	090	2006	30	0.098	0.056			27.09			484	40	15	20			180			30			1	1	1	1.0				2								
54	2nd REF	35606	Bypass graft, with other than vein; carotid-subclavian	090	2005	10	0.097	0.054			22.46			414	30	15	15			145			30			1	1		1.0				2								
55	CURRENT	33891	Bypass graft, with other than vein, transcervical retropharyngeal carotid-	000	2005		0.098	0.062			20.00			323	70	20	20			173			40																		
56	SVY	35602	Bypass graft, with other than vein; carotid-contralateral carotid	090		52	0.119	0.055	16.00	27.40	30.00	35.00	45.00	548	83	17	15	45	120	150	185	320	30			1	2		1.0			2				0	1	1	3	35	
57	REC	35602	Bypass graft, with other than vein; carotid-contralateral carotid	090			0.112	0.056			27.40			486	40	15	15			150			30			1	2		1.0			1	1							

FACILITY DIRECT PE INPUTS

CPT CODE(S):33880, 33881, 33882, 33883, 33886, 35602
SPECIALTY SOCIETY(IES): SIR, STS, SVS
PRESENTER(S): Vigneshwar Kasirajan, MD (STS), Robert Kennedy, MD (SIR), Minhaj Khaja, MD (SIR), James Levett, MD (STS), Matthew Sideman, MD (SVS), Jonathan Thompson, MD (SVS) and Joseph Turek, MD (STS)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
33880	Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft covering the left subclavian artery and all aortic tube endograft extension(s) proximally in the aortic arch and ascending aorta and distally to the celiac artery, when performed	090
33881	Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft not involving coverage of the left subclavian artery origin and all endograft extension(s) placed from the level of the left subclavian carotid artery to the celiac artery	090
33882	Endovascular repair of the thoracic aorta by deployment of a branched endograft multipiece system involving an aorto-aortic tube device with a fenestration for the left subclavian artery stent graft(s) and all aortic tube endograft extension(s) placed from the level of the left common carotid artery to the celiac artery, including preprocedure sizing and device selection, all target zone angioplasty, all nonselective catheterization(s) and left subclavian artery selective catheterization(s), and all associated radiological supervision and interpretation	090
33883	Delayed placement of proximal extension prosthesis(es) not involving coverage of the left subclavian artery origin, after endovascular repair of the thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed	090
33886	Delayed placement of distal extension prosthesis(es) from the level of the left subclavian artery to the celiac artery, after endovascular repair of descending thoracic aorta, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation	090
35602	Bypass graft, with other than vein; carotid-contralateral carotid	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
33880	A 68-year-old male with hypertension, 50 pack-years smoking, and previous myocardial infarction is found to have a 7-cm diameter descending thoracic aortic aneurysm that begins immediately beyond the origin of left subclavian artery. Endovascular repair of the descending thoracic aortic aneurysm is performed. The proximal extent of the endoprosthesis covers the left subclavian artery origin.

FACILITY DIRECT PE INPUTS

CPT CODE(S):33880, 33881, 33882, 33883, 33886, 35602
SPECIALTY SOCIETY(IES): SIR, STS, SVS
PRESENTER(S): Vigneshwar Kasirajan, MD (STS), Robert Kennedy, MD (SIR), Minhaj Khaja, MD (SIR), James Levett, MD (STS), Matthew Sideman, MD (SVS), Jonathan Thompson, MD (SVS) and Joseph Turek, MD (STS)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

33881	A 68-year-old male with hypertension, 50 pack-years smoking, and previous myocardial infarction is found to have a 7-cm diameter descending thoracic aortic aneurysm that begins several centimeters beyond the left subclavian artery origin. Endovascular repair of his descending thoracic aortic aneurysm is performed. The proximal portion of the endoprosthesis does not cover the left subclavian artery origin.
33882	A 68-year-old male with hypertension, 50 pack-years smoking, and previous myocardial infarction is found to have a 7-cm diameter descending thoracic aortic aneurysm that begins at the origin of left subclavian artery. Endovascular repair of the descending thoracic aortic aneurysm with a single branch endoprosthesis to the subclavian artery is performed.
33883	A 68-year-old male with hypertension, 50 pack-years smoking, and previous myocardial infarction underwent endovascular repair of descending thoracic aortic aneurysm one year ago. On follow-up CT scan he is found to have a proximal endoleak. Endovascular repair with a proximal extension prosthesis is performed.
33886	A 68-year-old male with hypertension, 50 pack-years smoking, and previous myocardial infarction underwent endovascular repair of descending thoracic aortic aneurysm one year ago. On follow-up CT scan he is found to have a distal endoleak. Endovascular repair with a distal extension prosthesis is performed.
35602	A 65-year-old female with hypertension, 50 pack-years smoking, and previous myocardial infarction is found to have a 7-cm descending thoracic aortic aneurysm. The aneurysm originates immediately beyond her left common carotid artery origin. To achieve a hemostatic proximal seal zone, an endoprosthesis will need to be deployed across (and therefore occlude) the origin of this vessel. To maintain blood flow to her brain, a cross-neck carotid-carotid bypass is performed using a synthetic conduit.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

The specialty societies convened a consensus panel consisting of practicing physicians who perform the procedures. The consensus panel developed the PE recommendations based on best practices and RUC guidelines.

FACILITY DIRECT PE INPUTS

CPT CODE(S):33880, 33881, 33882, 33883, 33886, 35602
SPECIALTY SOCIETY(IES): SIR, STS, SVS
PRESENTER(S): Vigneshwar Kasirajan, MD (STS), Robert Kennedy, MD (SIR), Minhaj Khaja, MD (SIR), James Levett, MD (STS), Matthew Sideman, MD (SVS), Jonathan Thompson, MD (SVS) and Joseph Turek, MD (STS)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

The specialty societies included the current PE inputs for all the existing codes in this family. The specialty societies also included CPT Code 34701 as a reference code for new code 33882. CPT Code 34701 is a recently reviewed, facility only service, 90 day global period performed by the specialties making the recommendations for Tab 5.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

No

See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

The specialty societies are recommending the standard 90 day package. The recommendations (eg, clinical labor, supplies, time on equipment) are directly related to the recommended office visits. Any increase over the aggregate current practice expense cost relates to CMS pricing. **Compelling evidence was accepted based on new technology and change in global period:** New code 33882 was created to describe a new stent that accommodates the left subclavian artery, thus new technology, and the bypass code 35602 is changing from a 000-day global to a 090-day global.

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

CPT Code 35602 represents a current code (33891) transitioning from a 000 day service to a 90 day service.

FACILITY DIRECT PE INPUTS

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Clinical staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included. Staff coordinates collection and documentation of imaging/lab results, patient specific information and other relevant patient information for a surgical procedure. Clinical staff coordinates schedules. Clinical staff enters and records all clinical updates in EHR. Clinical staff interacts with facility to schedule space, supplies, equipment, and review checklists. Clinical staff reviews procedure, complication risk, process of recovery, and answers patient/family questions. Clinical staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status and answers final pre-admission questions.

   b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon office medical record, including medication list, correspondence and imaging or lab results pending at discharge.

   c. Post-service period:

The clinical staff work includes the standard activities involved in the E/M visit including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, and cleaning of the room.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

FACILITY DIRECT PE INPUTS

CPT CODE(S):33880, 33881, 33882, 33883, 33886, 35602
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

SA048 pack, minimum multi-specialty visit SA053 pack, post-op incision care (suture & staple)

FACILITY DIRECT PE INPUTS

CPT CODE(S):33880, 33881, 33882, 33883, 33886, 35602
SPECIALTY SOCIETY(IES): SIR, STS, SVS
PRESENTER(S): Vigneshwar Kasirajan, MD (STS), Robert Kennedy, MD (SIR), Minhaj Khaja, MD (SIR), James Levett, MD (STS), Matthew Sideman, MD (SVS), Jonathan Thompson, MD (SVS) and Joseph Turek, MD (STS)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, post-op incision care (suture & staple)	**SA053**	**pack**	
kit, staple removal		kit	1
kit, suture removal		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	1
steri-strip (6 strip uou)		item	2
swab-pad, alcohol		item	2
tape, surgical paper 1in (Micropore)		inch	12
tincture of benzoin, swab		item	1

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).

b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

The specialty societies are recommending the office visit formula for the following equipment items: EQ168 light, exam EF031 table, power

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

FACILITY DIRECT PE INPUTS

CPT CODE(S):33880, 33881, 33882, 33883, 33886, 35602
SPECIALTY SOCIETY(IES): SIR, STS, SVS
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Bilateral femoral access is required for TEVAR, with an associated skin incision. How this incision is closed is at the discretion of the surgeon, with either sutures or staples. At the Practice Expense Subcommittee, it was discussed the typical incision would be closed with staples. The specialties changed the suture and staple removal kit (SA053) to a staple removal kit (SA052).

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	I	J	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**33880**		**33880**		**33881**		**33881**	
3		***RUC Collaboration Website***				Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin		Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft covering the left subclavian artery and all aortic tube endograft extension(s) proximally in the aortic arch and ascending aorta and distally to the celiac artery, when performed		Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin		Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft not involving coverage of the left subclavian artery origin and all endograft extension(s) placed from the level of the left subclavian carotid artery to the celiac artery	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 5 **Specialty:** SIR, STS, SVS	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**								
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**		**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 94.63**	**$ -**	**$ 103.47**	**$ -**	**$ 94.63**	**$ -**	**$ 103.47**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**144**	**0**	**161**	**0**	**144**	**0**	**161**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**60**	**0**	**60**	**0**	**60**	**0**	**60**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**12**	**0**	**12**	**0**	**12**	**0**	**12**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**72**	**0**	**89**	**0**	**72**	**0**	**89**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 77.76**	**$ -**	**$ 86.94**	**$ -**	**$ 77.76**	**$ -**	**$ 86.94**
13		**PRE-SERVICE PERIOD**											
14		**Start: Following visit when decision for surgery/procedure made**											
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20		20		20		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8		8		8		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7		7		7		7
29		**End: When patient enters office/facility for surgery/procedure**											
30		**SERVICE PERIOD**											
31		**Start: When patient enters office/facility for surgery/procedure:**											
32		**Pre-Service (of service period)**											
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**
81		**End: Patient leaves office/facility**											
82		**POST-SERVICE PERIOD**											
83		**Start: Patient leaves office/facility**											
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16										
88		99212 27 minutes	27										
89		99213 36 minutes	36				2		1		2		1
90		99214 53 minutes	53						1				1
91		99215 63 minutes	63										
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0**	**72**	**0**	**89**	**0**	**72**	**0**	**89**
99		**End: with last office visit before end of global period**											

	A	B	D	E	F	I	J	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**33880**		**33880**		**33881**		**33881**	
3		***RUC Collaboration Website***				Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin		Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft covering the left subclavian artery and all aortic tube endograft extension(s) proximally in the aortic arch and ascending aorta and distally to the celiac artery, when performed		Endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); not involving coverage of left subclavian artery origin, initial endoprosthesis plus descending thoracic aortic extension(s), if required, to level of celiac artery origin		Endovascular repair of thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation; by deployment of an aorto-aortic tube endograft not involving coverage of the left subclavian artery origin and all endograft extension(s) placed from the level of the left subclavian carotid artery to the celiac artery	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 5 **Specialty:** SIR, STS, SVS	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**								
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**					**090**		**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 94.63**	**$ -**	**$ 103.47**	**$ -**	**$ 94.63**	**$ -**	**$ 103.47**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**144**	**0**	**161**	**0**	**144**	**0**	**161**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**60**	**0**	**60**	**0**	**60**	**0**	**60**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**12**	**0**	**12**	**0**	**12**	**0**	**12**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**72**	**0**	**89**	**0**	**72**	**0**	**89**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**									
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 15.51**	**$ -**	**$ 14.84**	**$ -**	**$ 15.51**	**$ -**	**$ 14.84**
102	SA048	pack, minimum multi-specialty visit	5.02	pack			2		2		2		2
103	SA052	pack, post-op incision care (staple)	4.8	pack					**1**				**1**
104	SA053	pack, post-op incision care (suture & staple)	5.47	pack			1		0		1		0
105													
106													
107													
108													
109	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**								
110		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 1.36**	**$ -**	**$ 1.69**	**$ -**	**$ 1.36**	**$ -**	**$ 1.69**
111	EQ168	light, exam	1232.887	Office Visits	0.003271745		72		89		72		89
112	EF031	table, power	5906.76	Office Visits	0.015674926		72		89		72		89
118	EF023	table, exam	4737.727	Office Visits	0.010538571								

	A	B	Q	R	S	T	U	V	W	X	Y	Z
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**	
2			**34701**		**33882**		**33883**		**33883**		**33886**	
3		***RUC Collaboration Website***	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)		Endovascular repair of the thoracic aorta by deployment of a branched endograft multipiece system involving an aorto-aortic tube device with a fenestration for the left subclavian artery stent graft(s) and all aortic tube endograft extension(s) placed from the level of the left common carotid artery to the celiac artery, including preprocedure sizing and device selection, all target zone angioplasty, all nonselective catheterization(s) and left subclavian artery selective		Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension		Delayed placement of proximal extension prosthesis(es) not involving coverage of the left subclavian artery origin, after endovascular repair of the thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed		Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 5 **Specialty:** SIR, STS, SVS										
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**		**090**		**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 88.40**	**$ -**	**$ 103.47**	**$ -**	**$ 94.63**	**$ -**	**$ 103.47**	**$ -**	**$ 94.63**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**135**	**0**	**161**	**0**	**144**	**0**	**161**	**0**	**144**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**60**	**0**	**60**	**0**	**60**	**0**	**60**	**0**	**60**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**12**	**0**	**12**	**0**	**12**	**0**	**12**	**0**	**12**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**63**	**0**	**89**	**0**	**72**	**0**	**89**	**0**	**72**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 72.90**	**$ -**	**$ 86.94**	**$ -**	**$ 77.76**	**$ -**	**$ 86.94**	**$ -**	**$ 77.76**
13		**PRE-SERVICE PERIOD**										
14		**Start: Following visit when decision for surgery/procedure made**										
15	CA001	Complete pre-service diagnostic and referral forms		5		5		5		5		5
16	CA002	Coordinate pre-surgery services (including test results)		20		20		20		20		20
17	CA003	Schedule space and equipment in facility		8		8		8		8		8
18	CA004	Provide pre-service education/obtain consent		20		20		20		20		20
19	CA005	Complete pre-procedure phone calls and prescription		7		7		7		7		7
29		**End: When patient enters office/facility for surgery/procedure**										
30		**SERVICE PERIOD**										
31		**Start: When patient enters office/facility for surgery/procedure:**										
32		**Pre-Service (of service period)**										
74	CA036	Discharge day management	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**
81		**End: Patient leaves office/facility**										
82		**POST-SERVICE PERIOD**										
83		**Start: Patient leaves office/facility**										
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes										
88		99212 27 minutes		1								
89		99213 36 minutes		1		1		2		1		2
90		99214 53 minutes				1				1		
91		99215 63 minutes										
92	CA039	Post-operative visits (total time)	**0.0**	**63**	**0**	**89**	**0**	**72**	**0**	**89**	**0**	**72**
99		**End: with last office visit before end of global period**										

	A	B	Q	R	S	T	U	V	W	X	Y	Z
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**	
2			**34701**		**33882**		**33883**		**33883**		**33886**	
3		***RUC Collaboration Website***	Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)		Endovascular repair of the thoracic aorta by deployment of a branched endograft multipiece system involving an aorto-aortic tube device with a fenestration for the left subclavian artery stent graft(s) and all aortic tube endograft extension(s) placed from the level of the left common carotid artery to the celiac artery, including preprocedure sizing and device selection, all target zone angioplasty, all nonselective catheterization(s) and left subclavian artery selective		Placement of proximal extension prosthesis for endovascular repair of descending thoracic aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption); initial extension		Delayed placement of proximal extension prosthesis(es) not involving coverage of the left subclavian artery origin, after endovascular repair of the thoracic aorta, including pre-procedure sizing and device selection, nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed		Placement of distal extension prosthesis(s) delayed after endovascular repair of descending thoracic aorta	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 5 **Specialty:** SIR, STS, SVS										
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**		**090**		**090**		**090**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 88.40**	**$ -**	**$ 103.47**	**$ -**	**$ 94.63**	**$ -**	**$ 103.47**	**$ -**	**$ 94.63**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**135**	**0**	**161**	**0**	**144**	**0**	**161**	**0**	**144**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**60**	**0**	**60**	**0**	**60**	**0**	**60**	**0**	**60**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**12**	**0**	**12**	**0**	**12**	**0**	**12**	**0**	**12**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**63**	**0**	**89**	**0**	**72**	**0**	**89**	**0**	**72**
100	**Supply Code**	**MEDICAL SUPPLIES**										
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 14.84**	**$ -**	**$ 14.84**	**$ -**	**$ 15.51**	**$ -**	**$ 14.84**	**$ -**	**$ 15.51**
102	SA048	pack, minimum multi-specialty visit		2		2		2		2		2
103	SA052	pack, post-op incision care (staple)		1		**1**				**1**		
104	SA053	pack, post-op incision care (suture & staple)				0		1		0		1
105												
106												
107												
108												
109	**Equipment Code**	**EQUIPMENT**										
110		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 0.66**	**$ -**	**$ 1.69**	**$ -**	**$ 1.36**	**$ -**	**$ 1.69**	**$ -**	**$ 1.36**
111	EQ168	light, exam				89		72		89		72
112	EF031	table, power				89		72		89		72
118	EF023	table, exam		63								

	A	B	AA	AB	AC	AD	AE	AF
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**	
2			**33886**		~~**33891**~~		**35602**	
3		***RUC Collaboration Website***	Delayed placement of distal extension prosthesis(es) from the level of the left subclavian artery to the celiac artery, after endovascular repair of descending thoracic aorta, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation		~~Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision~~		Bypass graft, with other than vein; carotid-contralateral carotid	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 5 **Specialty:** SIR, STS, SVS						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**		**000**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 103.47**	**$ -**	**$ -**	**$ -**	**$ 103.47**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**161**	**0**	**0**	**0**	**161**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**60**	**0**	**0**	**0**	**60**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**12**	**0**	**0**	**0**	**12**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**89**	**0**	**0**	**0**	**89**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 86.94**	**$ -**	**$ -**	**$ -**	**$ 86.94**
13		**PRE-SERVICE PERIOD**						
14		**Start: Following visit when decision for surgery/procedure made**						
15	CA001	Complete pre-service diagnostic and referral forms		5				5
16	CA002	Coordinate pre-surgery services (including test results)		20				20
17	CA003	Schedule space and equipment in facility		8				8
18	CA004	Provide pre-service education/obtain consent		20				20
19	CA005	Complete pre-procedure phone calls and prescription		7				7
29		**End: When patient enters office/facility for surgery/procedure**						
30		**SERVICE PERIOD**						
31		**Start: When patient enters office/facility for surgery/procedure:**						
32		**Pre-Service (of service period)**						
74	CA036	Discharge day management	**n/a**	**12**	**n/a**		**n/a**	**12**
81		**End: Patient leaves office/facility**						
82		**POST-SERVICE PERIOD**						
83		**Start: Patient leaves office/facility**						
86		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes						
88		99212 27 minutes						
89		99213 36 minutes		1				1
90		99214 53 minutes		1				1
91		99215 63 minutes						
92	CA039	Post-operative visits (total time)	**0**	**89**	**0**	**0**	**0**	**89**
99		**End: with last office visit before end of global period**						

	A	B	AA	AB	AC	AD	AE	AF
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**	
2			**33886**		~~**33891**~~		**35602**	
3		***RUC Collaboration Website***	Delayed placement of distal extension prosthesis(es) from the level of the left subclavian artery to the celiac artery, after endovascular repair of descending thoracic aorta, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation		~~Bypass graft, with other than vein, transcervical retropharyngeal carotid-carotid, performed in conjunction with endovascular repair of descending thoracic aorta, by neck incision~~		Bypass graft, with other than vein; carotid-contralateral carotid	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 5 **Specialty:** SIR, STS, SVS						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**090**		**000**		**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 103.47**	**$ -**	**$ -**	**$ -**	**$ 103.47**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**161**	**0**	**0**	**0**	**161**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**60**	**0**	**0**	**0**	**60**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**12**	**0**	**0**	**0**	**12**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**89**	**0**	**0**	**0**	**89**
100	**Supply Code**	**MEDICAL SUPPLIES**						
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 14.84**	**$ -**	**$ -**	**$ -**	**$ 14.84**
102	SA048	pack, minimum multi-specialty visit		2				2
103	SA052	pack, post-op incision care (staple)		**1**				**1**
104	SA053	pack, post-op incision care (suture & staple)		0				0
105								
106								
107								
108								
109	**Equipment Code**	**EQUIPMENT**						
110		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 1.69**	**$ -**	**$ -**	**$ -**	**$ 1.69**
111	EQ168	light, exam		89				89
112	EF031	table, power		89				89
118	EF023	table, exam						

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: PE High-Cost Supplies and High-Volume Growth (37220-37235)*

January 2025

Lower Extremity Revascularization – Tab 06

In October 2018, CPT codes 37225, 37227 and 37229 were identified by the Relativity Assessment Workgroup's (RAW's) PE High-Cost Supplies screen for services with non-facility Medicare utilization over 10,000, which were not reviewed in the last five years and include a supply item greater than $500. The RUC requested an action plan for the January 2019 RUC meeting proposing how to address these flagged services. The RAW reviewed the action plan for these services and noted that CMS repriced these supply items for 2019. The specialty societies indicated that they agreed these supply items were essential to perform CPT codes 37225, 37227 and 37229 and that the current repricing activity was appropriate. The RAW noted that CPT code 37229 was also identified on the High-Volume Growth screen at that meeting and the Workgroup agreed with the specialty societies to refer this entire family of services to CPT for revision to accommodate new technologies. The specialty societies worked with the CPT Editorial Panel and submitted multiple code change applications (CCAs). In September 2021, the CPT Editorial Panel did not approve of the proposed coding changes which suggested unbundling previous bundling efforts.

Since this issue was not addressed via the CPT process in September 2021, it was placed back on the RAW agenda for review. In April 2022, the RAW discussed the complexity of this issue and determined that coding clarification was still necessary. The RAW recommended that a joint CPT/RUC Workgroup be created to develop coding solutions for the endovascular revascularization (37220-37235) code family. In September 2022, CPT indicated the specialty societies should develop a CCA by the May 2024 CPT meeting. The specialties successfully submitted a CCA for the September 2024 CPT Editorial Panel meeting. The CPT Editorial Panel created four new subsections and 46 new codes to report lower extremity revascularization (LER) services. The 16 existing codes (37220-37235) to report these services were deleted.

The CPT Editorial Panel updated the code set to include more granularity to better reflect the large changes in technology and standards of practice since the code family was last updated 13 years ago, including the migration of many of these services to the outpatient and non-facility settings. The code set was updated to more appropriately recognize the variation in physician work and practice expense when LER services are performed for a stenosis (ie a straightforward lesion) versus an occlusion (ie a complex lesion), when these procedures are performed in multiple vessels in the same territory, and to recognize that certain services require specific balloons, stents, catheters and/or atherectomy devices depending on what vessel is typically being treated.

The specialties noted and the RUC concurred that the consequences of a complication with distal embolization or rupture of the vessel, which are risks for LER procedures, can lead to worsening circulation in the patient and can lead to amputation. It can create a patient that has a chronic ischemia or turn the patient into an acute ischemia, where the patient would need to go directly from the lab to an operating room to try to bypass or reestablish blood flow. The risks of complications are present with all lower extremity revascularizations, though they are higher with complex lesions, increasing the intensity of physician work for these services.

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New Coding Structure
This code family includes 22 new 000-day global codes which are now differentiated between straightforward or complex lesions and cover 4 different vascular territories. The new code structure maintains a unilateral coding structure, where add-on codes would only reported if there is a second or subsequent vessel treated in the same territory and the same leg. A straightforward lesion is defined as a stenosis and a complex lesion is defined as an occlusion. When a procedure involves lesions in more than one vascular territory, then these services are subject to CMS' multiple procedure payment reduction policy. Unlike the other three vascular territories, the femoral and popliteal vascular territory did not previously include add-on codes under the legacy coding structure – instead, that territory previously included only base codes that were for one or more vessels in that territory. The code family now includes 22 new add-on codes that describe performing these services on additional vessels and 2 add-on codes for reporting intravascular lithotripsy(ies). There are codes specific to balloon transluminal angioplasty (TA), stent with TA, atherectomy with TA, stent and atherectomy with TA and lithotripsy of calcified vessels. Codes 37254-37299 include:

1. All maneuvers necessary for
    a. accessing and selectively catheterizing the artery,
    b. crossing the lesion, and
    c. performing the endovascular intervention
2. All imaging
    a. for intraprocedural guidance including radiological supervision and interpretation directly related to the intervention performed,
    b. to document completion of the intervention, and
    c. to document completion of the procedure
3. Embolic protection if used; and
4. Closure of the arteriotomy by pressure and application of an arterial closure device or standard closure of the puncture by suture.

Research-Approved Custom Survey Methodology
In September 2024, the Research Subcommittee approved a custom survey methodology which included conducting a standard RUC survey of 11 anchor codes for the family and then conducting an abbreviated survey for the other 35 codes. The 11 anchor codes represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. The 35 abbreviated survey codes were split into two groups and survey respondents only received one of those two groups along with the 11 core codes. There were two notable changes made to the abbreviated survey. First, survey respondents were provided with one of the anchor codes as a comparator instead of using a reference service list; second, survey respondents were only asked one question per abbreviated code in the intensity/complexity section.

Compelling Evidence
The RUC reviewed compelling evidence based on a change in technology, change in patient population and change in site of service. The specialties noted that there have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug-eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions. They also noted that this evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced diseases and more complex patients. Therefore, the complexity and pathology of the typical patient is significantly different today. As both techniques and technology

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have developed over the years, the shift of procedures from open surgical bypass to endovascular has continued. In addition, patients who were previously thought to be poor candidates for revascularization (either through surgical or endovascular methods) are now being routinely treated with documented safety. Advanced age, extensive arterial occlusive disease and advanced limb ischemia are no longer exclusion criteria for endovascular revascularization and for that reason, the patient population has significantly changed.

Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. At that time, the non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation. **The RUC accepted compelling evidence based on changes in technology, patient population, and site of service.**

General Relativity within the Lower Extremity Revascularization Code Family
The RUC reviewed intra-family relativity across three main dimensions: straightforward to complex, proximal to distal territories, and increasing complexity of interventions. The RUC concurred with the specialties that the hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. It was also agreed upon that interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < inframalleolar.

As part of their deliberations, the RUC noted that in general the survey data was robust. However, in order to ensure proper relativity within a 46 code family, it would sometimes be appropriate to use direct work RVU crosswalks. The RUC noted that the second page of the summary spreadsheet, titled "Delta," provides additional context on the relativity within the code family.

Pre-service and Post-service Time
The RUC adjusted the times to be consistent with the survey pre-service time for each 000-day global code to reflect the time typically required to perform the pre-service evaluation and other work to prepare for the procedure. The evaluation time beyond the standard package time includes time for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff. The positioning time beyond the standard package time includes positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required to be able to obtain all necessary views to treat the lesion. The immediate post-service time beyond the standard package time includes time to document the additional radiologic supervision and interpretation portion of the procedure in the operative note.

Iliac Vascular Territory (37254-37262)

37254 ***Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel***

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The RUC reviewed the survey results from 113 surgeons and determined that the 25th percentile work RVU of 7.30 appropriately accounts for the physician work required to perform this service. This is one of the eleven survey codes that underwent a full standard RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 60 minutes intra-service time, 30 minutes immediate post-service time. This would be reported for an initial vessel with stenosis in the iliac vascular territory.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 36905 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty* (work RVU= 9.00, intra-service time= 75, total time= 126) and noted that the surveyed code typically involves 15 minutes less intra-service time and is a somewhat less intense service to perform. The RUC also compared the survey code to second key reference code 36253 *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral* (work RVU= 7.30, intra-service time= 60, total time= 121) and determined that both services typically involve the same amount of intra-service time, similar total time and the same overall amount of physician work. **The RUC recommends a work RVU of 7.30 for CPT code 37254.**

+37255 ***Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 113 surgeons and determined that the 25th percentile work RVU of 3.00 appropriately accounts for the physician work required to perform this service. This is one of the eleven survey codes that underwent a full standard RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes intra-service and total time. This would be reported for a stenosis after treating an initial iliac vessel on the ipsilateral side.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 37247 *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)* (work RVU= 3.50, intra-service time and total time= 30) and noted that both services typically involve the same amount of time, though the reference code is somewhat more intense to perform. The RUC also compared the surveyed code to CPT code 36908 *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)* (work RVU= 4.25, intra-service time and total time= 40) and

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noted that the surveyed code typically involves 10 fewer minutes and would have appropriate relativity to this reference code. **The RUC recommends a work RVU of 3.00 for CPT code 37255.**

37256 ***Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel***
The RUC reviewed the survey results from 113 surgeons and determined that the 25th percentile work RVU of 10.75 appropriately accounts for the physician work required to perform this service. This is one of the eleven survey codes that underwent a full standard RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 80 minutes intra-service time, 30 minutes immediate post-service time. This procedure would typically be in the common iliac artery. This procedure describes an angioplasty for an occlusion where it requires the additional work of crossing the occluded vessel and reentering the true lumen beyond the occlusion, which greatly increases the intensity and risk of complications for this procedure.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 36906 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit* (work RVU= 10.42, intra-service time= 90, total time= 141) and determined that although the surveyed code involves less intra-service time, it involves more total time and is slightly more intense to perform. **The RUC recommends a work RVU of 10.75 for CPT code 37256.**

+37257 ***Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 48 surgeons and determined that the 25th percentile work RVU of 3.89 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 36 minutes intra-service and total time. This add-on code describes an angioplasty for an occlusion which requires the additional work of crossing the occluded vessel and reentering the true lumen beyond the occlusion, which greatly increases the intensity and risk of complications for this procedure.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37255 (recommended work RVU= 3.00, intra-service and total time= 30) to ensure appropriate relativity within the family and noted that both services typically involve the same amount of time, though 37257 is more intense as it is for a complex lesion. For further support, the RUC also referenced CPT Code 37247 *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery;*

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each additional artery (List separately in addition to code for primary procedure) (work RVU= 3.50, intra-service time and total time= 30) and noted that both services are valued similarly and have similar times. **The RUC recommends a work RVU of 3.89 for CPT code 37257.**

37258 ***Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel***
The RUC reviewed the survey results from 48 surgeons and determined that the 25th percentile work RVU of 8.75 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 75 minutes intra-service time, 30 minutes immediate post-service time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37254 (recommended work RVU= 7.30, intra-service time= 60, total time= 128) to ensure appropriate relativity within the family and determined that 37258 code typically involves 15 more minutes of time and a more complex treatment modality. For further support, the RUC also referenced CPT code 36905 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty* (work RVU= 9.00, intra-service time= 75, total time= 126) and noted that both services typically involve the same intra-service time. **The RUC recommends a work RVU of 8.75 for CPT code 37258.**

+37259 ***Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 48 surgeons and determined that the 25th percentile work RVU of 4.00 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 40 minutes intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37255 (recommended work RVU= 3.00, intra-service and total time= 30) to ensure appropriate relativity within the family and determined that 37259 typically involves 10 more minutes of time and includes a more intensive treatment modality. For further support, the RUC also referenced CPT Code 37247 *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)* (work RVU= 3.50, intra-service and total time= 30) and noted that the surveyed code typically involves 10 more minutes of time. **The RUC recommends a work RVU of 4.00 for CPT code 37259.**

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37260 ***Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel***
The RUC reviewed the survey results from 48 surgeons and determined that the 25th percentile work RVU of 12.69 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 117 minutes intra-service time, 30 minutes immediate post-service time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37256 (recommended work RVU= 10.75, intra-service time= 80, total time= 148) to ensure appropriate relativity within the family and determined that 37256 typically involves 37 more minutes and a more intensive treatment modality. For further support, the RUC also referenced CPT code 49594 *Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated* (work RVU= 13.46, intra-service time= 120, total time= 225) and noted that the reference code involves similar intra-service time and somewhat more total time. **The RUC recommends a work RVU of 12.69 for CPT code 37260.**

+37261 ***Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel***
The RUC reviewed the survey results from 48 surgeons and determined that the survey 25th percentile work RVU of 4.25 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 44 minutes intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37255 (recommended work RVU= 3.00, intra-service time= 30, total time= 30) to ensure appropriate relativity within the family and determined that 37261 involves 14 more minutes of time and describes a complex lesion. For further support, the RUC also referenced CPT code 34709 *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated* (List separately in addition to code for primary procedure) (work RVU= 6.50, intra-service and total time= 60) and noted that the reference code involves 16 more minutes of time and has appropriate relativity to the surveyed code. **The RUC recommends a work RVU of 4.25 for CPT code 37261.**

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+37262 ***Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 113 surgeons and determined that the 25th percentile work RVU of 3.00 appropriately accounts for the physician work required to perform this service. This is one of the eleven survey codes that underwent a full standard RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes intra-service and total time.

Intravascular lithotripsy is a new technology combining angioplasty with lithotripsy specifically for lesions that are heavily calcified. The balloon is inserted over a wire and inflated to where contact is made with the balloon in the vessel wall. The catheter is then connected to a generator, and pulses of ultrasonic energy are emitted from multiple transducers within the balloon itself, and transmitted through the fluid in the balloon into the wall of the vessel with the idea of causing microfractures within the calcium of the wall, so that the vessel can respond better to a standard angioplasty and/or a stent.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 36908 *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)* (work RVU= 4.25, intra-service and total time= 40) and determined that the key reference code typically involves 10 more minutes and both codes would have appropriate relativity. The RUC also compared the survey code to second key reference code 37247 *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)* (work RVU= 3.50, intra-service and total time= 30) and noted that the surveyed code is somewhat less intense to perform. **The RUC recommends a work RVU of 3.00 for CPT code 37262.**

Femoral and Popliteal Vascular Territory (37263-37279)

37263 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel***
The RUC reviewed the survey results from 48 surgeons and determined a direct work RVU crosswalk to CPT code 37211 *Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment day* (work RVU= 7.75, intra-service time= 60, total time= 128) appropriately accounts for the work required to perform this service. Both services typically involve the same amount of intra-service time and total time, as well as the same overall amount of physician work. The surveyed code is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 60 minutes intra-service time, 30 minutes immediate post-service time. Unlike the other three vascular territories, the femoral and popliteal vascular territory did not have any add-on codes under the legacy coding structure. The presenters noted that the femoral and popliteal vascular territory is deeper and generally more complex than the iliac vascular territory. The specialty societies noted that the lesions

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in the femoral and popliteal territory are typically of greater length, require more time to perform and are more intense than a comparative iliac lesion.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37267 (recommended work RVU= 8.75, intra-service time= 75, total time= 143) and determined that both codes maintain the appropriate relativity in this family of services. This reference code typically requires more time and involves a treatment modality that is also somewhat more intense (stent placement with angioplasty, when performed versus angioplasty alone). For further support, the RUC also referenced CPT code 36905 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty* (work RVU= 9.00, intra-service time= 75, total time= 126) and noted that the surveyed code typically involves 15 minutes less of intra-service time, and would have appropriate relativity with this reference code. **The RUC recommends a work RVU of 7.75 for CPT code 37263.**

+37264 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 48 surgeons and determined that the 25th percentile work RVU of 3.00 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37268 (recommended work RVU= 3.73, intra-service time= 35, total time= 35) to ensure appropriate relativity within the family and determined that 37264 typically involves 5 less minutes and a less complex treatment modality (angioplasty alone versus stent placement with angioplasty, when performed). The RUC also referenced CPT code 37247 *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)* (work RVU= 3.50, intra-service time= 30, total time= 30), which involves the same amount of time, though is somewhat more intense to perform. **The RUC recommends a work RVU of 3.00 for CPT code 37264.**

37265 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel***
The RUC reviewed the survey results from 48 surgeons and determined that the 25th percentile work RVU of 10.50 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the

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custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 90 minutes intra-service time, 30 minutes immediate post-service time. Unlike the other three vascular territories, the femoral and popliteal vascular territory did not have any add-on codes under the legacy coding structure. The presenters noted that the femoral and popliteal vascular territory is deeper and generally more complex than the iliac vascular territory. The specialty societies noted that the lesions in the femoral and popliteal territory are typically of greater length, require more time to perform, and are more intense than a comparative iliac lesion.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37269 (recommended work RVU= 14.75, intra-service time= 110, total time= 178) to ensure appropriate relativity within the family and determined that 37265 typically involves 20 minutes less intra-service and total time and a less complex treatment modality (angioplasty alone versus stent placement with angioplasty, when performed). The RUC also compared the survey code to CPT code 36906 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit* (work RVU= 10.42, intra-service time= 90, total time= 141) and noted that both codes typically involve an identical amount of intra-service time and a similar amount of total time. **The RUC recommends a work RVU of 10.50 for CPT code 37265.**

37266 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 48 surgeons and determined that the 25th percentile work RVU of 4.00 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 40 minutes intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37268 (recommended work RVU= 3.73, intra-service time= 35, total time= 35) to ensure appropriate relativity within the family and determined that 37266 typically involves 5 more minutes and a complex lesion. The RUC also referenced CPT code 44128 *Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)* (work RVU= 4.44, intra-service and total time= 40) and noted that both services typically involve the same amount of time, though the reference code is somewhat more intense to perform typically. **The RUC recommends a work RVU of 4.00 for CPT code 37266.**

37267 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel***

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The RUC reviewed the survey results from 113 surgeons and determined that the 25th percentile work RVU of 8.75 appropriately accounts for the physician work required to perform this service. This is one of the eleven survey codes that underwent a full standard RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 75 minutes intra-service time, 30 minutes immediate post-service time. Unlike the other three vascular territories, the femoral and popliteal vascular territory did not have any add-on codes under the legacy coding structure. This is typically performed in the vessel in the whole family is the longest vessel treated, the superficial femoral popliteal vessel, which will average somewhere around 40 cm, depending on the height of the patient. The specialty societies noted that the femoral and popliteal vascular territory is deeper and generally more complex than the iliac vascular territory. The specialty societies noted that the lesions in the femoral and popliteal territory are typically of greater length, require more time to perform and are more intense than a comparative iliac lesion.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 36906 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit* (work RVU= 10.42, intra-service time= 90, total time= 141) and determined that the surveyed code typically involves 15 minutes less intra-service time. The RUC also compared the survey code to second key reference code 36905 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty* (work RVU= 9.00, intra-service time= 75, total time= 126) and noted that both services involve the same amount of intra-service time and a similar amount of physician work. **The RUC recommends a work RVU of 8.75 for CPT code 37267.**

37268 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 113 surgeons and determined that the 25th percentile work RVU of 3.73 appropriately accounts for the physician work required to perform this service. This is one of the eleven survey codes that underwent a full standard RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 35 minutes of intra-service and total time. Add-on codes did not exist in the previous code structure for this vascular territory.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 36908 *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)* (work RVU= 4.25, intra-service and total time= 40) and noted that the surveyed code typically involves 5 minutes less of intra-service

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and total time. The RUC also compared the survey code to the second key reference code 34709 *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)* (work RVU= 6.50, intra-service time= 60, total time= 60) and noted that the reference code typically involves 25 minutes more of intra-service and total time. **The RUC recommends a work RVU of 3.73 for CPT code 37268.**

37269 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel***
The RUC reviewed the survey results from 113 surgeons and determined that the 25th percentile work RVU of 14.75 appropriately accounts for the physician work required to perform this service. This is one of the eleven survey codes that underwent a full standard RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 110 minutes intra-service time, 30 minutes immediate post-service time. Unlike the other three vascular territories, the femoral and popliteal vascular territory did not have any add-on codes under the legacy coding structure. This is typically performed in the vessel in the whole family is the longest vessel treated, the superficial femoral popliteal vessel, which will average somewhere around 40 cm, depending on the height of the patient The specialty societies noted that this is the service with the highest physician work intensity in the code family. The presenters noted that the femoral and popliteal vascular territory is deeper and generally more complex than the iliac vascular territory. The specialty societies noted that the lesions in the femoral and popliteal territory are typically of greater length, require more time to perform, and are more intense than a comparative iliac lesion.

The presenters noted that these complex chronic total occlusions of the superficial femoral popliteal artery can have very long occlusions. They often require advanced techniques to cross the lesion. Often, the surgeons use advanced reentry catheters as part of this procedure.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 61645 *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)* (work RVU= 15.00, intra-service time= 100, total time= 241) and noted that, although the surveyed code involves 10 more minutes of intra-service time, the reference code involves more total time. The RUC also compared the survey code to the second key reference code 36906 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit* (work RVU= 10.42, intra-service time= 90, total time= 141) and noted that the surveyed code typically involves much more time and work to perform. **The RUC recommends a work RVU of 14.75 for CPT code 37269.**

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37270 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 48 surgeons and determined that the 25th percentile work RVU of 5.00 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 52 minutes intra-service time and total time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37268 (recommended work RVU= 3.73, intra-service and total time= 35) to ensure appropriate relativity within the family and determined that 37270 typically involves 17 more minutes and describes a complex lesion. The RUC also referenced CPT code 34715 *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral* (work RVU= 6.00, intra-service and total time= 60) and noted that the surveyed code typically involves 8 minutes less of intra-service and total time, as well as somewhat less physician work. **The RUC recommends a work RVU of 5.00 for CPT code 37270.**

37271 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel***
The RUC reviewed the survey results from 48 surgeons and determined that the 25th percentile work RVU of 9.00 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 90 minutes intra-service time, 30 minutes immediate post-service time. Unlike the other three vascular territories, the femoral and popliteal vascular territory did not have any add-on codes under the legacy coding structure. The presenters noted that the femoral and popliteal vascular territory is deeper and generally more complex than the iliac vascular territory. The specialty societies noted that the lesions in the femoral and popliteal territory are typically of greater length, require more time to perform and are more intense than a comparative iliac lesion.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37267 (recommended work RVU= 8.75, intra-service time= 75, total time= 143) to ensure appropriate relativity within the family and determined that 37271 typically involves 15 more minutes of time and a more complex treatment modality (atherectomy with angioplasty, when performed versus stent placement with angioplasty, when performed). The RUC also compared the survey code to CPT code 36905 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the*

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angioplasty (work RVU= 9.00, intra-service time= 75, total time= 126) and noted that although the surveyed code involves more time, it is a somewhat less intense service to perform. **The RUC recommends a work RVU of 9.00 for CPT code 37271.**

37272 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel***
The RUC reviewed the survey results from 48 surgeons and determined that the 25th percentile work RVU of 4.00 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 43 minutes intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37268 (recommended work RVU= 3.73, intra-service time= 35, total time= 35) to ensure appropriate relativity within the family and determined that the 37272 typically involves 8 more minutes of time and a more complex treatment modality (atherectomy with angioplasty, when performed versus stent placement with angioplasty, when performed). The RUC also compared the survey code to CPT code 37237 *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery* (work RVU= 4.25, intra-service time= 45, total time= 47) and noted that the reference code involves slightly more intra-service and total time. **The RUC recommends a work RVU of 4.00 for CPT code 37272.**

37273 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel***
The RUC reviewed the survey results from 48 surgeons and determined that the 25th percentile work RVU of 12.63 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 118 minutes intra-service time, 30 minutes immediate post-service time. Unlike the other 3 vascular territories, the femoral and popliteal vascular territory did not have any add-on codes under the legacy coding structure. The presenters noted that the femoral and popliteal vascular territory is deeper and generally more complex than the iliac vascular territory. The specialty societies noted that the lesions in the femoral and popliteal territory are typically of greater length, require more time to perform and are more intense than a comparative iliac lesion.

To support the recommended work RVU, the RUC compared the surveyed code to CPT code 49594 *Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated* (work RVU= 13.46, intra-service time= 120, total time= 225) and noted that both codes involve a similar amount of intra-service time, the reference code involves more total time and the

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surveyed code has higher level of physician work intensity. The RUC also compared the survey code to CPT code 49621 *Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible* (work RVU= 13.70, intra-service= 120 minutes, total time= 220 minutes) and noted that both services also involve a similar amount of intra-service time, though the reference code involves more total time. **The RUC recommends a work RVU of 12.63 for CPT code 37273.**

37274 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 48 surgeons and determined that the 25th percentile work RVU of 5.50 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 60 minutes intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37268 (recommended work RVU= 3.73, intra-service and total time= 35) to ensure appropriate relativity within the family and noted that 37274 typically 25 more minutes of time as it involves a complex patient and a more intensive treatment modality (atherectomy with angioplasty, when performed versus stent placement with angioplasty, when performed). For further support, the RUC also referenced CPT code 34709 *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated* (List separately in addition to code for primary procedure) (work RVU= 6.50, intra-service and total time= 60). **The RUC recommends a work RVU of 5.50 for CPT code 37274.**

37275 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel***

The RUC reviewed the survey results from 48 surgeons and determined that the 25th percentile work RVU of 11.00 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 115 minutes intra-service time, 30 minutes immediate post-service time. Unlike the other three vascular territories, the femoral and popliteal vascular territory did not have any add-on codes under the legacy coding structure. The presenters noted that the femoral and popliteal vascular territory is deeper and generally more complex than the iliac vascular

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territory. The specialty societies noted that the lesions in the femoral and popliteal territory are typically of greater length, require more time to perform and are more intense than a comparative iliac lesion.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37267 (recommended work RVU= 8.75, intra-service time= 75, total time= 143) and noted that 37275 typically involves 40 more minutes of intra-service and total time, as although both services involve the placement of a stent, 37275 also involves an atherectomy. The RUC also compared the survey code to CPT code 36906 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit* (work RVU= 10.42, intra-service time= 90, total time= 141) and noted that the surveyed code involves 15 more minutes of intra-service time and 42 more minutes of total time. **The RUC recommends a work RVU of 11.00 for CPT code 37275.**

37276 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 48 surgeons and determined a direct work RVU crosswalk to CPT code 37237 *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery* (work RVU= 4.25, intra-service time= 45, total time= 47) appropriately accounts for the work required to perform this service. Both services typically involve the same amount of time and the same overall amount of physician work. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 45 minutes intra-service time and total time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37268 (recommended work RVU= 3.73, intra-service time= 35, total time= 35) to ensure appropriate relativity within the family and noted that 37276 includes 10 more minutes of time and involves a more intense treatment modality (stent placement with atherectomy and angioplasty, when performed versus stent placement with angioplasty, when performed). The RUC also referenced CPT code 36908 *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)* (work RVU= 4.25, intra-service time= 40, total time= 40). **The RUC recommends a work RVU of 4.25 for CPT code 37276.**

37277 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation***

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necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel
The RUC reviewed the survey results from 46 surgeons and determined a direct work RVU crosswalk to CPT code 93653 *Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium…* (work RVU= 15.00, intra-service time of 120 minutes, total time of 199 minutes) and noted that both services typically involve a similar amount of time and the same overall amount of physician work. CPT code 37277 is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 123 minutes intra-service time, 30 minutes immediate post-service time.

Unlike the other three vascular territories, the femoral and popliteal vascular territory did not have any add-on codes under the legacy coding structure. The presenters noted that the femoral and popliteal vascular territory is deeper and generally more complex than the iliac vascular territory. The specialty societies noted that the lesions in the femoral and popliteal territory are typically of greater length, require more time to perform and are more intense than a comparative iliac lesion.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37269 (recommended work RVU= 14.75, intra-service time= 110, total time= 178) to ensure appropriate relativity within the family and determined that both services have appropriate relativity to one another. The RUC also referenced 61645 *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)* (work RVU= 15.00, intra-service time= 100, total time= 241). **The RUC recommends a work RVU of 15.00 for CPT code 37277.**

37278 ***Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 46 surgeons and determined that the 25th percentile work RVU of 6.00 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends minutes pre-service evaluation time, minutes pre-service positioning time, minutes pre-service scrub/dress/wait time, 60 minutes intra-service time, minutes immediate post-service time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37268 (recommended work RVU= 3.73, intra-service time= 35, total time= 35) to ensure appropriate relativity within the family and determined that code 37278 typically involves 25 more minutes of time. The RUC also compared the survey code to CPT code 34820 *Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral* (work RVU= 7.00, intra-service

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time= 60, total time= 60) and noted that although both services typically involve the same amount of time, the surveyed code is a somewhat less intensive service to perform. **The RUC recommends a work RVU of 6.00 for CPT code 37278.**

37279 ***Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 46 surgeons and determined that the median work RVU of 4.00 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 40 minutes intra-service and total time.

Intravascular lithotripsy is a new technology combining angioplasty with lithotripsy specifically for lesions that are heavily calcified. The balloon is inserted over a wire and inflated to where contact is made with the balloon in the vessel wall. The catheter is then connected to a generator, and pulses of ultrasonic energy are emitted from multiple transducers within the balloon itself, and transmitted through the fluid in the balloon into the wall of the vessel with the idea of causing microfractures within the calcium of the wall, so that the vessel can respond better to a standard angioplasty and/or a stent.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37262 (recommended work RVU= 3.00, intra-service time= 30, total time= 30) to ensure appropriate relativity within the family and noted that 37279 typically involves 10 more minutes of time and is performed in a territory that has smaller vessels. The RUC also referenced CPT code 36908 *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)* (work RVU= 4.25, intra-service time= 40, total time= 40). **The RUC recommends a work RVU of 4.00 for CPT code 37279.**

Tibial and Peroneal Vascular Territory (37280-37295)

37280 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel***
The RUC reviewed the survey results from 46 surgeons and determined that the 25th percentile work RVU of 9.80 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 90 minutes intra-service time, 30 minutes immediate post-service time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37288 (recommended work RVU= 13.50, intra-service time= 120, total time= 188) to ensure appropriate relativity within the family and noted that 37280 typically takes 30 minutes less time and, unlike 37288, does not include the work of an atherectomy. The RUC also referenced CPT code 36906 *Percutaneous transluminal*

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mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit (work RVU= 10.42, intra-service time= 90, total time= 141) and noted that although both services typically involve the same intra-service time, the reference code describes a slightly more intense service to perform. **The RUC recommends a work RVU of 9.80 for CPT code 37280.**

37281 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 46 surgeons and determined a direct work RVU crosswalk to CPT code 47543 *Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated radiological supervision and interpretation, single or multiple* (work RVU= 3.00, intra-service and total time= 30) appropriately accounts for the work required to perform this service. Both services typically involve the same amount of time and the same overall amount of physician work. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37289 (recommended work RVU= 4.75, intra-service time= 45, total time= 45) to ensure appropriate relativity within the family and noted that 37281 typically takes 15 minutes less time and, unlike 37289, does not include the work of an atherectomy. The RUC also referenced CPT code 37247 *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)* (work RVU= 3.50, intra-service and total time= 30)**. The RUC recommends a work RVU of 3.00 for CPT code 37281.**

37282 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel***
The RUC reviewed the survey results from 46 surgeons and determined a direct work RVU crosswalk to CPT code 92943 *Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel* (work RVU= 12.31, intra-service time= 92 minutes, total time= 151 minutes) appropriately accounts for the work required to perform this service. Both services typically involve a similar amount of intra-service time and the same overall amount of physician work. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the

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custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 100 minutes intra-service time, 30 minutes immediate post-service time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37290 (recommended work RVU= 17.00, intra-service time= 150, total time= 218) to ensure appropriate relativity within the family and determined that the 37282 involves munch less time, and unlike 37290, does not also include an atherectomy. The RUC also compared the survey code to CPT code 36906 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit* (work RVU= 10.42, intra-service time= 90, total time= 141) and noted that the surveyed code involves 10 more minutes of intra-service time, 27 more minutes of total time and a higher level of physician work intensity. **The RUC recommends a work RVU of 12.31 for CPT code 37282.**

37283 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 46 surgeons and determined that the 25th percentile work RVU of 4.26 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 45 minutes of intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37289 (recommended work RVU= 4.75, intra-service time= 45, total time= 45) to ensure appropriate relativity within the family and determined that, unlike 37289, 37283 does not include the work of performing an atherectomy. The RUC also compared the survey code to CPT code 67340 *Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s)* (work RVU= 5.00, intra-service and total time= 45) and noted that both services typically involve the same amount of time, though the reference code is somewhat more intense to perform. **The RUC recommends a work RVU of 4.26 for CPT code 37283.**

37284 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel***
The RUC reviewed the survey results from 46 surgeons and determined that the 25th percentile work RVU of 10.00 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 100 minutes intra-service time, 30 minutes immediate post-service time.

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To support the recommended work RVU, the RUC compared the surveyed code to core family code 37288 (recommended work RVU= 13.50, intra-service time= 120, total time= 188) to ensure appropriate relativity within the family and determined that 37284 typically involves 20 minutes less time and involves a less intense treatment modality (stent placement with angioplasty, when performed versus atherectomy with angioplasty, when performed). The RUC also compared the survey code to CPT code 36906 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit* (work RVU= 10.42, intra-service time= 90, total time= 141) and noted that although the surveyed code involves somewhat more time, it is a somewhat less intense service to perform. **The RUC recommends a work RVU of 10.00 for CPT code 37284.**

37285 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 46 surgeons and determined a direct work RVU crosswalk to CPT code 35686 *Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis)* (work RVU= 3.34, intra-service and total time= 35) appropriately accounts for the work required to perform this service. Both services typically involve the same amount of time and the same overall amount of physician work. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 35 minutes of intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37289 (work RVU= 4.75, intra-service time= 45, total time= 45) to ensure appropriate relativity within the family and determined that 37285 involves 10 minutes less time and a less intense treatment modality. The RUC also referenced CPT code 37247 *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)* (work RVU= 3.50, 30 minutes intra-service and total time) and determined that both codes have similar work RVU's and times supporting the relativity of the recommendation. **The RUC recommends a work RVU of 3.34 for CPT code 37285.**

37286 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel***
The RUC reviewed the survey results from 46 surgeons and determined a direct work RVU crosswalk to CPT code 49594 *Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of mesh or other prosthesis when performed, total length of defect(s); 3 cm to 10 cm, incarcerated or strangulated* (work RVU=

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13.46, intra-service time= 120, total time= 225) appropriately accounts for the work required to perform this service. Both services typically involve the same amount of intra-service time and the same overall amount of physician work. The surveyed code is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee.

The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 120 minutes intra-service time, 30 minutes immediate post-service time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37290 (recommended work RVU= 17.00, intra-service time= 150, total time= 218) to ensure appropriate relativity within the family and noted that the 37286 typically involves 30 minutes less time and a less intense treatment modality (stent placement with angioplasty, when performed versus atherectomy with angioplasty, when performed). **The RUC recommends a work RVU of 13.46 for CPT code 37286.**

37287 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 46 surgeons and determined that the 25th percentile work RVU of 5.00 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 50 minutes intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37289 (recommended work RVU= 4.75, intra-service time= 45, total time= 45) to ensure appropriate relativity within the family and determined that both services have appropriate relativity as 37287 typically involves 5 more minutes of intra-service and total time. The RUC also referenced CPT code 34820 *Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral* (work RVU= 7.00, intra-service and total time= 60), which involves 10 more minutes of time than the surveyed code. **The RUC recommends a work RVU of 5.00 for CPT code 37287.**

37288 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel***
The RUC reviewed the survey results from 113 surgeons and determined that the 25th percentile work RVU of 13.50 appropriately accounts for the physician work required to perform this service. This is one of the eleven survey codes that underwent a full standard RUC survey based on the custom survey methodology approved by the Research Subcommittee.

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The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 120 minutes intra-service time, 30 minutes immediate post-service time.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 61645 *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)* (work RVU= 15.00, intra-service time= 100, total time= 241) and determined that although the surveyed code typically involves 20 more minutes of intra-service time, the reference code involves more total time. The RUC also compared the survey code to second key reference code 36906 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit* (work RVU= 10.42, intra-service time= 90, total time= 141) and noted that the surveyed code involves much more intra-service and total time and has appropriate relativity with this reference code. **The RUC recommends a work RVU of 13.50 for CPT code 37288.**

37289 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 113 surgeons and determined that the 25th percentile work RVU of 4.75 appropriately accounts for the physician work required to perform this service. This is one of the eleven survey codes that underwent a full standard RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 45 minutes intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 34709 *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)* (work RVU= 6.50, intra-service and total time= 60) and noted that the reference code involves 15 more minutes of time. The RUC also compared the survey code to second key reference code 37186 *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)* (work RVU= 4.92, intra-service and total time= 60) and noted that this reference code also involves 15 more minutes of time, though is a less intense service to perform than the surveyed code. **The RUC recommends a work RVU of 4.75 for CPT code 37289.**

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I=New code s=Revised code :=Add-on code H=Modifier 51 exempt *=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code **f**=Family Code **e**=Editorial **D**=Deleted

37290 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel***
The RUC reviewed the survey results from 113 surgeons and determined that the 25th percentile work RVU of 17.00 appropriately accounts for the physician work required to perform this service. This is one of the eleven survey codes that underwent a full standard RUC survey based on the custom survey methodology approved by the Research Subcommittee.

The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 150 minutes intra-service time, 30 minutes immediate post-service time.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 61645 *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)* (work RVU= 15.00, intra-service time= 100, total time= 241) and noted that the surveyed code involves 50 more minutes of intra-service time, less total time, and is more intense to perform. The RUC also referenced CPT code 93653 *Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium…* (work RVU= 15.00, intra-service time of 120 minutes, total time of 199 minutes) and noted that the surveyed code involves 30 more minutes of intra-service time and 19 more minutes of total time. **The RUC recommends a work RVU of 17.00 for CPT code 37290.**

37291 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 46 surgeons and determined a direct work RVU crosswalk to CPT code 34709 *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)* (work RVU= 6.50, intra-service and total time of 60 minutes) appropriately accounts for the work required to perform this service. Both services typically involve the same amount of intra-service and total time and the same overall amount of physician work. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 60 minutes intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37289 (recommended work RVU= 4.75,

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intra-service time= 45, total time= 45) to ensure appropriate relativity within the family and determined that 37291 typically involves 15 more minutes of time and involves a complex lesion (instead of a straightforward lesion) for the same treatment modality. The RUC also compared the survey code to CPT code 34820 *Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral* (work RVU= 7.00, intra-service and total time= 60) and noted that both services involve the same amount of time, though the reference code is somewhat more intense. The RUC also referenced CPT code 96547 *Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)* (work RVU=6.53, intra-service and total time of 60 minutes). **The RUC recommends a work RVU of 6.50 for CPT code 37291.**

37292 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel***

The RUC reviewed the survey results from 46 surgeons and determined that the median work RVU of 15.00 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC noted that using the median survey value is warranted for this code as it includes the work of stent placement and atherectomy and an angioplasty, when performed. A lower value would create a rank order anomaly with other services in the code family given the treatment modalities and the vascular territory.

The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 142 minutes intra-service time, 30 minutes immediate post-service time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37288 (recommended work RVU= 13.50, intra-service time= 120, total time= 188) to ensure appropriate relativity within the family and noted that 37292 typically involves 22 more minutes of time and a more intense treatment modality (stent placement with atherectomy and angioplasty, when performed versus atherectomy and angioplasty, when performed). The RUC also referenced CPT code 93653 *Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium…* (work RVU= 15.00, intra-service time of 120 minutes, total time of 199 minutes). **The RUC recommends a work RVU of 15.00 for CPT code 37292.**

37293 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)***

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The RUC reviewed the survey results from 46 surgeons and determined that the 25th percentile work RVU of 6.50 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 60 minutes intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37289 (recommended work RVU= 4.75, intra-service and total time= 45) to ensure appropriate relativity within the family and noted that 37293 includes all of the work of 37289 and then also the placement of a stent. The RUC also referenced CPT code to CPT code 34820 *Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral* (work RVU= 7.00, intra-service and total time= 60) and CPT code 96547 *Intraoperative hyperthermic intraperitoneal chemotherapy (HIPEC) procedure, including separate incision(s) and closure, when performed; first 60 minutes (List separately in addition to code for primary procedure)* (work RVU=6.53, intra-service and total time of 60 minutes). **The RUC recommends a work RVU of 6.50 for CPT code 37293.**

37294 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel***

The RUC reviewed the survey results from 46 surgeons and determined that the median work RVU of 18.00 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC noted that using the median survey value is warranted for this code as it involves a complex lesion and includes the work of stent placement and atherectomy and an angioplasty, when performed. A lower value would create a rank order anomaly with other services in the code family given the treatment modalities and the vascular territory.

The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 170 minutes intra-service time, 30 minutes immediate post-service time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37290 (recommended work RVU= 17.00, intra-service time= 150, total time= 218) to ensure appropriate relativity within the family and noted that 37294 includes all of the work of 37290 and then also the placement of a stent. The RUC also referenced CPT code 49622 *Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; incarcerated or strangulated* (work RVU= 17.06, intra-service time= 150 minutes, total time= 255 minutes) and noted that the surveyed code typically involves 20 more minutes of intra-service time. **The RUC recommends a work RVU of 18.00 for CPT code 37294.**

37295 ***Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation***

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necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)
The RUC reviewed the survey results from 46 surgeons and determined a direct work RVU crosswalk to CPT code 34833 *Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal incision, unilateral (List separately in addition to code for primary procedure)* (work RVU= 8.16, intra-service and total time of 72 minutes) appropriately accounts for the work required to perform this service. Both services typically involve similar intra-service and total times and the same overall amount of physician work. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 75 minutes intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37289 (recommended work RVU= 4.75, intra-service and total time= 45) to ensure appropriate relativity within the family and determined that 37295 is appropriately valued higher as it typically involves 30 more minutes of intra-service and total time, requires a more intensive treatment modality (stent placement with atherectomy and angioplasty, when performed versus atherectomy with angioplasty, when performed) and describes a complex lesion. The RUC also compared the survey code to CPT code 34820 *Open iliac artery exposure for delivery of endovascular prosthesis or iliac occlusion during endovascular therapy, by abdominal or retroperitoneal incision, unilateral* (work RVU= 7.00, intra-service time= 60, total time= 60) and noted that the surveyed code typically involves 15 more minutes of time. **The RUC recommends a work RVU of 8.16 for CPT code 37295.**

Inframalleolar Vascular Territory (37296-37299)

37296 ***Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel***
The RUC reviewed the survey results from 113 surgeons and determined that the 25th percentile work RVU of 11.00 appropriately accounts for the physician work required to perform this service. This is one of the eleven survey codes that underwent a full standard RUC survey based on the custom survey methodology approved by the Research Subcommittee.

The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 100 minutes intra-service time, 30 minutes immediate post-service time.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 61645 *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)* (work RVU= 15.00, intra-service time= 100, total time= 241) and noted that, although both services typically involve the same amount of intra-service time, the reference code involves more total time. The RUC also compared the survey code to second key reference code 36906 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

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injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit (work RVU= 10.42, intra-service time= 90, total time= 141) and noted that the surveyed code involves 10 more minutes of intra-service time and 27 more minutes of total time. The RUC agreed that their recommended value would have appropriate relativity with these two reference codes. **The RUC recommends a work RVU of 11.00 for CPT code 37296.**

37297 ***Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 46 surgeons and determined that the 25th percentile work RVU of 4.00 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 40 minutes intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to CPT code 44128 *Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)* (work RVU= 4.44, intra-service and total time= 40) and noted that both services typically involve the same amount of time, though the reference code is somewhat more intense to perform typically. The RUC also referenced CPT code 67340 *Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s)* (work RVU= 5.00, intra-service time= 45, total time= 45) and noted that the surveyed code typically involves 5 minutes less time. **The RUC recommends a work RVU of 4.00 for CPT code 37297.**

37298 ***Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel***
The RUC reviewed the survey results from 46 surgeons and determined a direct work RVU crosswalk to CPT code 49621 *Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed; reducible* (work RVU= 13.70, intra-service= 120 minutes, total time= 220 minutes) appropriately accounts for the work required to perform this service. Both services typically involve the same amount of intra-service time and the same overall amount of physician work. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee.

The RUC recommends 30 minutes pre-service evaluation time, 3 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 120 minutes intra-service time, 30 minutes immediate post-service time.

To support the recommended work RVU, the RUC compared the surveyed code to core family code 37296 (recommended work RVU= 11.00, intra-service time= 100, total time= 168) to ensure appropriate relativity within the family and determined that 37298 typically involves 20 more minutes of intra-service time and total time, as well as a complex lesion. The RUC also compared the survey code to CPT code 93653

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Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium… (work RVU= 15.00, intra-service time of 120 minutes, total time of 199 minutes) and noted that both services typically involve the same amount of intra-service time, though the reference code typically involves 11 more minutes of total time. **The RUC recommends a work RVU of 13.70 for CPT code 37298.**

37299 ***Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 46 surgeons and determined that the median work RVU of 5.00 appropriately accounts for the physician work required to perform this service. This is one of the 35 survey codes that underwent an abbreviated RUC survey based on the custom survey methodology approved by the Research Subcommittee. The RUC recommends 45 minutes intra-service and total time.

To support the recommended work RVU, the RUC compared the surveyed code to CPT code 44128 *Enterectomy, resection of small intestine for congenital atresia, single resection and anastomosis of proximal segment of intestine; each additional resection and anastomosis (List separately in addition to code for primary procedure)* (work RVU= 4.44, intra-service and total time= 40) and noted that the surveyed code typically involves 5 more minutes of time and is somewhat more intense to perform. The RUC also referenced CPT code 67340 *Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s)* (work RVU= 5.00, intra-service and total time= 45) and noted that the surveyed code typically involves the same amount of time and the same level of physician work intensity. **The RUC recommends a work RVU of 5.00 for CPT code 37299.**

Practice Expense
The Practice Expense (PE) Subcommittee considered and approved compelling evidence based on changes in technique, changes in technology, significant shifts in site of service for the performance of these procedures and a change in population.

The PE Subcommittee reviewed the direct practice expense inputs and made a modification to remove 4 supply inputs to avoid overlapping with moderate sedation services that are separately reportable (and in SA044 *pack, moderate sedation*). The supplies removed were SC001 *angiocatheter 14g-24g*, SG037 *dressing, 4in x 4.75in (Tegaderm)*, SC018 *iv infusion set* and SA019 *kit, iv starter*. . The specialties noted that in general most lower extremity revascularization services are performed with moderate sedation a little more than half the time. The specialties also noted that all arterial access procedures have a minimum four hours post procedure recovery time as per standard national protocol. The first hour of post-procedure recovery/monitoring is now typically reported with separate moderate sedation codes and therefore did not include overlapping time for clinical labor or in their equipment minute recommendations. The specialties recommended and the PE Subcommittee concurred that 45 minutes of RN time should be allocated to CA022 *Monitor patient following procedure/service, multitasking 1:4* for the 2nd through 4th hour of recovery, and this time is not duplicative with the separately reported moderate sedation services codes. The Subcommittee confirmed that there is no overlap between the separately reported moderate sedation codes and the equipment minute recommendations.

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The PE Subcommittee acknowledged the four existing and six new high-cost supply inputs as recommended by the specialty societies. The RUC continues to call on CMS to separately identify and pay for high-cost disposable supplies using appropriate HCPCS codes.

High-Cost Supplies:
SD253 Atherectomy Device
SD254 covered stent (VIABAHN, Gore)
SD255 Reentry device (Frontier, Outback, Pioneer)
SD256 Embolic Protection Device Spider FX (EV3, documentation available)
NEW drug eluting stent, tibial
NEW Iliac IVL Catheter
NEW FemPop IVL Catheter
NEW Drug coated balloon
NEW Drug eluting stent
NEW Embolic protection for atherectomy

The high-cost supplies were discussed in detail. The presenters noted the difference between the existing embolic protection device (SD256) and the newly recommended "Ebolic protection for atherectomy" device. When performing atherectomy, proprietary wires are typically used which can accommodate rapid rotations of the devices. In most cases, the support wire represents a proprietary wire that is associated with each product but is best represented by SD173. In those cases, the Spider FX Embolic Protection device (SD256) cannot be used because it would otherwise shatter and fragment the wire. For this reason, a new product that can be used with the proprietary wires for various atherectomy devices is more appropriate (see Embolic protection device for atherectomy).

The presenters noted that base CPT codes 37263, 37265, 37271 and 37273 would typically require two drug-coated balloons, whereas their corresponding add-on codes (37264, 37266, 37272 and 37274) would typically only require one drug-coated balloon for each additional vessel. For the base codes, the surgeon is typically treating the superficial femoral artery and popliteal artery, which is considered one segment, and that segment is much longer than the common femoral artery or the profunda femoris. It is typical to have multifocal or long-segment disease in the superficial femoral artery and popliteal artery segment to where one drug-coated balloon, which can only be used once, will not be adequate to treat the whole area. It would be most common to report the add-on codes for the common femoral artery or the profunda femoral artery segment, which are short enough that the surgeon can treat them with one drug-coated balloon. If the surgeon is only performing a procedure on one vessel in this territory, it would typically be the longer superficial femoral artery and popliteal artery segment. The length of superficial femoral artery disease almost always extends from the origin of the superficial femoral artery down to the end of the superficial femoral artery, which is the adductor canal just above the knee. The presenters noted that in this vessel, it is most typical to have long-segment disease.

The presenters noted that tibial segment complex codes 37286 and 37287 typically require two drug-eluding stents each, whereas tibial segment straightforward codes 37284 and 37285 only require one drug-eluding stent each. The length of the vessel is the same between a straightforward and a complex lesion for 37284-37287. The difference is that in tibial interventions the surgeons are typically working with stents that are as long as 38mm, which is still relatively short. In general, the surgeon would only use stents in areas where they feel they have to maintain the patency of

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the vessel. For a straightforward lesion, it is usually only needed in one location. Whereas for complex lesions (which are defined as occlusive disease), the occlusive disease is typically quite long. It is most typical to use 2 stents in the tibial segment for complex lesions and there are even edge cases where the surgeon could use 4 or 5 stents in the tibial segment. The longest stents are around 38mm whereas the tibial segment averages around 300mm.

Finally, the PE Subcommittee considered the request from the specialties to create a new supply pack for angiography services and agreed that an angio pack would facilitate the PE process and ensure consistency within the vascular/interventional procedures. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.

Creation of New Angio Supply Pack

The PE Subcommittee considered the request from the specialties to create a new pack for angiography services. As described in the PE SOR, the specialty societies are recommending the PE Subcommittee consider creating an angio pack with the following components:

Angio Pack Contents	Supply Code	Corresponding Supply list components	Unit	Price	Quantity	Total: $ 68.26
10 cc syringe	SC051	syringe 10-12ml	item	0.21	4	$ 0.84
Bowl, sterile	SJ079	basin, sterile 500cc	item	3.51	2	$ 7.02
gauze	SG055	gauze, sterile 4in x 4in	item	0.19	20	$ 3.80
marker, regular tip	SK075	skin marking pen, sterile (Skin Skribe)	item	1.62	1	$ 1.62
dome cover	SB008	drape, sterile, c-arm, fluoro	item	5.38	1	$ 5.38
blue towels	SB019	drape-towel, sterile 18in x 26in	item	0.47	4	$ 1.88
scalpel	SF007	blade, surgical (Bard-Parker)	item	0.68	1	$ 0.68
back table cover	SB014	drape, sterile, three-quarter sheet	item	3.46	1	$ 3.46
20cc syringe	SC053	syringe 20ml	item	0.83	4	$ 3.32
drape, femoral	SB009	drape, sterile, femoral	item	9.15	1	$ 9.15

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medicine cup	SL157	cup, sterile, 8 oz	item	0.58	1	$ 0.58
label sheet	SL198	label, vial	item	0.02	9	$ 0.18
control syringe (lidocaine)	SC051	syringe 10-12ml	item	0.21	1	$ 0.21
scissor	SA027	kit, scissors and clamp	kit	0.82	1	$ 0.82
surgical gowns x 2	SB028	gown, surgical, sterile	item	5.13	2	$ 10.26
18 G needle	SC027	needle, 18-19g, filter	item	0.21	1	$ 0.21
25 G needle	SC028	needle, 18-26g 1.5-3.5in, spinal	item	9.96	1	$ 9.96
needle counter	SD120	styrofoam block, high density (3in-12in-12in)	item	1.86	1	$ 1.86
towel clamps (plastic disposable)	SD208	towel clamp, plastic	item	0.76	4	$ 3.04
Guidewire bowl	SD171	guidewire bowl w-lid, sterile	Item	3.99	1	$ 3.99

The PE Subcommittee agrees that an angio pack would facilitate the PE process and ensure consistency within the vascular/interventional procedures. The RUC recommends the angio supply pack as proposed by the Practice Expense Subcommittee.

New Technology/New Services

The two intravascular lithotripsy (IVL) CPT codes 37262 and 37279 will be placed on the New Technology list to be reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions. CPT 37262 and 37279 describe a new treatment modality which was not previously captured in the existing code set. All other services in this code family were described by the legacy code set and are not considered new technology. It was noted that utilization assumptions will automatically be reviewed for all codes in the family once one year of claims data are available.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Cardiovascular System** **Arteries and Veins**				

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I=New code s=Revised code :=Add-on code H=Modifier 51 exempt *=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code **f**=Family Code **e**=Editorial **D**=Deleted

Endovascular Repair of Abdominal Aorta and/or Iliac Arteries

Codes 34701, 34702, 34703, 34704, 34705, 34706 describe introduction, positioning, and deployment of an endograft for treatment of abdominal aortic pathology (with or without rupture), such as aneurysm, pseudoaneurysm, dissection, penetrating ulcer, or traumatic disruption in the infrarenal abdominal aorta with or without extension into the iliac artery(ies). The terms, endovascular graft, endoprosthesis, endograft, and stentgraft, refer to a covered stent. The infrarenal aortic endograft may be an aortic tube device, a bifurcated unibody device, a modular bifurcated docking system with docking limb(s), or an aorto-uni-iliac device. Codes 34707 and 34708 describe introduction, positioning, and deployment of an ilio-iliac endograft for treatment of isolated arterial pathology (with or without rupture), such as aneurysm, pseudoaneurysm, arteriovenous malformation, or trauma involving the iliac artery. For treatment of atherosclerotic occlusive disease in the iliac artery(ies) with a covered stent(s), see 37258, 37259, 37260, 37261~~37221, 37223~~. For covered stent placement for atherosclerotic occlusive disease in the aorta, see 37236, 37237.

Add-on code 34717 ...

Report 34705 or 34706 ...

Decompressive laparotomy ...

The treatment zone...

Codes 34702, 34704, ...

Code 34709 ...

Codes 34710, 34711 ...

If an aorto-iliac artery...

Codes 34709, 34710, ...

Nonselective catheterization ...

Selective arterial ...

Codes 34709, 34710, ...

Code 34712 describes ...

Vascular access ...

Code 34812 describes ...

Balloon angioplasty and/or stenting at the sealing zone(s) of an endograft is an integral part of the procedure and is not separately reported. However, balloon angioplasty and/or stent deployment in vessels that do not contain endograft (outside the treatment zone for the endograft),

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either before or after endograft deployment, may be separately reported (eg, 37254, 37255, 37256, 37257, 37258, 37259, 37260, 37261~~37220, 37221, 37222, 37223~~).

Other interventional ...

(For fenestrated endovascular repair of the visceral aorta, see 34841-34844. For fenestrated endovascular repair of the visceral aorta and concomitant infrarenal abdominal aorta, see 34845-34848)

34701 *Endovascular repair of infrarenal aorta by deployment of an aorto-aortic tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, all endograft extension(s) placed in the aorta from the level of the renal arteries to the aortic bifurcation, and all angioplasty/stenting performed from the level of the renal arteries to the aortic bifurcation; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, penetrating ulcer)*

(For covered stent placement[s] for atherosclerotic occlusive disease isolated to the aorta, see 37236, 37237)

...

34707 *Endovascular repair of iliac artery by deployment of an ilio-iliac tube endograft including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and all endograft extension(s) proximally to the aortic bifurcation and distally to the iliac bifurcation, and treatment zone angioplasty/stenting, when performed, unilateral; for other than rupture (eg, for aneurysm, pseudoaneurysm, dissection, arteriovenous malformation)*

~~(For covered stent placement[s] for atherosclerotic occlusive disease of the abdominal aorta, see 37236, 37237)~~

(For covered stent placement[s] for atherosclerotic occlusive disease of the iliac artery, see 37258, 37259, 37260, 37261~~37221, 37223~~)

✚*34713* *Percutaneous access and closure of femoral artery for delivery of endograft through a large sheath (12 French or larger), including ultrasound guidance, when performed, unilateral (List separately in addition to code for primary procedure)*

(Use 34713 in conjunction with 33880, 33881, 33882, 33883, ~~33884,~~ 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, as appropriate. Do not report 34713 in conjunction with 33880, 33881, 33882, 33883, ~~33884,~~ 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34710, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, for percutaneous closure of femoral artery after delivery of endovascular prosthesis if a sheath smaller than 12 French was used)

(34713 may only be reported once per side. For bilateral procedure, report 34713 twice. Do not report modifier 50 in conjunction with 34713)

(Do not report ultrasound guidance [ie, 76937] for percutaneous vascular access in conjunction with 34713 for the same access)

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(Do not report 34713 for percutaneous access and closure of the femoral artery in conjunction with 37258, 37259, 37260, 37261~~37221, 37223~~, 37236, 37237)

(Do not report 34713 in conjunction with 37258, 37259, 37260, 37261~~37221, 37223~~ for covered stent placement[s] for atherosclerotic occlusive disease of the iliac artery[ies])

Fenestrated Endovascular Repair of the Visceral and Infrarenal Aorta

34845 *Endovascular repair of visceral aorta and infrarenal abdominal aorta (eg, aneurysm, pseudoaneurysm, dissection, penetrating ulcer, intramural hematoma, or traumatic disruption) with a fenestrated visceral aortic endograft and concomitant unibody or modular infrarenal aortic endograft and all associated radiological supervision and interpretation, including target zone angioplasty, when performed; including one visceral artery endoprosthesis (superior mesenteric, celiac or renal artery)*

34846 *including two visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])*

34847 *including three visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])*

34848 *including four or more visceral artery endoprostheses (superior mesenteric, celiac and/or renal artery[s])*

(Use 34845, 34846, 34847, 34848 in conjunction with 37254, 37255, 37256, 37257, 37258, 37259, 37260, 37261~~37220, 37221, 37222, 37223~~, only when 37254, 37255, 37256, 37257, 37258, 37259, 37260, 37261~~37220, 37221, 37222, 37223~~ are performed outside the target treatment zone of the endoprosthesis)

(Do not report 34845, 34846, 34847, 34848 in conjunction with 34701, 34702, 34703, 34704, 34705, 34706, 34841, 34842, 34843, 34844, 35081, 35102)

(Do not report 34845, 34846, 34847, 34848 in conjunction with 34839, when planning services are performed on the day before or the day of the fenestrated endovascular repair procedure)

(Do not report 34841-34848 in conjunction with 37236, 37237 for bare metal or covered stents placed into the visceral branches within the endoprosthesis target zone)

(For placement of distal extension prosthesis[es] terminating in the internal iliac, external iliac, or common femoral artery[ies], see 34709, 34710, 34711, 34718)

Thromboendarterectomy

35301 *Thromboendarterectomy, including patch graft, if performed; carotid, vertebral, subclavian, by neck incision*

35302 *superficial femoral artery*

35303 *popliteal artery*

(Do not report 35302, 35303 in conjunction with ~~37225, 37227~~ 37271, 37272, 37273, 37274, 37275, 37276, 37277, 37278, when performed in the same vessel)

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35304	*tibioperoneal trunk artery*
35305	*tibial or peroneal artery, initial vessel*
+35306	*each additional tibial or peroneal artery (List separately in addition to code for primary procedure)*

(Use 35306 in conjunction with 35305)

(Do not report 35304, 35305, 35306 in conjunction with ~~37229, 37231, 37233, 37235~~ 37288, 37289, 37290, 37291, 37292, 37293, 37294, 37295, when performed in the same vessel)

Endovascular Revascularization Lower Extremities for Arterial Occlusive Disease

~~Codes 37220-37235 are to be used to describe lower extremity endovascular revascularization services performed for occlusive disease. These lower extremity codes are built on progressive hierarchies with more intensive services inclusive of lesser intensive services. The code inclusive of all of the services provided for that vessel should be reported (ie, use the code inclusive of the most intensive services provided). Only one code from this family (37220-37235) should be reported for each lower extremity vessel treated.~~

~~These lower extremity endovascular revascularization codes all include the work of accessing and selectively catheterizing the vessel, traversing the lesion, radiological supervision and interpretation directly related to the intervention(s) performed, embolic protection if used, closure of the arteriotomy by pressure and application of an arterial closure device or standard closure of the puncture by suture, and imaging performed to document completion of the intervention in addition to the intervention(s) performed. Extensive repair or replacement of an artery may be additionally reported (eg, 35226 or 35286). These codes describe endovascular procedures performed percutaneously and/or through an open surgical exposure. These codes include balloon angioplasty (eg, low-profile, cutting balloon, cryoplasty), atherectomy (eg, directional, rotational, laser), and stenting (eg, balloon-expandable, self-expanding, bare metal, covered, drug-eluting). Each code in this family (37220-37235) includes balloon angioplasty, when performed.~~

~~These codes describe revascularization therapies (ie, transluminal angioplasty, atherectomy, and stent placement) provided in three arterial vascular territories: iliac, femoral/popliteal, and tibial/peroneal.~~

~~When treating multiple vessels within a territory, report each additional vessel using an add-on code, as applicable. Select the base code that represents the most complex service using the following hierarchy of complexity (in descending order of complexity): atherectomy and stent>atherectomy>stent>angioplasty. When treating multiple lesions within the same vessel, report one service that reflects the combined procedures, whether done on one lesion or different lesions, using the same hierarchy.~~

1. ~~***Iliac Vascular Territory*** - The iliac territory is divided into 3 vessels: common iliac, internal iliac, and external iliac.~~
2. ~~***Femoral/Popliteal Vascular Territory*** - The entire femoral/popliteal territory in 1 lower extremity is considered a single vessel for CPT reporting specifically for the endovascular lower extremity revascularization codes 37224-37227.~~
3. ~~***Tibial/Peroneal Territory*** - The tibial/peroneal territory is divided into 3 vessels: anterior tibial, posterior tibial, and peroneal arteries.~~

~~There are specific coding guidelines for each of the 3 vascular territories.~~

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1. ~~***Iliac Vascular Territory***~~ ~~– A single primary code is used for the initial iliac artery treated in each leg (37220 or 37221). If other iliac vessels are also treated in that leg, these interventions are reported with the appropriate add-on code(s) (37222, 37223). Up to 2 add-on codes can be used in a unilateral iliac vascular territory since there are 3 vessels which could be treated. Add-on codes are used for different vessels, not distinct lesions within the same vessel.~~

2. ~~***Femoral/Popliteal Territory***~~ ~~– A single interventional code is used no matter what combination of angioplasty/stent/atherectomy is applied to all segments, including the common, deep and superficial femoral arteries as well as the popliteal artery (37224, 37225, 37226, or 37227). There are no add-on codes for additional vessels treated within the femoral/popliteal territory. Because only 1 service is reported when 2 lesions are treated in this territory, report the most complex service (eg, use 37227 if a stent is placed for 1 lesion and an atherectomy is performed on a second lesion).~~

3. ~~***Tibial/Peroneal Territory***~~ ~~– A single primary code is used for the initial tibial/peroneal artery treated in each leg (37228, 37229, 37230, or 37231). If other tibial/peroneal vessels are also treated in the same leg, these interventions are reported with the appropriate add-on code(s) (37232-37235). Up to 2 add-on codes could be used to describe services provided in a single leg since there are 3 tibial/peroneal vessels which could be treated. Add-on codes are used for different vessels, not distinct lesions within the same vessel. The common tibio-peroneal trunk is considered part of the tibial/peroneal territory, but is not considered a separate, fourth segment of vessel in the tibio-peroneal family for CPT reporting of endovascular lower extremity interventions. For instance, if lesions in the common tibio-peroneal trunk are treated in conjunction with lesions in the posterior tibial artery, a single code would be reported for treatment of this segment.~~

~~When treating multiple territories in the same leg, one primary lower extremity revascularization code is used for each territory treated. When second or third vessel(s) are treated in the iliac and/or tibial/peroneal territories, add-on code(s) are used to report the additional service(s). When more than one stent is placed in the same vessel, the code should be reported only once.~~

~~When multiple vessels in multiple territories in a single leg are treated at the same setting, the primary code for the treatment in the initial vessel in each vascular territory is reported. Add-on code(s) are reported when second and third iliac or tibial/peroneal arteries are treated in addition to the initial vessel in that vascular territory.~~

~~If a lesion extends across the margins of one vessel vascular territory into another, but can be opened with a single therapy, this intervention should be reported with a single code despite treating more than one vessel and/or vascular territory. For instance, if a stenosis extends from the common iliac artery into the proximal external iliac artery, and a single stent is placed to open the entire lesion, this therapy should be coded as a single stent placement in the iliac artery (37221). In this example, a code for an additional vessel treatment would not be used (do not report both 37221 and 37223).~~

~~For bifurcation lesions distal to the common iliac origins which require therapy of 2 distinct branches of the iliac or tibial/peroneal vascular territories, a primary code and an add-on code would be used to describe the intervention. In the femoral/popliteal territory, all branches are included in the primary code, so treatment of a bifurcation lesion would be reported as a single code.~~

~~When the same territory(ies) of both legs are treated in the same session, modifiers may be required to describe the interventions. Use modifier 59 to denote that different legs are being treated, even if the mode of therapy is different.~~

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Codes 37254-37299 describe lower extremity endovascular revascularization services performed percutaneously and/or through an open surgical exposure for occlusive disease, including:

1. All maneuvers necessary for
    a. accessing and selectively catheterizing the artery,
    b. crossing the lesion, and
    c. performing the endovascular intervention;
2. All imaging
    a. for intraprocedural guidance including radiological supervision and interpretation directly related to the intervention performed,
    b. to document completion of the intervention, and
    c. to document completion of the procedure;
3. Embolic protection if used; and
4. Closure of the arteriotomy by pressure and application of an arterial closure device or standard closure of the puncture by suture.

Extensive repair or replacement of an artery may be additionally reported (eg, 35226, 35286).

For lower extremity endovascular revascularization treatment, a straightforward lesion is a stenosis and a complex lesion is an occlusion.

A vascular territory is a collection of anatomically related arteries considered together for coding purposes. Codes 37254-37299 are divided into four vascular territories: iliac, femoral and popliteal, tibial and peroneal, and inframalleolar. Territories are further divided into vessels (ie, one or more arteries) for which a primary intervention code may only be reported once. The four territories each have specific guidelines:

1. ***Iliac Vascular Territory (37254, 37255, 37256, 37257, 37258, 37259, 37260, 37261, 37262)*** includes the common iliac, internal iliac, and external iliac arteries.
    - The initial vessel in the iliac vascular territory treated with angioplasty alone is reported with 37254 (straightforward lesion) or 37256 (complex lesion). The initial vessel in the iliac vascular territory treated with stent placement and angioplasty when performed is reported with 37258 (straightforward lesion) or 37260 (complex lesion).
    - Additional vessels in the iliac vascular territory treated with angioplasty or angioplasty/stent in the same leg may be reported with the appropriate add-on code(s) (37255, 37257, 37259, 37261). Add-on codes may only be reported for distinct lesions in different vessels, not distinct lesions within the same vessel. If a lesion crosses from one vessel to another vessel, report only a single treatment code. A maximum of two angioplasty and/or stent add-on codes may be reported in a unilateral iliac vascular territory since there are three vessels (common iliac artery, internal iliac artery, external iliac artery) which could be treated.
    - Add-on code 37262 may be reported for intravascular lithotripsy(ies) in the iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intervention. A maximum of three intravascular lithotripsy add-on

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codes may be reported in a unilateral iliac vascular territory since there are three vessels (common iliac artery, internal iliac artery, external iliac artery) which could be treated.

- For atherectomy in the iliac vascular territory, use 0238T.

2. ***Femoral and Popliteal Vascular Territory (37263-37279)*** includes the common femoral, profunda femoris, superficial femoral, and popliteal arteries. For coding purposes, the common femoral and profunda femoris arteries are considered a single vessel, and the superficial femoral and popliteal arteries are considered a single vessel.

   - The initial vessel in the femoral and popliteal vascular territory treated with angioplasty alone is reported with 37263 (straightforward lesion) or 37265 (complex lesion). The initial vessel in the femoral and popliteal vascular territory treated with angioplasty and stent placement is reported with 37267 (straightforward lesion) or 37269 (complex lesion). The initial vessel in the femoral and popliteal vascular territory treated with angioplasty and atherectomy is reported with 37271 (straightforward lesion) or 37273 (complex lesion). The initial vessel in the femoral and popliteal vascular territory treated with angioplasty, stent, and atherectomy is reported with 37275 (straightforward lesion) or 37277 (complex lesion).

   - Additional vessels in the femoral and popliteal vascular territory treated with angioplasty, angioplasty/stent, or angioplasty/stent/atherectomy in the same leg may be reported with the appropriate add-on code (37264, 37266, 37268, 37270, 37272, 37274, 37276, 37278). An add-on code may only be reported for a distinct lesion in a different vessel, not a distinct lesion within the same vessel. If a lesion crosses from one vessel to another vessel, report only a single treatment code. A maximum of one angioplasty, stent, atherectomy, or stent/atherectomy add-on code may be reported in a unilateral femoral and popliteal vascular territory since there are only two vessels for coding purposes (the common femoral/profunda femoris and the superficial femoral/popliteal) which could be treated.

   - Add-on code 37279 may be reported for intravascular lithotripsy(ies) in the femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intervention. A maximum of two intravascular lithotripsy add-on codes may be reported in a unilateral femoral and popliteal vascular territory since there are only two vessels for coding purposes (the common femoral/profunda femoris and the superficial femoral/popliteal) which could be treated.

3. ***Tibial and Peroneal Vascular Territory (37280-37295)*** includes the anterior tibial, posterior tibial, and peroneal arteries. For coding purposes, the tibioperoneal trunk is considered part of the posterior tibial or peroneal artery and not a separate vessel unless it is the only vessel treated.

   - The initial vessel in the tibial and peroneal vascular territory treated with angioplasty alone is reported with 37280 (straightforward lesion) or 37282 (complex lesion). The initial vessel in the tibial and peroneal vascular territory treated with angioplasty and stent placement is reported with 37284 (straightforward lesion) or 37286 (complex lesion). The initial vessel in the tibial and peroneal vascular territory treated with angioplasty and atherectomy is reported with 37288 (straightforward lesion) or 37290 (complex lesion). The initial vessel in the tibial and peroneal vascular territory treated with angioplasty, stent placement, and atherectomy is reported with 37292 (straightforward lesion) or 37294 (complex lesion).

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- Additional vessels in the tibial and peroneal vascular territory treated with angioplasty, angioplasty/stent, or angioplasty/stent/atherectomy in the same leg may be reported with the appropriate add-on code(s) (37281, 37283, 37285, 37287, 37289, 37291, 37293, 37295). An add-on code may only be reported for a distinct lesion in a different vessel, not a distinct lesion within the same vessel. If a lesion crosses from one vessel to another vessel, report only a single treatment code. A maximum of two angioplasty, stent, atherectomy, and/or stent/atherectomy add-on codes may be reported in a unilateral tibial and peroneal vascular territory since there are only three vessels for coding purposes (the anterior tibial artery, posterior tibial artery, and peroneal artery) which could be treated.

4. ***Inframalleolar Vascular Territory (37296, 37297, 37298, 37299)*** includes the dorsalis pedis and the plantar arteries. For coding purposes, the pedal arch is considered part of the dorsalis pedis or plantar arteries and not a separate vessel unless it is the only vessel treated.

    - The initial vessel in the inframalleolar vascular territory treated with angioplasty alone is reported with 37296 (straightforward lesion) or 37298 (complex lesion).

    - Additional vessels in the inframalleolar vascular territory treated with angioplasty in the same leg may be reported with the appropriate add-on code (37297, 37299). An add-on code may only be reported for a distinct lesion in a different vessel, not a distinct lesion within the same vessel. If a lesion crosses from one vessel to another vessel, report only a single treatment code. A maximum of one angioplasty add-on code may be reported in a unilateral inframalleolar vascular territory since there are only two vessels for coding purposes (the dorsalis pedis artery and plantar artery) which could be treated.

When treating multiple vessels in the same territory, one primary lower extremity revascularization code (37254, 37256, 37258, 37260, 37263, 37265, 37267, 37269, 37271, 37273, 37275, 37277, 37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294, 37296, 37298) is reported. Treatment of additional vessels within a vascular territory may be reported with add-on codes (37255, 37257, 37259, 37261, 37262, 37264, 37266, 37268, 37270, 37272, 37274, 37276, 37278, 37279, 37281, 37283, 37285, 37287, 37289, 37291, 37293, 37295, 37297, 37299), as appropriate. However, if a lesion extends across the margins of one vessel into another vessel in the same or adjacent territory, but can be treated with a single therapy, the intervention should be reported with a single primary code for the more distal of the adjacent vessels. For example, if a unilateral lesion extends from the common iliac vessel to the external iliac vessel and a single angioplasty with stent placement is performed to open the entire lesion, report 37258, 37260, as appropriate (ie, do not report revascularization of both the common iliac and external iliac vessels). If discrete lesions (ie, not contiguous) are treated with a single therapy, the intervention should be reported with a single primary code. However, if discrete lesions (ie, not contiguous) in two territories are treated with two separate therapeutic maneuvers, both primary codes may be reported. For example, if a lesion is found in the common iliac vessel and a separate lesion is found in the midportion of the superficial femoral vessel and both lesions are treated with separate balloons, 37254 and 37263 may be reported.

When the same treatment in an initial vessel is performed in the same territory of both legs in the same session, append modifier 50 to the initial vessel procedure code to denote a bilateral procedure. When the same treatment in an additional vessel is performed in the same territory of both legs in the same session, report the add-on code for the same treatment additional vessel twice with modifier 59 appended to denote different legs are being treated. When different treatments in either the same or different vascular territory(ies) are performed in the same leg or each leg, append modifier 59 to denote distinct procedures.

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Traversing a lower extremity occlusive lesion may include the use of multiple techniques or devices designed to cross arterial occlusions (eg, crossing catheters, re-entry devices, specialty wires). A procedure that does not result in successful crossing of a lesion and successful endovascular intervention is considered a diagnostic procedure and is reported using the appropriate catheterization and diagnostic angiography code(s). For example, an unsuccessful attempted crossing of an occluded 16-cm superficial femoral artery lesion from contralateral access would be reported as a diagnostic arteriogram (eg, 36247, 75710).

Intravascular ultrasound (eg, 37252, 37253) used during lower extremity arterial revascularization may be separately reported when performed. Catheterization codes (36140, 36200, 36245, 36246, 36247, 36248) may not be additionally reported for diagnostic lower extremity angiography, when performed through the same access site, when therapy codes (37254-37299) are reported for the same session. However, catheterization for the diagnostic lower extremity angiogram may be reported separately if a different arterial puncture site is necessary. Diagnostic lower extremity arteriography performed at the time of an interventional procedure is separately reportable, only if:

1. No prior catheter-based angiographic study is available, and a full diagnostic study is performed, and the decision to intervene is based on the diagnostic study, OR
2. A prior study is available, but as documented in the medical record:
   a. The patient's condition with respect to the clinical indication has changed since the prior study, OR
   b. There is inadequate visualization of the anatomy and/or pathology, OR
   c. There is a clinical change during the procedure that requires new evaluation outside the target area of intervention.

Mechanical thrombectomy and/or thrombolysis in the lower extremity vessels are sometimes necessary to aid in restoring flow to areas of occlusive disease, and are reported separately.

Iliac Vascular Territory (Bold Black Header)

●37254	P1	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel (For bilateral procedure, report 37254 with modifier 50)	000	7.30
●+37255	P2	straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37255 in conjunction with 37254, 37256, 37258, 37260)	ZZZ	3.00

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		(For bilateral procedure, report 37255 twice. Do not report modifier 50 in conjunction with 37255)		
●37256	P3	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel (For bilateral procedure, report 37256 with modifier 50)	000	10.75
●+37257	P4	complex lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37257 in conjunction with 37256, 37258, 37260) (For bilateral procedure, report 37257 twice. Do not report modifier 50 in conjunction with 37257)	ZZZ	3.89
●37258	P5	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel (For bilateral procedure, report 37258 with modifier 50)	000	8.75

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●✚37259	P6	straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37259 in conjunction with 37258, 37260) (For bilateral procedure, report 37259 twice. Do not report modifier 50 in conjunction with 37259)	ZZZ	4.00
●37260	P7	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel (For bilateral procedure, report 37260 with modifier 50)	000	12.69
●✚37261	P8	complex lesion, each additional vessel, (List separately in addition to code for primary procedure) (Use 37261 in conjunction with 37260) (For bilateral procedure, report 37261 twice. Do not report modifier 50 in conjunction with 37261)	ZZZ	4.25
●✚37262	P9	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure) (Use 37262 in conjunction with 37254, 37255, 37256, 37257, 37258, 37259, 37260, 37261) (For bilateral procedure, report 37262 twice. Do not report modifier 50 in conjunction with 37262)	ZZZ	3.00
<u>Femoral and Popliteal Vascular Territory</u> (Bold Black Header)				

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●37263	P10	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel (For bilateral procedure, report 37263 with modifier 50)	000	7.75
●✚37264	P11	straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37264 in conjunction with 37263, 37265, 37267, 37269, 37271, 37273, 37275, 37277) (For bilateral procedure, report 37264 twice. Do not report modifier 50 in conjunction with 37264)	ZZZ	3.00
●37265	P12	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel (For bilateral procedure, report 37265 with modifier 50)	000	10.50
●✚37266	P13	complex lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37266 in conjunction with 37265, 37267, 37269, 37271, 37273, 37275, 37277) (For bilateral procedure, report 37266 twice. Do not report modifier 50 in conjunction with 37266)	ZZZ	4.00

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●37267	P14	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel (For bilateral procedure, report 37267 with modifier 50)	000	8.75
●✚37268	P15	straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37268 in conjunction with 37267, 37269, 37271, 37273, 37275, 37277) (For bilateral procedure, report 37268 twice. Do not report modifier 50 in conjunction with 37268) (Do not report 37267, 37268 in conjunction with 0505T)	ZZZ	3.73
●37269	P16	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel (For bilateral procedure, report 37269 with modifier 50)	000	14.75

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●✚37270	P17	complex lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37270 in conjunction with 37269, 37271, 37273, 37275, 37277) (For bilateral procedure, report 37270 twice. Do not report modifier 50 in conjunction with 37270) (Do not report 37269, 37270 in conjunction with 0505T)	ZZZ	5.00
●37271	P18	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel (For bilateral procedure, report 37271 with modifier 50)	000	9.00
●✚37272	P19	straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37272 in conjunction with 37271, 37273, 37275, 37277) (For bilateral procedure, report 37272 twice. Do not report modifier 50 in conjunction with 37272)	ZZZ	4.00

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●37273	P20	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel (For bilateral procedure, report 37273 with modifier 50)	000	12.63
●✚37274	P21	complex lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37274 in conjunction with 37273, 37275, 37277) (For bilateral procedure, report 37274 twice. Do not report modifier 50 in conjunction with 37274)	ZZZ	5.50
●37275	P22	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel (For bilateral procedure, report 37275 with modifier 50)	000	11.00
●✚37276	P23	straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37276 in conjunction with 37275, 37277)	ZZZ	4.25

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●37277	P24	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel (For bilateral procedure, report 37277 with modifier 50)	000	15.00
●✚37278	P25	complex lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37278 in conjunction with 37277) (For bilateral procedure, report 37278 twice. Do not report modifier 50 in conjunction with 37278) (Do not report 37277, 37278 in conjunction with 0505T)	ZZZ	6.00
●✚37279	P26	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure) (Use 37279 in conjunction with 37263-37278) (For bilateral procedure, report 37279 twice. Do not report modifier 50 in conjunction with 37279)	ZZZ	4.00

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Tibial and Peroneal Vascular Territory (Bold Black Header)				
●37280	P27	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel (For bilateral procedure, report 37280 with modifier 50)	000	9.80
●✚37281	P28	straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37281 in conjunction with 37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294) (For bilateral procedure, report 37281 twice. Do not report modifier 50 in conjunction with 37281)	ZZZ	3.00
●37282	P29	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel (For bilateral procedure, report 37282 with modifier 50)	000	12.31

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●✚37283	P30	complex lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37283 in conjunction with 37282, 37284, 37286, 37288, 37290, 37292, 37294) (For bilateral procedure, report 37283 twice. Do not report modifier 50 in conjunction with 37283)	ZZZ	4.26
●37284	P31	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel (For bilateral procedure, report 37284 with modifier 50)	000	10.00
●✚37285	P32	straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37285 in conjunction with 37284, 37286, 37288, 37290, 37292, 37294) (For bilateral procedure, report 37285 twice. Do not report modifier 50 in conjunction with 37285)	ZZZ	3.34

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●37286	P33	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel (For bilateral procedure, report 37286 with modifier 50)	000	13.46
●✚37287	P34	complex lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37287 in conjunction with 37286, 37288, 37290, 37292, 37294) (For bilateral procedure, report 37287 twice. Do not report modifier 50 in conjunction with 37287)	ZZZ	5.00
●37288	P35	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel (For bilateral procedure, report 37288 with modifier 50)	000	13.50
●✚37289	P36	straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37289 in conjunction with 37288, 37290, 37292, 37294) (For bilateral procedure, report 37289 twice. Do not report modifier 50 in conjunction with 37289)	ZZZ	4.75

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●37290	P37	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel (For bilateral procedure, report 37290 with modifier 50)	000	17.00
●✚37291	P38	complex lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37291 in conjunction with 37290, 37292, 37294) (For bilateral procedure, report 37291 twice. Do not report modifier 50 in conjunction with 37291)	ZZZ	6.50
●37292	P39	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel (For bilateral procedure, report 37292 with modifier 50)	000	15.00
●✚37293	P40	straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37293 in conjunction with 37292, 37294) (For bilateral procedure, report 37293 twice. Do not report modifier 50 in conjunction with 37293)	ZZZ	6.50

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●37294	P41	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel (For bilateral procedure, report 37294 with modifier 50)	000	18.00
●✚37295	P42	complex lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37295 in conjunction with 37294) (For bilateral procedure, report 37295 twice. Do not report modifier 50 in conjunction with 37295)	ZZZ	8.16
Inframalleolar Vascular Territory (Bold Black Header)				
●37296	P43	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel (For bilateral procedure, report 37296 with modifier 50)	000	11.00
●✚37297	P44	straightforward lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37297 in conjunction with 37296, 37298) (For bilateral procedure, report 37297 twice. Do not report modifier 50 in conjunction with 37297)	ZZZ	4.00

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●37298	P45	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel (For bilateral procedure, report 37298 with modifier 50)	000	13.70
●✚37299	P46	complex lesion, each additional vessel (List separately in addition to code for primary procedure) (Use 37299 in conjunction with 37298) (For bilateral procedure, report 37299 twice. Do not report modifier 50 in conjunction with 37299)	ZZZ	5.00
D37220	-	~~Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty~~ (37220 has been deleted. To report, see 37254, 37256)	~~000~~	~~(2025 Work RVU = 7.90)~~
D37221	-	~~with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~ ~~(Use 37220, 37221 in conjunction with 34701-34711, 34718, 34845, 34846, 34847, 34848, only when 37220 or 37221 is performed outside the treatment zone of the endograft)~~ (37221 has been deleted. To report, see 37258, 37260)	~~000~~	~~(2025 Work RVU = 9.75)~~
D37222	-	~~Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)~~ ~~(Use 37222 in conjunction with 37220, 37221)~~ (37222 has been deleted. To report, see 37255, 37257)	~~ZZZ~~	~~(2025 Work RVU = 3.73)~~

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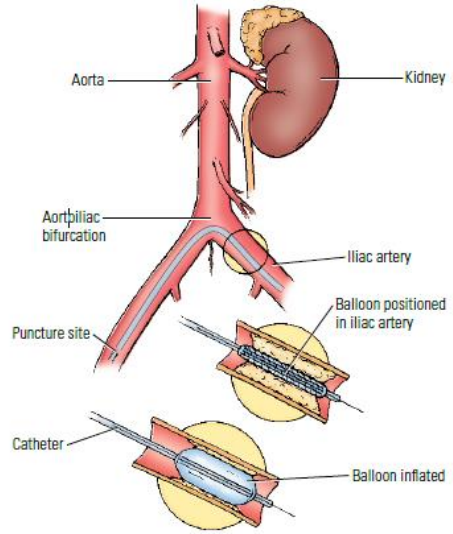
D37223	-	~~with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)~~ ~~(Use 37223 in conjunction with 37221)~~ ~~(Use 37222, 37223 in conjunction with 34701 34711, 34718, 34845, 34846, 34847, 34848 only when 37222 or 37223 are performed outside the treatment zone of the endograft)~~ (37223 has been deleted. To report, see 37259, 37261)	~~ZZZ~~	~~(2025 Work RVU = 4.25)~~

Transluminal Balloon Angioplasty
~~37220 and 37222~~ 37254, 37256 and 37255, 37257

A balloon catheter is passed into the iliac artery and inflated to stretch the blood vessel to a larger diameter.



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D37224	-	~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty~~ (37224 has been deleted. To report, see 37263, 37265)	~~000~~	~~(2025 Work RVU = 8.75)~~
D37225	-	~~with atherectomy, includes angioplasty within the same vessel, when performed~~ (37225 has been deleted. To report, see 37271, 37273)	~~000~~	~~(2025 Work RVU = 11.75)~~
D37226	-	~~with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~ (37226 has been deleted. To report, see 37267, 37269)	~~000~~	~~(2025 Work RVU = 10.24)~~
D37227	-	~~with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed~~ ~~(Do not report 37224, 37225, 37226, 37227 in conjunction with 0505T, within the femoral-popliteal segment)~~ (37227 has been deleted. To report, see 37275, 37277)	~~000~~	~~(2025 Work RVU = 14.25)~~
D37228	-	~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty~~ (37228 has been deleted. To report, see 37280, 37282)	~~000~~	~~(2025 Work RVU = 10.75)~~
D37229	-	~~with atherectomy, includes angioplasty within the same vessel, when performed~~ (37229 has been deleted. To report, see 37288, 37290)	~~000~~	~~(2025 Work RVU = 13.80)~~
D37230	-	~~with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~ (37230 has been deleted. To report, see 37284, 37286)	~~000~~	~~(2025 Work RVU = 13.55)~~

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D37231	-	~~with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed~~ (37231 has been deleted. To report, see 37292, 37294)	~~000~~	~~(2025 Work RVU = 14.75)~~
D37232	-	~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)~~ ~~(Use 37232 in conjunction with 37228-37231)~~ (37232 has been deleted. To report, see 37281, 37283)	~~ZZZ~~	~~(2025 Work RVU = 4.00)~~
D37233	-	~~with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)~~ ~~(Use 37233 in conjunction with 37229, 37231)~~ (37233 has been deleted. To report, see 37289, 37291)	~~ZZZ~~	~~(2025 Work RVU = 6.50)~~
D37234	-	~~with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)~~ ~~(Use 37234 in conjunction with 37229, 37230, 37231)~~ (37234 has been deleted. To report, see 37285, 37287)	~~ZZZ~~	~~(2025 Work RVU = 5.50)~~
D37235	-	~~with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)~~ ~~(Use 37235 in conjunction with 37231)~~ (37235 has been deleted. To report, see 37293, 37295)	~~ZZZ~~	~~(2025 Work RVU = 7.80)~~
Codes 37246, 37247, 37248, 37249 describe open or percutaneous transluminal balloon angioplasty (eg, conventional, low profile, cutting, drug-coated balloon). Codes 37246, 37247 describe transluminal balloon angioplasty in an artery excluding the central nervous system (61630, 61635), coronary (92920-~~92944~~, 92945, 0913T), pulmonary (92997, 92998), and lower extremities for occlusive disease (37254-37299 ~~37220-37235~~). Codes 37248 and 37249 describe transluminal balloon angioplasty in a vein excluding the dialysis circuit (36902, 36905, 36907) when				

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approached through the ipsilateral dialysis access. Transluminal balloon angioplasty is inherent to stenting in the extracranial carotid and innominate arteries (37215, 37216, 37217, 37218), peripheral arteries (37254-37299 ~~37220-37237~~), and in peripheral veins (37238, 37239) and, therefore, is not separately reportable. Multiple angioplasties performed in a single vessel, including treatment of separate and distinct lesions within a single vessel, are reported with a single code. If a lesion extends across the margins of one vessel into another, but can be treated with a single therapy, the intervention should be reported only once. When additional, separate and distinct ipsilateral or contralateral vessels are treated in the same session, 37247 and/or 37249 may be reported as appropriate.

Non-selective ….

Mechanical thrombectomy …

#37246 *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery*

…

#+37247 *each additional artery (List separately in addition to code for primary procedure)*

(Use 37247 in conjunction with 37246)

(Do not report 37246, 37247 in conjunction with 36836, 36837)

(Do not report 37246, 37247 in conjunction with 37215, 37216, 37217, 37218, 37254-37299, ~~37220-37237~~ when performed in the same artery during the same operative session)

(Do not report 37246, 37247 in conjunction with 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848 for angioplasty[ies] performed, when placing bare metal or covered stents into the visceral branches within the endoprosthesis target zone)

 # 37248 *Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein*

#37249 *each additional vein (List separately in addition to code for primary procedure)*

(Use 37249 in conjunction with 37248)

(Do not report 37248, 37249 in conjunction with 36836, 36837)

(Do not report 37248, 37249 in conjunction with 37238, 37239 when performed in the same vein during the same operative session)

(Do not report 37248, 37249 in conjunction with 0505T, within the femoral-popliteal segment)

(Do not report 37248, 37249 in conjunction with 0620T within the tibial-peroneal segment)

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(For transluminal balloon angioplasty in aorta/visceral artery[ies] in conjunction with fenestrated endovascular repair, see 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848)

(For transluminal balloon angioplasty to treat stenosis or occlusion in iliac, femoral, popliteal, tibial, peroneal, or inframalleolar artery[ies] ~~or tibial/peroneal artery[ies] for occlusive disease~~, see ~~37220-37235~~ 37254, 37255, 37256, 37257, 37263, 37264, 37265, 37266, 37280, 37281, 37282, 37283, 37296, 37297, 37298, 37299)

(For transluminal balloon angioplasty in a dialysis circuit performed through the circuit, see 36902, 36903, 36904, 36905, 36906, 36907, 36908)

(For transluminal balloon angioplasty in an intracranial artery, see 61630, 61635)

(For transluminal balloon angioplasty in a coronary artery, see 92920-92944)

(For transluminal balloon angioplasty in a pulmonary artery, see 92997, 92998)

Codes 37236-37239 are used to report endovascular revascularization for vessels other than lower extremity artery(ies) for occlusive disease (ie, 37254-37299 ~~37221, 37223, 37226, 37227, 37230, 37231, 37234, 37235~~), cervical carotid (ie, 37215, 37216), intracranial (ie, 61635), intracoronary (ie, 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944), innominate and/or intrathoracic carotid artery through an antegrade approach (37218), extracranial vertebral (ie, 0075T, 0076T) performed percutaneously and/or through an open surgical exposure, open retrograde intrathoracic common carotid or innominate (37217), or dialysis circuit when performed through the dialysis circuit (36903, 36905, 36908).

Codes 37236, 37237 ...

Codes 37236-37239 ...

Intravascular stents, ...

37236 *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery*

+37237 *each additional artery (List separately in addition to code for primary procedure)*

(Use 37237 in conjunction with 37236)

(Do not report 37236, 37237 in conjunction with 36836, 36837)

(Do not report 37236, 37237 in conjunction with 34841-34848 for bare metal or covered stents placed into the visceral branches within the endoprosthesis target zone)

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(For stent placement[s] to treat stenosis or occlusion in iliac, femoral, popliteal, tibial, or peroneal,~~or tibial/peroneal~~ artery[ies] ~~for occlusive disease,~~ see 37258, 37259, 37260, 37261, 37267, 37268, 37269, 37270, 37275, 37276, 37277, 37278, 37284, 37285, 37286, 37287, 37292, 37293, 37294, 37295 ~~37221, 37223, 37226, 37227, 37230, 37231, 37234, 37235~~)

(For transcatheter placement of intravascular cervical carotid artery stent(s), see 37215, 37216)

(For transcatheter placement of intracranial stent(s), use 61635)

(For transcatheter placement of intracoronary stent(s), see 92928, 92929, 92933, 92934, 92937, 92938, 92941, 92943, 92944)

(For stenting of visceral arteries in conjunction with fenestrated endovascular repair, see 34841-34848)

(For open or percutaneous antegrade transcatheter placement of intrathoracic carotid/innominate artery stent(s), use 37218)

(For open or percutaneous transcatheter placement of extracranial vertebral artery stent(s), see Category III codes 0075T, 0076T)

(For open retrograde transcatheter placement of intrathoracic common carotid/innominate artery stent(s), use 37217)

(For placement of a stent at the arterial anastomosis of a dialysis circuit with or without transluminal mechanical thrombectomy and/or infusion for thrombolysis, see 36903, 36906)

Intravascular Ultrasound Services

✚*37252* *Intravascular ultrasound (noncoronary vessel) during diagnostic evaluation and/or therapeutic intervention, including radiological supervision and interpretation; initial noncoronary vessel (List separately in addition to code for primary procedure)*

✚*37253* *each additional noncoronary vessel (List separately in addition to code for primary procedure)*

(Use 37253 in conjunction with 37252)

(Use 37252, 37253 in conjunction with 33361, 33362, 33363, 33364, 33365, 33366, 33367, 33368, 33369, 33477, 33880, 33881, 33883, 33884, 33886, 34701, 34702, 34703, 34704, 34705, 34706, 34707, 34708, 34709, 34710, 34711, 34712, 34718, 34841, 34842, 34843, 34844, 34845, 34846, 34847, 34848, 36010, 36011, 36012, 36013, 36014, 36015, 36100, 36140, 36160, 36200, 36215, 36216, 36217, 36218, 36221, 36222, 36223, 36224, 36225, 36226, 36227, 36228, 36245, 36246, 36247, 36248, 36251, 36252, 36253, 36254, 36481, 36555-36571, 36578, 36580, 36581, 36582, 36583, 36584, 36585, 36595, 36901, 36902, 36903, 36904, 36905, 36906, 36907, 36908, 36909, 37184, 37185, 37186, 37187, 37188, 37200, 37211, 37212, 37213, 37214, 37215, 37216, 37218, 37254-37299, ~~37220, 37221, 37222, 37223, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 37232, 37233, 37234, 37235,~~ 37236, 37237, 37238, 37239, 37241, 37242, 37243, 37244, 37246, 37247, 37248, 37249, 61623, 75600, 75605, 75625, 75630, 75635, 75705, 75710, 75716, 75726, 75731, 75733, 75736, 75741, 75743, 75746, 75756, 75774, 75805, 75807, 75810, 75820, 75822, 75825, 75827, 75831, 75833, 75860, 75870, 75872, 75885, 75887, 75889, 75891, 75893,

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75894, 75898, 75901, 75902, 75956, 75957, 75958, 75959, 75970, 76000, 77001, 0075T, 0076T, 0234T, 0235T, 0236T, 0237T, 0238T, 0338T)

Radiology
Diagnostic Radiology (Diagnostic Imaging)
Vascular Procedures
Aorta and Arteries

The lower extremity endovascular revascularization codes describing services performed for occlusive disease (37254-37299 ~~37220-37235~~) include catheterization (36200, 36140, 36245-36248) in the work described by the codes. Catheterization codes are not additionally reported for diagnostic lower extremity angiography when performed through the same access site as the therapy (37254-37299 ~~37220-37235~~) performed in the same session. However, catheterization for the diagnostic lower extremity angiogram may be reported separately if a different arterial puncture site is necessary.

Other Procedures

76000 *Fluoroscopy (separate procedure), up to 1 hour physician or other qualified health care professional time*

(Do not report 76000 in conjunction with 33274, 33275, 33957, 33958, 33959, 33962, 33963, 33964, 37254-37299, 0515T, 0516T, 0517T, 0518T, 0519T, 0520T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0823T, 0824T, 0825T, 0861T, 0862T, 0863T)

Category III Codes
Atherectomy (Open or Percutaneous) for Supra-Inguinal Arteries

Codes 0234T-0238T describe atherectomy performed by any method (eg, directional, rotational, laser) in arteries above the inguinal ligaments. These codes are structured differently than the codes describing atherectomy performed below the inguinal ligaments (~~37225, 37227, 37229, 37231, 37233, 37235~~ 37271, 37272, 37273, 37274, 37275, 37276, 37277, 37278, 37288, 37289, 37290, 37291, 37292, 37293, 37294, 37295).

These supra-inguinal ….

0234T *Transluminal peripheral atherectomy, open or percutaneous, including radiological supervision and interpretation; renal artery*

….

0505T *Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed, with crossing of the occlusive lesion in an extraluminal fashion*

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	(0505T includes all ipsilateral selective arterial and venous catheterization, all diagnostic imaging for ipsilateral, lower extremity arteriography, and all related radiological supervision and interpretation) (Do not report 0505T in conjunction with 37267, 37268, 37269, 37270 ~~37224, 37225, 37226, 37227~~, 37238, 37239, 37248, 37249, within the femoral-popliteal segment)
#0620T	*Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed* *(0620T includes all ipsilateral selective arterial and venous catheterization, all diagnostic imaging for ipsilateral, lower extremity arteriography, and all related radiological supervision and interpretation)* (Do not report 0620T in conjunction with ~~37228, 37229, 37230, 37231,~~ 37280, 37281, 37282, 37283, 37284, 37285, 37286, 37277, 37288, 37289, 37290, 37291, 37292, 37293, 37294, 37295, 37238, 37239, 37248, 37249, within the tibial-peroneal segment)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37254 Tracking Number P1 Original Specialty Recommended RVU: **7.30**
Presented Recommended RVU: **7.30**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **7.30**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 57-year-old male who smokes presents for right buttock and calf claudication. Diagnostic studies show a focal concentric stenosis of the right common iliac artery which is treated with balloon angioplasty.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 60% , In the ASC 4%, In the office 35%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 75% , Overnight stay-less than 24 hours 20% , Overnight stay-more than 24 hours 6%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased common iliac artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Cross the area of stenosis with a guidewire and advance a sheath to or through the stenosis. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the stenosis has been adequately treated. Repeat balloon inflations as required, or potentially use additional balloons with larger or smaller diameters as indicated by anatomic review of the images obtained. All segments of disease within the same common iliac artery segment are treated with appropriate- sized balloon(s). Once a satisfactory result has been shown with the absence of extravasation and flow-limiting dissection, confirm patency of the vessel, and remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37254
Sample Size: 9313	**Resp N:** 113
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**11.00**	25.00	50.00
Survey RVW:	3.50	7.30	**8.75**	11.25	25.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**24.00**		
Intra-Service Time:	15.00	40.00	**60.00**	80.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37254	**Recommended Physician Work RVU: 7.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36905	000	9.00	**RUC Time**

CPT Descriptor Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36253	000	7.30	**RUC Time**

CPT Descriptor Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37212	000	6.81	**RUC Time**	1,269

CPT Descriptor 1 Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52356	000	0.00	**RUC Time**	82,797

CPT Descriptor 2 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 22 **% of respondents:** 19.4 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 16.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 37254	**Top Key Reference CPT Code:** 36905	**2nd Key Reference CPT Code:** **36253**
Median Pre-Service Time	38.00	31.00	31.00
Median Intra-Service Time	60.00	75.00	60.00
Median Immediate Post-service Time	30.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**128.00**	**126.00**	**121.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	6%	31%	56%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of	12%	41%	47%

medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			
Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	19%	31%	50%
Physical effort required	13%	44%	44%
Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	18%	82%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	15%	46%	31%	8%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	54%	46%
Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	23%	46%	31%
Physical effort required	15%	62%	23%
Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	23%	23%	54%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high-cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high-cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post-packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF

37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time
Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**	

Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW; however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).

9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, and femoral/popliteal additional vessel interventions) are removed, the result is a net increase of 2.3%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity.

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37262	**3.00**	**0.100**	**30**				**30**	
63048	3.47	0.077	45				45	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List*

separately in addition to code for primary procedure), will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and 37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37220

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37220

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37255 Tracking Number P2 Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **3.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment for right buttock and calf claudication in a 77-year-old male who smokes, after a separately reported balloon angioplasty of a stenosis of the right common iliac artery, an additional 75% stenosis of the left external iliac artery is treated with balloon angioplasty. [Note: This is an add-on service. Only consider the additional work related to the balloon angioplasty of the additional stenosis of the left external iliac artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The lesion in the external iliac artery has previously been crossed for treatment of the more proximal common iliac stenosis (reported separately). Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the stenosis has been adequately treated. Repeat balloon inflations as required, or potentially use additional balloons with larger or smaller diameters as indicated by anatomic review of the images obtained. All segments of disease within the same external iliac artery segment are treated with appropriate-sized balloon(s). Completion angiography is performed to confirm vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37255
Sample Size: 9313	**Resp N:** 113
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**8.00**	17.00	50.00
Survey RVW:	2.50	3.00	**4.00**	6.13	24.39
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	6.00	15.00	**30.00**	45.00	180.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37255	**Recommended Physician Work RVU: 3.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37247	ZZZ	3.50	**RUC Time**

CPT Descriptor Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34709	ZZZ	6.50	**RUC Time**

CPT Descriptor Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36476	ZZZ	2.65	**RUC Time**	5,091

CPT Descriptor 1 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

63048	ZZZ	3.47	**RUC Time**	103,832

CPT Descriptor 2 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 29 **% of respondents:** 25.6 **%**

Number of respondents who choose 2nd Key Reference Code: 22 **% of respondents:** 19.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 37255	**Top Key Reference CPT Code:** 37247	**2nd Key Reference CPT Code:** **34709**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	30.00	30.00	60.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**30.00**	**30.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	5%	48%	43%	5%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	52%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	48%	43%
Physical effort required	5%	62%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	43%	57%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	64%	14%	21%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	69%	31%
Physical effort required	0%	69%	31%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	57%	29%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high-cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high-cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall

Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey
respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post-packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX

37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW; however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, and femoral/popliteal additional vessel interventions) are removed, the result is a net increase of 2.3%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity.

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37262	**3.00**	**0.100**	**30**				**30**	
63048	3.47	0.077	45				45	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List*

separately in addition to code for primary procedure), will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and 37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37255 in conjunction with 37254, 37256, 37258, 37260)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37222

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37222

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37256 Tracking Number P3 Original Specialty Recommended RVU: **10.75**
Presented Recommended RVU: **10.75**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **10.75**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 57-year-old female who smokes presents for nonhealing left foot wound. Diagnostic studies show an occlusion of the left common iliac artery 1-cm distal to the bifurcation that is treated with balloon angioplasty.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 69% , In the ASC 1%, In the office 30%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 65% , Overnight stay-less than 24 hours 30% , Overnight stay-more than 24 hours 5%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased common iliac artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Advanced maneuvers are typically used to cross the area of occlusion with a guidewire and advance a sheath to or through the occlusion. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Advance and position an appropriately sized angioplasty balloon catheter to the area of occlusion using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the occlusion has been adequately treated. Repeat balloon inflations as required, or potentially use additional balloons with larger or smaller diameters as indicated by anatomic review of the images obtained. Specialty balloons (e.g. cutting balloon, drug coated balloon) may be used as indicated to revascularize the common iliac. All segments of disease within the same common iliac artery segment are treated with appropriate-sized balloon(s). Once a satisfactory result has been shown with the absence of extravasation and flow-limiting dissection, confirm patency of the

vessel, and remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37256
Sample Size:	9313 **Resp N:** 113
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**8.00**	24.00	50.00
Survey RVW:	3.00	10.75	**14.87**	15.80	26.78
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	60.00	**80.00**	100.00	208.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37256	**Recommended Physician Work RVU: 10.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**80.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36906	000	10.42	**RUC Time**

CPT Descriptor Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61645	000	15.00	**RUC Time**

CPT Descriptor Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

Most Recent

MPC CPT Code 2	Global	Work RVU	Time Source	Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 2 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 20.3 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 15.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 37256	**Top Key Reference CPT Code:** 36906	**2nd Key Reference CPT Code:** **61645**
Median Pre-Service Time	38.00	31.00	58.00
Median Intra-Service Time	80.00	90.00	100.00
Median Immediate Post-service Time	30.00	20.00	83.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**148.00**	**141.00**	**241.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	19%	50%	31%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	13%	88%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	13%	81%
Physical effort required	6%	38%	56%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	19%	81%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	9%	18%	27%	45%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	27%	9%	64%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	27%	64%
Physical effort required	9%	36%	55%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	27%	9%	64%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high-cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high-cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall

Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey
respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post-packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX

37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW; however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, and femoral/popliteal additional vessel interventions) are removed, the result is a net increase of 2.3%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity.

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37262	**3.00**	**0.100**	**30**				**30**	
63048	3.47	0.077	45				45	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List*

separately in addition to code for primary procedure), will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and 37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37220

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37220

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37257 Tracking Number P4 Original Specialty Recommended RVU: **3.89**
Presented Recommended RVU: **3.89**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **3.89**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment for a nonhealing left foot wound in a 77-year-old male who smokes, after a separately reported balloon angioplasty of an occlusion of the left common iliac artery, an additional discrete occlusion of the left external iliac artery is treated with balloon angioplasty. [Note: This is an add-on service. Only consider the additional work related to the balloon angioplasty of an additional discrete occlusion of the left external iliac artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The lesion in the common external iliac artery has previously been crossed for treatment of the more proximal lesion (reported separately). Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Advance and position an appropriately sized angioplasty balloon catheter to the area of occlusion using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the occlusion has been adequately treated. Repeat balloon inflations as required, or potentially use additional balloons with larger or smaller diameters as indicated by anatomic review of the images obtained. All segments of disease within the same external iliac artery segment are treated with appropriate-sized balloon(s). Completion angiography is performed to confirm vessel patency, a satisfcatory treatment result, and absence of extravasation, embolization, or flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37257
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	9.00	100.00
Survey RVW:	3.00	3.89	**6.20**	8.14	24.39
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**36.00**	60.00	119.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37257	**Recommended Physician Work RVU: 3.89**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**36.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37255	ZZZ	3.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	ZZZ	3.47	**RUC Time**	103,832

CPT Descriptor 1 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,768

CPT Descriptor 2 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37257	**Top Key Reference CPT Code:** 37255	**2nd Key Reference CPT Code:**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	36.00	30.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**36.00**	**30.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	0%	16%	53%	28%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or			

other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37257 in conjunction with 37256, 37258, 37260)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37222

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Rarely

Specialty Radiology How often? Rarely

Specialty Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37222

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37258 Tracking Number P5 Original Specialty Recommended RVU: **8.75**
Presented Recommended RVU: **8.75**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **8.75**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 57-year-old male who smokes presents for right thigh and calf claudication. Diagnostic studies show a stenosis of the right external iliac artery that is treated with balloon angioplasty and stent placement.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital , In the ASC , In the office

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day , Overnight stay-less than 24 hours , Overnight stay-more than 24 hours

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased external iliac artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Cross the area of stenosis with a guidewire and advance a sheath to or through the stenosis. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the stenosis has been adequately treated. After diagnostic imaging confirms failure of balloon angioplasty, the lesion is measured in length and diameter with multiple views. Bare metal stent is selected as the next therapy and the appropriately sized stent is selected. Sheaths and wires may be exchanged out to accommodate stent delivery. The stent is advanced under fluoroscopic guidance to the lesion and deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization and dissection. All segments of disease within the same external iliac artery segment are treated with

appropriate-sized balloon(s) and stent(s). Once a satisfactory result has been shown with the absence of extravasation and flow-limiting dissection, confirm patency of the vessel, and remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37258
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**5.00**	11.00	100.00
Survey RVW:	4.50	8.75	**9.75**	10.00	16.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	25.00	46.00	**75.00**	90.00	210.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37258	**Recommended Physician Work RVU: 8.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37254	000	7.30	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	000	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52356	000	8.00	**RUC Time**	82,797

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36905	000	9.00	**RUC Time**	22,013

CPT Descriptor 2 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon

angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37258	Top Key Reference CPT Code: 37254	2nd Key Reference CPT Code: ____
Median Pre-Service Time	38.00	38.00	0.00
Median Intra-Service Time	75.00	60.00	0.00
Median Immediate Post-service Time	30.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**143.00**	**128.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	2%	37%	47%	12%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or			

other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37221

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37221

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37259 Tracking Number P6 Original Specialty Recommended RVU: **4.00**
Presented Recommended RVU: **4.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **4.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment for right thigh and calf claudication in a 77-year-old male who smokes, after a separately reported treatment of a proximal right common iliac stenosis with balloon angioplasty and stent placement, an additional stenosis of the right external iliac artery is treated with balloon angioplasty and stent placement. [Note: This is an add-on service. Only consider the additional work related to treatment of the additional stenosis of the right external iliac artery with balloon angioplasty and stent placement.]

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The lesion in the external iliac artery has previously been crossed for treatment of the more proximal lesion (reported separately). Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the stenosis has been adequately treated. After diagnostic imaging confirms failure of balloon angioplasty, the lesion is measured in length and diameter with multiple views. Bare metal stent is selected as the next therapy and the appropriately sized stent is selected. Sheaths and wires may be exchanged out to accommodate stent delivery. The stent is advanced under fluoroscopic guidance to the lesion and deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization and dissection. Repeat balloon inflations as required, or potentially use additional balloons with larger or smaller diameters as indicated by anatomic review of the images obtained. All segments of disease within the same external iliac artery segment are treated with appropriate-sized balloon(s) and stent(s). Completion angiography is performed to confirm vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37259
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	110.00
Survey RVW:	2.00	4.00	**5.25**	7.06	15.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	20.00	**40.00**	48.00	120.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37259	**Recommended Physician Work RVU: 4.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37255	ZZZ	3.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	ZZZ	3.47	**RUC Time**	103,832

CPT Descriptor 1 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,768

CPT Descriptor 2 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37259	**Top Key Reference CPT Code:** 37255	**2nd Key Reference CPT Code:** _____
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	40.00	30.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**40.00**	**30.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	2%	40%	51%	5%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or			

other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37259 in conjunction with 37258, 37260)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37223

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37223

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37260 Tracking Number P7 Original Specialty Recommended RVU: **16.23**
Presented Recommended RVU: **14.24**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **12.69**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old female is evaluated for right leg claudication that develops at two blocks. Diagnostic testing reveals an occlusion of the right common iliac artery that is treated with balloon angioplasty and stent placement.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital , In the ASC , In the office

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day , Overnight stay-less than 24 hours , Overnight stay-more than 24 hours

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased common iliac artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Advanced techniques are used to cross the area of occlusion with a guidewire and advance a sheath to or through the occlusion. Advance and position an appropriately sized angioplasty balloon to the area of occlusion using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the stenosis has been adequately treated. After diagnostic imaging confirms failure of balloon angioplasty, the lesion is measured in length and diameter with multiple views. A covered stent is selected as the next therapy and the appropriately sized stent is selected. The stent is advanced under fluoroscopic guidance to the lesion and deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization and dissection. All

segments of disease within the same common iliac artery segment are treated with appropriate-sized balloon(s) and stent(s). Once a satisfactory result has been shown with the absence of extravasation and flow-limiting dissection, confirm patency of the vessel, and remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37260
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	10.00	105.00
Survey RVW:	6.20	12.69	**16.23**	19.13	24.39
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	88.00	**117.00**	126.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37260	**Recommended Physician Work RVU: 12.69**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**117.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37256	000	10.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	000	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37260	Top Key Reference CPT Code: 37256	2nd Key Reference CPT Code:
Median Pre-Service Time	38.00	38.00	0.00
Median Intra-Service Time	117.00	80.00	0.00
Median Immediate Post-service Time	30.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**185.00**	**148.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	0%	14%	70%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual

code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey
respondent's answers from the anchor codes populated into the abbreviated survey table
to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF

37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time
Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**	
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**	

Experience	How many times have you personally performed these procedures in the past 12 months?

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal

intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37221

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37221

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37261 Tracking Number P8 Original Specialty Recommended RVU: **5.00**
Presented Recommended RVU: **4.60**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **4.25**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel, (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of a 77-year-old female for a non-healing right foot ulcer and absent femoral pulse, after a separately reported treatment of a proximal right common iliac occlusion with stent placement, an additional occlusion of the right external iliac artery is treated with balloon angioplasty and placement of a stent. [Note: This is an add-on service. Only consider the additional work related to treatment of the occlusion of the right external iliac artery with balloon angioplasty and placement of a stent.]

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital , In the ASC , In the office

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day , Overnight stay-less than 24 hours , Overnight stay-more than 24 hours

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The lesion in the common external iliac artery has previously been crossed for treatment of the more proximal lesion (separately reported). Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Advance and position an appropriately sized angioplasty balloon catheter to the area of occlusion using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the has been adequately treated. After diagnostic imaging confirms failure of balloon angioplasty, the lesion is measured in length and diameter with multiple views. Covered stent is selected as the next therapy and the appropriately sized stent is selected. The stent is advanced under fluoroscopic guidance to the lesion and deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization and dissection. Repeat balloon inflations as required, or potentially use additional balloons with larger or smaller diameters as indicated by anatomic review of the images obtained. All segments of disease within the same external iliac artery segment are treated with appropriate- sized balloon(s) and stent(s). Completion angiography is performed to confirm vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37261
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**4.00**	9.00	115.00
Survey RVW:	3.80	4.25	**5.00**	7.50	18.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	30.00	**44.00**	60.00	149.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37261	**Recommended Physician Work RVU: 4.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**44.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37255	ZZZ	3.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,768

CPT Descriptor 1 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22632	ZZZ	5.22	**RUC Time**	1,576

CPT Descriptor 2 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37261	Top Key Reference CPT Code: 37255	2nd Key Reference CPT Code: ____
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	44.00	30.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**44.00**	**30.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	2%	12%	53%	30%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of			

	medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37261 in conjunction with 37260)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37223

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37223

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37262 Tracking Number P9 Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **3.00**

CPT Descriptor: Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of a 79-year-old female who previously had transaortic valve replacement and has dense calcification of the left common iliac artery, after a separately reported angioplasty of an occlusion in the iliac artery, the decision is made to treat the dense calcification with intravascular lithotripsy. [Note: This is an add-on service. Only consider the additional work related to treating the calcification with intravascular lithotripsy.]

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The lesion in the common iliac artery has been crossed, balloon angioplasty has been performed, and completion angiography revealed an unsatisfactory result (reported separately) The lesion is measured in length and diameter with multiple views. Intravascular lithotripsy balloon is selected as the next therapy and the appropriately sized balloon is selected. The lithotripsy balloon is advanced under fluoroscopic guidance to the lesion and inflated to profile. The lithotripsy is delivered according to manufacturer specifications. The balloon is deflated and blood flow is restored. Repeat lithotripsy applications are applied if needed throughout the diseased segment. The balloon delivery system is removed under fluoroscopic guidance. Completion angiography is performed for final assessment to confirm vessel patency, adequate technical result, and the absence of extravasation or flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37262
Sample Size: 9313	**Resp N:** 113
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	11.00	50.00
Survey RVW:	2.00	3.00	**4.50**	7.00	24.39
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	8.00	20.00	**30.00**	58.00	180.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37262	**Recommended Physician Work RVU: 3.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36908	ZZZ	4.25	**RUC Time**

CPT Descriptor Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37247	ZZZ	3.50	**RUC Time**

CPT Descriptor Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36476	YYY	2.65	**RUC Time**	5,091

CPT Descriptor 1 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36048	ZZZ	3.47	**RUC Time**	103,832

CPT Descriptor 2 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 18.5 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 16.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 37262	**Top Key Reference CPT Code:** 36908	**2nd Key Reference CPT Code:** **37247**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	30.00	40.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**30.00**	**40.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	20%	73%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of	0%	33%	67%

medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			
Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	7%	33%	60%
Physical effort required	7%	50%	43%
Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	27%	62%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	23%	77%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	23%	23%	54%
Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	8%	23%	69%
Physical effort required	15%	38%	46%
Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	54%	46%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high-cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high-cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post-packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF

37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time
Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**	

Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW; however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).

9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, and femoral/popliteal additional vessel interventions) are removed, the result is a net increase of 2.3%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity.

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37262	**3.00**	**0.100**	**30**				**30**	
63048	3.47	0.077	45				45	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List*

separately in addition to code for primary procedure), will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and 37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37562 in conjunction with 37254, 37255, 37256, 37257, 37258, 37259, 37260, 37261)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37220

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37263 Tracking Number P10 Original Specialty Recommended RVU: **8.00**
Presented Recommended RVU: **8.00**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **7.75**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 77-year-old female is evaluated for right leg claudication that develops at one-half block. Diagnostic testing reveals a flow limiting stenosis of the right superficial femoral artery that is treated with balloon angioplasty.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital , In the ASC , In the office

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day , Overnight stay-less than 24 hours , Overnight stay-more than 24 hours

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased superficial femoral artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Cross the area of stenosis with a guidewire and advance a sheath to or through the stenosis. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance, and pre-dilatation of the lesion is performed by inflating appropriate pressure and time for dilating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if a flow limiting dissection has occurred. Drug coated balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The drug coated balloon is then inflated and left in place for 2-3 minutes based on manufacturer’s specifications. Repeat balloon inflations as required, or potentially use additional balloons with larger or smaller diameters as indicated by anatomic review of the images obtained. All segments of disease within the same superficial femoral artery segment are treated with appropriate-sized balloon(s)

and drug coated balloon(s). Once completion angiography confirms vessel patency, a satisfactory treatment result, and absence of extravasation or flow-limiting dissection, remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37263
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**10.00**	20.00	115.00
Survey RVW:	4.75	8.43	**10.00**	13.81	24.39
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	40.00	**60.00**	90.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37263	**Recommended Physician Work RVU: 7.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37267	000	8.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	000	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52353	000	7.50	**RUC Time**	10,320

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36905	000	9.00	**RUC Time**	22,013

CPT Descriptor 2 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic

guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37263	**Top Key Reference CPT Code:** 37267	**2nd Key Reference CPT Code:**
Median Pre-Service Time	38.00	38.00	0.00
Median Intra-Service Time	60.00	75.00	0.00
Median Immediate Post-service Time	30.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**128.00**	**143.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	40%	37%	19%	5%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of			

	medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37224

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37224

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37264 Tracking Number P11 Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **3.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of a 58-year-old female with right leg claudication that develops at two blocks, after a separately reported treatment of a stenosis of the right common femoral artery, an additional and more distal stenosis of the right popliteal artery is treated with balloon angioplasty. [Note: This is an add-on service. Only consider the additional work related to treat the right popliteal artery with balloon angioplasty.]

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital , In the ASC , In the office

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day , Overnight stay-less than 24 hours , Overnight stay-more than 24 hours

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Manipulate a catheter and guidewire into the diseased popliteal artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Cross the area of stenosis with a guidewire and advance a sheath to or through the occlusion. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance and pre-dilatation of the lesion is performed by inflating appropriate pressure and time for dilating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if a flow limiting dissection has occurred. Drug coated balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The drug coated balloon is then inflated and left in place for 2-3 minutes based on manufacturer's specifications. Repeat balloon inflations as required, or potentially use additional balloons with larger or smaller diameters as indicated by anatomic review of the images obtained. All segments of disease within the same femoral-popliteal segment are treated with appropriate-sized balloon(s) and drug coated balloon(s). Completion angiography is performed to confirm vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37264
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**8.00**	20.00	120.00
Survey RVW:	2.00	3.00	**5.00**	8.16	16.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	6.00	20.00	**30.00**	48.00	119.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37264	**Recommended Physician Work RVU: 3.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37268	ZZZ	3.73	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36476	ZZZ	2.65	**RUC Time**	5,091

CPT Descriptor 1 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	ZZZ	3.47	**RUC Time**	103,832

CPT Descriptor 2 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37264	Top Key Reference CPT Code: 37268	2nd Key Reference CPT Code:
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	30.00	35.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**30.00**	**35.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	40%	28%	23%	7%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of			

	medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37264 in conjunction with 37263, 37265, 37267, 37269, 37271, 37273, 37275, 37277)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37226

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37265 Tracking Number P12 Original Specialty Recommended RVU: **12.00**
Presented Recommended RVU: **12.00**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **10.50**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 77-year-old female is evaluated for a nonhealing right transmetatarsal amputation. Diagnostic testing reveals an occlusion of the right superficial femoral artery that is treated with balloon angioplasty.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased superficial femoral artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Advanced techniques are used to cross the area of occlusion with a guidewire and advance a sheath to or through the occlusion. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance, and pre-dilatation of the lesion is performed by inflating appropriate pressure and time for dilating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if a flow limiting dissection has occurred. A drug coated balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The drug coated balloon is then inflated and left in place for 2-3 minutes based on manufactures' specifications. Repeat balloon inflations as required, or potentially use additional balloons with larger or smaller diameters as indicated by anatomic review of the images obtained. All segments of disease within the same superficial femoral artery segment, are treated with appropriate- sized balloon(s) and drug coated balloon(s). Once completion angiography confirms vessel

patency, a satisfactory treatment result, and absence of extravasation or flow-limiting dissection, remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37265
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**8.00**	23.00	105.00
Survey RVW:	6.10	10.50	**12.00**	14.36	24.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	65.00	**90.00**	120.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37265	**Recommended Physician Work RVU: 10.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37269	000	14.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	000	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 2 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37265	**Top Key Reference CPT Code:** 37269	**2nd Key Reference CPT Code:**
Median Pre-Service Time	38.00	38.00	0.00
Median Intra-Service Time	90.00	110.00	0.00
Median Immediate Post-service Time	30.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**158.00**	**178.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	37%	16%	30%	16%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX

37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37224

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37224

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37266 Tracking Number P13 Original Specialty Recommended RVU: **4.44**
Presented Recommended RVU: **4.44**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **4.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of an 88-year-old female with multiple cardiovascular risk factors and a nonhealing left heel ulcer, after a separately reported treatment of an occlusion of the mid left popliteal artery, an additional occlusion of the common femoral artery is treated with cutting balloon angioplasty. [Note: This is an add-on service. Only consider the additional work related to treat the common femoral artery occlusion with cutting balloon angioplasty.]

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The common femoral artery lesion has already been crossed as required to treat the popliteal occlusion. This service begins with exchange of wires and catheters to create a stable staging platform suitable for performing the common femoral intervention. Advance and position an appropriately sized angioplasty balloon catheter using fluoroscopic guidance and pre-dilate the lesion by inflating at appropriate pressure and time. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if a flow limiting dissection has occurred. A drug coated balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The drug coated balloon is then inflated and left in place for 2-3 minutes based on manufacturer's specifications. Repeat balloon inflations as required, or potentially use additional balloons with larger or smaller diameters as indicated by anatomic review of the images obtained. All segments of disease within the same superficial femoral artery segment are treated with appropriate- sized balloon(s) and drug coated balloon(s). Completion angiography is performed to confirm vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37266
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**6.00**	15.00	105.00
Survey RVW:	3.50	4.00	**6.60**	9.37	17.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	30.00	**40.00**	60.00	149.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37266	**Recommended Physician Work RVU: 4.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37268	ZZZ	3.73	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,768

CPT Descriptor 1 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22632	ZZZ	5.22	**RUC Time**	1,576

CPT Descriptor 2 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37266	Top Key Reference CPT Code: 37268	2nd Key Reference CPT Code:
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	40.00	35.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**40.00**	**35.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	23%	19%	40%	16%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of			

	medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37266 in conjunction with 37265, 37267, 37269, 37271, 37273, 37275, 37277)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37226

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37267 Tracking Number P14 Original Specialty Recommended RVU: **8.75**
Presented Recommended RVU: **8.75**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **8.75**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 77-year-old male with a history of multiple lower extremity interventions is evaluated for recurrent right leg claudication that develops at one-half block. Diagnostic testing reveals a stenosis of the right superficial femoral artery that is treated with balloon angioplasty.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 58% , In the ASC 4%, In the office 37%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 74% , Overnight stay-less than 24 hours 19% , Overnight stay-more than 24 hours 8%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased superficial femoral artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Cross the area of stenosis with a guidewire and advance a sheath to or through the stenosis. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance. Pre-dilate the lesion by inflating appropriate pressure and time. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if a flow limiting dissection has occurred. A drug coated balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The drug coated balloon is then inflated and left in place for 2-3 minutes based on manufacturer's specifications. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the stenosis has been adequately treated. After diagnostic imaging confirms failure of balloon

angioplasty, the lesion is measured in length and diameter with multiple views. A drug eluting stent is selected as the next therapy and the appropriately sized stent is selected. Sheaths and wires may be exchanged out to accommodate stent delivery. The stent is advanced under fluoroscopic guidance to the lesion and deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization and dissection. All segments of disease within the same femoral-popliteal artery segment are treated with appropriate-sized balloon(s) and stent(s). Once completion angiography confirms vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection, remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37267
Sample Size:	9313 **Resp N:** 113
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	8.00	**19.00**	46.00	150.00
Survey RVW:	4.00	8.75	**10.00**	12.92	26.55
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**12.00**		
Intra-Service Time:	20.00	50.00	**75.00**	90.00	200.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37267	**Recommended Physician Work RVU: 8.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36906	000	10.42	**RUC Time**

CPT Descriptor Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36905	000	9.00	**RUC Time**

CPT Descriptor Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52356	000	8.00	**RUC Time**	82,797

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization

36905	000	9.00	**RUC Time**	22,013

CPT Descriptor 2 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 18.5 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 16.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 37267	**Top Key Reference CPT Code:** 36906	**2nd Key Reference CPT Code:** **36905**
Median Pre-Service Time	38.00	31.00	31.00
Median Intra-Service Time	75.00	90.00	75.00
Median Immediate Post-service Time	30.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**143.00**	**141.00**	**126.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	7%	64%	21%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	36%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	14%	86%
Physical effort required	0%	46%	54%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	29%	71%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	27%	64%	9%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	36%	64%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	27%	64%
Physical effort required	9%	45%	45%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	18%	82%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high-cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high-cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall

Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey
respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post-packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX

37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW; however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, and femoral/popliteal additional vessel interventions) are removed, the result is a net increase of 2.3%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity.

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37262	**3.00**	**0.100**	**30**				**30**	
63048	3.47	0.077	45				45	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List*

separately in addition to code for primary procedure), will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and 37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37226

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37226

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37268 Tracking Number P15 Original Specialty Recommended RVU: **3.73**
Presented Recommended RVU: **3.73**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **3.73**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of a 98-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty and stent placement for treatment of a short segment stenosis of the right common femoral artery, an additional angioplasty and stent placement is performed for a stenosis of the right superficial femoral artery. [Note: This is an add-on service. Only consider the additional work related to angioplasty and stent placement to treat a stenosis of the right superficial femoral artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The common femoral artery lesion has already been crossed as required to treat the superficial femoral artery lesion. This service begins with exchange of wires and catheters to create a stable staging platform for treatment of the common femoral lesion. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the stenosis has been adequately treated. After diagnostic imaging confirms failure of balloon angioplasty, the lesion is measured in length and diameter with multiple views. An appropriately sized stent is selected. Sheaths and wires may be exchanged out to accommodate stent delivery. The stent is advanced under fluoroscopic guidance to the lesion and deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same artery segment are treated with appropriate-sized balloon(s) and stent(s). Completion angiography is performed to confirm vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37268
Sample Size: 9313	**Resp N:** 113
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**10.00**	23.00	50.00
Survey RVW:	2.50	3.73	**6.50**	9.50	24.39
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	8.00	20.00	**35.00**	61.00	210.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37268	**Recommended Physician Work RVU: 3.73**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36908	ZZZ	4.25	**RUC Time**

CPT Descriptor Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34709	ZZZ	6.50	**RUC Time**

CPT Descriptor Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	ZZZ	3.47	**RUC Time**	103,832

CPT Descriptor 1 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,768

CPT Descriptor 2 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 24 **% of respondents:** 21.2 **%**

Number of respondents who choose 2nd Key Reference Code: 21 **% of respondents:** 18.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 37268	**Top Key Reference CPT Code:** 36908	**2nd Key Reference CPT Code:** **34709**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	35.00	40.00	60.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**35.00**	**40.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	6%	18%	59%	18%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of	6%	29%	65%

medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			
Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	35%	65%
Physical effort required	0%	47%	53%
Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	29%	71%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	33%	50%	17%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	67%	25%
Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	45%	55%
Physical effort required	0%	50%	50%
Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	58%	42%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high-cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high-cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post-packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF

37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time
Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**	

Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW; however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).

9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, and femoral/popliteal additional vessel interventions) are removed, the result is a net increase of 2.3%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity.

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37262	**3.00**	**0.100**	**30**				**30**	
63048	3.47	0.077	45				45	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List*

separately in addition to code for primary procedure), will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and 37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37268 in conjunction with 37267, 37269, 37271, 37273, 37275, 37277)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37226

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37269 Tracking Number P16 Original Specialty Recommended RVU: **14.75**
Presented Recommended RVU: **14.75**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **14.75**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female with diabetes mellitus presents with a nonhealing left great toe amputation. Diagnostic studies reveal an occlusion of the distal left superficial femoral artery and proximal left popliteal artery that is treated with balloon angioplasty and placement of a stent.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 60% , In the ASC 2%, In the office 37%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 65% , Overnight stay-less than 24 hours 27% , Overnight stay-more than 24 hours 7%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased superficial femoral artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Cross the area of occlusion with a guidewire and advance a sheath to or through the occlusion. Advanced maneuvers are typically necessary to cross the occlusion, including subintimal dissection or use of a specialized re-entry device. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Advance and position an appropriately sized angioplasty balloon to the area of occlusion using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the stenosis has been adequately treated. After diagnostic imaging confirms failure of balloon angioplasty, the lesion is measured in length and diameter with multiple views. A covered stent is selected as the next therapy and the appropriately sized stent is selected. The stent is advanced under fluoroscopic guidance to the lesion and

deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same femoral-popliteal artery segment are treated with appropriate-sized balloon(s) and stent(s). Once completion angiography confirms vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection, remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37269
Sample Size:	9313 **Resp N:** 113
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**15.00**	34.00	175.00
Survey RVW:	3.50	14.75	**16.75**	25.00	43.89
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	80.00	**110.00**	120.00	230.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37269	**Recommended Physician Work RVU: 14.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**110.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61645	000	15.00	**RUC Time**

CPT Descriptor Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36906	000	10.42	**RUC Time**

CPT Descriptor Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 28 **% of respondents:** 24.7 **%**

Number of respondents who choose 2nd Key Reference Code: 25 **% of respondents:** 22.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 37269	**Top Key Reference CPT Code:** 61645	**2nd Key Reference CPT Code:** **36906**
Median Pre-Service Time	38.00	58.00	31.00
Median Intra-Service Time	110.00	100.00	90.00
Median Immediate Post-service Time	30.00	83.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**178.00**	**241.00**	**141.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	33%	29%	38%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or	24%	24%	52%

	other information that must be reviewed and analyzed • Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	24%	71%
Physical effort required	5%	20%	75%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	29%	62%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	26%	58%	16%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	26%	68%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	16%	79%
Physical effort required	5%	42%	53%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	26%	74%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high-cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high-cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post-packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF

37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time
Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**	

Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW; however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).

9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, and femoral/popliteal additional vessel interventions) are removed, the result is a net increase of 2.3%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity.

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37262	**3.00**	**0.100**	**30**				**30**	
63048	3.47	0.077	45				45	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List*

separately in addition to code for primary procedure), will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and 37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37226

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37226

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37270 Tracking Number P17 Original Specialty Recommended RVU: **6.00**
Presented Recommended RVU: **6.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **5.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of a 88-year-old male with diabetes mellitus, with a nonhealing pressure ulcer of the left foot, and who is not a candidate for open surgical revascularization, after separately reported angioplasty and stent placement for an occlusion of the left common femoral artery, an additional angioplasty and stent placement is performed of a more distal occlusion of the left popliteal artery. [Note: This is an add-on service. Only consider the additional work related to angioplasty and stent placement of a more distal occlusion of the left popliteal artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The common femoral artery lesion has already been crossed as required to treat the popliteal artery lesion. This service begins with exchange of wires and catheters to create a stable staging platform for treatment of the popliteal lesion. Manipulate a catheter and guidewire into the diseased popliteal artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Advanced maneuvers are typically required to cross the occlusion with a guidewire and advance a sheath to or through the occlusion. Exchange wires and catheters to create a stable staging platform to perform the intervention. Advance and position an appropriately sized angioplasty balloon catheter to the area of occlusion using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the occlusion has been adequately treated. After diagnostic imaging confirms failure of balloon angioplasty, the lesion is measured in length and diameter with multiple views. Covered stent is selected as the next therapy and the appropriately sized stent is selected. The stent is advanced under fluoroscopic guidance to the lesion and deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same artery segment are treated with appropriate-sized balloon(s) and stent(s). Completion angiography is perforemd to confirm vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37270
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**8.00**	18.00	105.00
Survey RVW:	3.90	5.00	**7.00**	9.67	17.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	35.00	**52.00**	70.00	130.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37270	**Recommended Physician Work RVU: 5.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**52.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37268	ZZZ	3.73	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22632	ZZZ	5.22	**RUC Time**	1,576

CPT Descriptor 1 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34709	ZZZ	6.50	**RUC Time**	2,121

CPT Descriptor 2 Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37270	**Top Key Reference CPT Code:** 37268	**2nd Key Reference CPT Code:**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	52.00	35.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**52.00**	**35.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	2%	21%	37%	40%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX

37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37270 in conjunction with 37269, 37271, 37273, 37275, 37277)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37226

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37271 Tracking Number P18 Original Specialty Recommended RVU: **9.00**
Presented Recommended RVU: **9.00**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **9.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female with diabetes mellitus presents with rest pain of the right foot. Diagnostic studies reveal a stenosis of the right superficial femoral artery and the right popliteal artery that is treated with balloon angioplasty and atherectomy.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased superficial femoral artery and popliteal using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Cross the area of stenosis with a guidewire and advance a sheath to or through the stenosis. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Atherectomy is selected as the next therapy and the appropriately sized atherectomy device is selected. A distal embolic protection device is placed. The atherectomy device is advanced under fluoroscopic guidance to the stenosis and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. Post-atherectomy balloon angioplasty is performed with a drug coated balloon. The appropriate balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The drug coated balloon is then inflated and left in place for 2-3 minutes based on manufacturer's specifications. The distal embolic protection device is removed. Completion angiography is performed for assessment of position, patency,

distal embolization, and dissection. All segments of disease within the same femoral-popliteal artery segment are treated with appropriate-sized balloon(s) and atherectomy devices. Once completion angiography confirms vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection, remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37271
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**10.00**	24.00	130.00
Survey RVW:	4.90	9.00	**11.00**	15.00	25.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	60.00	**90.00**	120.00	180.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37271	**Recommended Physician Work RVU: 9.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37267	000	8.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	000	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52356	000	8.00	**RUC Time**	82,797

CPT Descriptor 1 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 2 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic

guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37271	**Top Key Reference CPT Code:** 37X14	**2nd Key Reference CPT Code:**
Median Pre-Service Time	38.00	38.00	0.00
Median Intra-Service Time	90.00	75.00	0.00
Median Immediate Post-service Time	30.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**158.00**	**143.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	2%	33%	42%	21%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of			

	medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37225

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37225

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37272 Tracking Number P19 Original Specialty Recommended RVU: **4.00**
Presented Recommended RVU: **4.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **4.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of an 88-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported balloon angioplasty and atherectomy for a concentric stenosis in the proximal right common femoral artery is performed, an additional angioplasty and atherectomy is performed to treat a distal concentric stenosis of the right popliteal artery. [Note: This is an add-on service. Only consider the additional work related to the angioplasty and atherectomy of the distal concentric stenosis of the right popliteal artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The popliteal stenosis was previously crossed to treat the more proximal common femoral lesion. Placement of a distal embolic device is inherent to the base procedure. Work of this service starts with perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy of the additional vessel to be treated. Atherectomy is selected as the next therapy and the appropriately sized atherectomy device is selected. A distal embolic protection device is placed. The atherectomy device is advanced under fluoroscopic guidance to the stenosis and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. Post-atherectomy balloon angioplasty is performed with a drug coated balloon. The appropriate balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The drug coated balloon is then inflated and left in place for 2-3 minutes based on manufacturer's specifications. The distal embolic protection device is removed. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same segment are treated with appropriate-sized balloon(s) and atherectomy devices. Completion angiography is performed to confirm vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37272
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**6.00**	10.00	125.00
Survey RVW:	3.25	4.00	**7.00**	8.91	17.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	25.00	**43.00**	56.00	180.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37272	**Recommended Physician Work RVU: 4.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**43.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37268	ZZZ	3.73	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	ZZZ	3.47	**RUC Time**	103,832

CPT Descriptor 1 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,768

CPT Descriptor 2 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37272	**Top Key Reference CPT Code:** 37268	**2nd Key Reference CPT Code:**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	43.00	35.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**43.00**	**35.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	16%	60%	16%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or			

other information that must be reviewed and analyzed • Urgency of medical decision making			
Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			
Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			
Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			
Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37272 in conjunction with 37271, 37273, 37275, 37277)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37226

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37273 Tracking Number P20 Original Specialty Recommended RVU: **15.03**
Presented Recommended RVU: **15.03**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **12.63**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old man with diabetes mellitus presents with a nonhealing wound to the dorsum of the left foot. Diagnostic studies reveal an occlusion in the mid portion of the left superficial femoral artery that is treated with balloon angioplasty and atherectomy.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased superficial femoral artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Advanced maneuvers are used to cross the area of occlusion with a guidewire and advance a sheath to or through the occlusion. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Atherectomy is selected as the next therapy and the appropriately sized atherectomy device is selected. A distal embolic protection device is placed. The atherectomy device is advanced under fluoroscopic guidance to the stenosis and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. Drug coated balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The drug coated balloon is then inflated and left in place for 2-3 minutes based on manufacturer's specifications. Repeat balloon inflations as required, or potentially use additional balloons with larger or smaller diameters as indicated by anatomic review of the images obtained. All segments of disease within the

same superficial femoral artery segment are treated with appropriate-sized balloon(s) and drug coated balloon(s). The distal embolic protection device is removed. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37273
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**5.00**	25.00	120.00
Survey RVW:	5.25	12.63	**15.03**	20.00	36.25
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	75.00	**118.00**	151.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37273	**Recommended Physician Work RVU: 12.63**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**118.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37269	000	14.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	000	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37273	Top Key Reference CPT Code: 37269	2nd Key Reference CPT Code:
Median Pre-Service Time	38.00	38.00	0.00
Median Intra-Service Time	118.00	110.00	0.00
Median Immediate Post-service Time	30.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**186.00**	**178.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	5%	23%	35%	37%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed			

- Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37225

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37225

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37274 Tracking Number P21 Original Specialty Recommended RVU: **7.00**
Presented Recommended RVU: **6.50**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **5.50**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of an 88-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported angioplasty and atherectomy of an occlusion of the right common femoral artery, an additional angioplasty and atherectomy of an occlusion of the distal right popliteal artery is performed. [Note: This is an add-on service. Only consider the additional work related to the angioplasty and atherectomy of an occlusion of the distal right popliteal artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Access to the superficial femoral artery is inherent in just-complete treatment of the common femoral artery. The work of this add-on service starts with crossing the area of occlusion in the popliteal artery with a guidewire and advancing a sheath to or through the occlusion. Advanced maneuvers are typically used to cross the occlusion, including subintimal dissection or use of a specialized re-entry device. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Placement of a distal embolic device is inherent to the base procedure. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Atherectomy is selected as the next therapy and the appropriately sized atherectomy device is selected. The atherectomy device is advanced under fluoroscopic guidance to the occlusion and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. Drug coated balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The drug coated balloon is then inflated and left in place for 2-3 minutes based on manufacturer's specifications. Repeat balloon inflations as required. The distal embolic protection device is removed. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same femoral-popliteal artery segment are treated with appropriate-sized balloon(s) and atherectomy devices. Completion angiography is performed to confirm vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37274
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	15.00	125.00
Survey RVW:	3.95	5.50	**7.00**	10.00	18.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	11.00	30.00	**60.00**	70.00	210.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37274	**Recommended Physician Work RVU: 5.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37268	ZZZ	3.73	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34709	ZZZ	6.50	**RUC Time**	2,121

CPT Descriptor 1 Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22634	ZZZ	7.96	**RUC Time**	13,296

CPT Descriptor 2 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37274	**Top Key Reference CPT Code:** 37268	**2nd Key Reference CPT Code:** _____
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	60.00	35.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**60.00**	**35.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	5%	19%	40%	37%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX

37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37274 in conjunction with 37273, 37275, 37277)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37226

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37275 Tracking Number P22 Original Specialty Recommended RVU: **11.00**
Presented Recommended RVU: **11.00**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **11.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male with diabetes mellitus presents with a non-healing left second toe amputation. Diagnostic studies reveal a stenosis of the left superficial femoral artery that is treated with balloon angioplasty, atherectomy, and stent placement.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased superficial femoral artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Cross the area of stenosis with a guidewire and advance a sheath to or through the stenosis. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Atherectomy is selected as the next therapy and the appropriately sized atherectomy device is selected. A distal embolic protection device is placed. The atherectomy device is advanced under fluoroscopic guidance to the stenosis and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. Post- atherectomy balloon angioplasty is next performed with a drug coated balloon. The appropriate balloon is selected based on review of the anatomic images and advanced across the previously treated area. The drug coated balloon is then inflated and left in place for 2-3 minutes based on manufacturer’s specifications. Based on sub-optimal angiographic appearance of the lesion following atherectomy and angioplasty, it is determined that stent placement is indicated. A drug-

eluting stent is selected, advanced to the treatment area, and deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same artery segment are treated with appropriate-sized balloon(s), atherectomy, and stent(s). The distal embolic protection device is removed. Once completion angiography confirms vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection, remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37275
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	10.00	105.00
Survey RVW:	4.50	11.00	**14.45**	19.86	35.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	74.00	**115.00**	150.00	240.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37275	**Recommended Physician Work RVU: 11.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**115.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37267	000	8.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	000	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 2 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37275	**Top Key Reference CPT Code:** 37267	**2nd Key Reference CPT Code:** _____
Median Pre-Service Time	38.00	38.00	0.00
Median Intra-Service Time	115.00	75.00	0.00
Median Immediate Post-service Time	30.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**183.00**	**143.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	5%	28%	40%	28%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX

37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37227

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37227

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37276 Tracking Number P23 Original Specialty Recommended RVU: **4.25**
Presented Recommended RVU: **4.25**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **4.25**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of a 88-year-old male with diabetes mellitus, a nonhealing ulcer of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported angioplasty, atherectomy, and stent placement for treatment of a stenosis of the right common femoral artery, an additional angioplasty, atherectomy, and stent placement for treatment of a stenosis of the right popliteal artery is performed. [Note: This is an add-on service. Only consider the additional work related to the angioplasty, atherectomy, and stent placement for a stenosis of the right popliteal artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The work of this procedure begins after completion of the common femoral artery treatment. Wire and catheter access across the common femoral artery have already been achieved as inherent components of the parent procedure. Cross the area of stenosis in the popliteal artery with a guidewire and advance a sheath to or through the stenosis. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Placement of a distal embolic device is inherent to the base procedure. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Atherectomy is selected as the next therapy, and the appropriately sized atherectomy device is selected. The atherectomy device is advanced under fluoroscopic guidance to the stenosis and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. Post-atherectomy balloon angioplasty is performed with a drug coated balloon. The appropriate balloon is selected based on review of the anatomic images and advanced across the previously treated area. The drug coated balloon is then inflated and left in place for 2-3 minutes based on manufacturer's specifications. Angiographic appearance indicates the treatment outcome is still sub-optimal, and it is determined that stent placement is the most appropriate next step. A covered stent is selected, advanced to the treatment area, and deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same femoral-popliteal artery segment are treated with appropriate-sized balloon(s), atherectomy, and stent(s). Completion angiography is performed to confirm vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37276
Sample Size: 4644	**Resp N:** 48
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**5.00**	10.00	115.00
Survey RVW:	3.25	5.00	**7.00**	10.00	18.36
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	28.00	**45.00**	74.00	180.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37276	**Recommended Physician Work RVU: 4.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37268	ZZZ	3.73	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,768

CPT Descriptor 1 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22632	ZZZ	5.22	**RUC Time**	1,576

CPT Descriptor 2 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 48 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37276	Top Key Reference CPT Code: 37268	2nd Key Reference CPT Code:
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	45.00	35.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**45.00**	**35.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	5%	28%	42%	26%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of			

	medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37276 in conjunction with 37275, 37277)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37226

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37277 Tracking Number P24 Original Specialty Recommended RVU: **15.55**
Presented Recommended RVU: **15.55**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **15.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 78-year-old male with diabetes mellitus presents with a nonhealing ulcer of the right foot. Diagnostic studies reveal severe femoral-popliteal disease with an occlusion of his right superficial femoral artery and popliteal artery that is treated with balloon angioplasty, atherectomy, and stent placement.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased superficial femoral artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Cross the area of occlusion with a guidewire and advance a sheath to or through the occlusion. Advanced maneuvers are typically necessary to cross the occlusion, including subintimal dissection and use of a specialized re-entry device. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Atherectomy is selected as best therapy and the appropriately sized atherectomy device is selected. Sheaths and wires may be exchanged out to accommodate device delivery. A distal embolic protection device is placed. The atherectomy device is advanced under fluoroscopic guidance to the occlusion and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. Post-atherectomy balloon angioplasty is performed with a drug coated balloon. The embolic protection device is removed. Based on the sub-optimal angiographic appearance of the lesion post-treatment it is

determined that stent placement is needed. A covered stent is selected, advanced to the treatment area, and deployed. The stent delivery system is removed under fluoroscopic guidance. Post-stent balloon dilation is performed. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same femoral-popliteal artery segment are treated with appropriate-sized balloon(s), atherectomy, and covered stent(s). The distal embolic protection device is removed. Once completion angiography confirms vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection, the wire and sheath are removed. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37277
Sample Size: 4644	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	15.00	120.00
Survey RVW:	6.45	13.13	**17.00**	20.75	40.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	13.00	87.00	**123.00**	173.00	260.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37277	**Recommended Physician Work RVU: 15.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**123.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37269	000	14.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	000	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37277	**Top Key Reference CPT Code:** 37269	**2nd Key Reference CPT Code:**
Median Pre-Service Time	38.00	38.00	0.00
Median Intra-Service Time	123.00	110.00	0.00
Median Immediate Post-service Time	30.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**191.00**	**178.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	2%	28%	35%	35%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed			

- Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37227

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37227

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37278 Tracking Number P25 Original Specialty Recommended RVU: **7.00**
Presented Recommended RVU: **7.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **6.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of a 78-year-old male with diabetes mellitus, with a necrotic left forefoot that requires amputation, and who is not a candidate for open surgical reconstruction, after a separately reported angioplasty, atherectomy, and stent placement to treat an occlusion of the left common femoral artery, an additional angioplasty, atherectomy, and stent placement to treat an occlusion of the left popliteal artery is performed. [Note: This is an add-on service. Only consider the additional work related to the angioplasty, atherectomy, and stent placement to treat an occlusion of the left popliteal artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Superficial femoral artery wire and catheter access has already been achieved as part of the parent procedure, treatment of the common femoral artery. Work of this add-on procedure begins with crossing the area of occlusion in the popliteal artery with a guidewire and advancing a sheath to or through the occlusion. Advanced maneuvers are necessary to cross the occlusion, including subintimal dissection and use of a specialized re-entry device. Next, exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Placement of a distal embolic device is inherent to the base procedure. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Atherectomy is selected as the best therapy and the appropriately sized atherectomy device is selected. An embolic protection device is placed. The atherectomy device is advanced under fluoroscopic guidance to the occlusion and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. Post-atherectomy balloon angioplasty is performed with a drug-coated balloon. Completion angiography is performed. Based on the suboptimal angiographic appearance of the lesion post-treatment it is determined that stent placement is necessary. A covered stent is selected, advanced to the treatment area, and deployed. The stent delivery system is removed under fluoroscopic guidance. The stent is post-dilated with a balloon. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same femoral-popliteal artery segment are treated with appropriate-sized balloon(s), atherectomy, and covered stent(s). The distal embolic protection device is removed. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37278
Sample Size: 4644	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**5.00**	10.00	115.00
Survey RVW:	3.75	6.00	**9.00**	10.83	
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	30.00	**60.00**	81.00	210.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37278	**Recommended Physician Work RVU: 6.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37268	ZZZ	3.73	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34709	ZZZ	6.50	**RUC Time**	2,121

CPT Descriptor 1 Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22634	ZZZ	7.96	**RUC Time**	13,296

CPT Descriptor 2 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37278	**Top Key Reference CPT Code:** 37268	**2nd Key Reference CPT Code:**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	60.00	35.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**60.00**	**35.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	0%	19%	40%	40%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX

37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37278 in conjunction with 37277)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed)

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37226

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37279 Tracking Number P26 Original Specialty Recommended RVU: **4.00**
Presented Recommended RVU: **4.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **4.00**

CPT Descriptor: Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of a 70-year-old male with diabetes mellitus who has a long smoking history and with a highly calcified right superficial femoral artery occlusion and preserved runoff, after a separately reported treatment with a wire and catheter and multiple balloon inflations that do not restore the lumen, the decision is made to treat the calcification with intravascular lithotripsy. [Note: This is an add-on service. Only consider the additional work related to treating the calcification with intravascular lithotripsy.]

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The lesion in the superficial femoral artery has already been crossed and treated as inherent components of the primary procedure (reported separately). The work of this code begins after diagnostic imaging confirms failure of balloon angioplasty. The lesion is measured in length and diameter with multiple views. Intravascular lithotripsy balloon is selected. Sheaths and wires are exchanged to accommodate lithotripsy balloon delivery. The lithotripsy balloon is advanced under fluoroscopic guidance to the lesion and inflated to profile. The lithotripsy is delivered according to manufacturer specifications. The balloon is deflated, and blood flow is restored. Multiple additional lithotripsy applications are applied as needed throughout the diseased segment. Once completion angiography confirms vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection, the lithotripsy balloon delivery system is removed under fluoroscopic guidance.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37279
Sample Size: 4644	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	4.00	**6.00**	13.00	80.00
Survey RVW:	2.00	3.00	**4.00**	7.99	28.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	9.00	25.00	**40.00**	46.00	210.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37279	**Recommended Physician Work RVU: 4.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37262	ZZZ	3.00	**RUC Time**

CPT Descriptor Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	ZZZ	3.47	**RUC Time**	103,832

CPT Descriptor 1 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,768

CPT Descriptor 2 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source

0.00

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37279	**Top Key Reference CPT Code:** 37262	**2nd Key Reference CPT Code:**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	40.00	30.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**40.00**	**30.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	2%	27%	53%	7%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual

code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey
respondent's answers from the anchor codes populated into the abbreviated survey table
to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF

37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time
Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**	
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**	

Experience	How many times have you personally performed these procedures in the past 12 months?

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal

intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #1 Overview of Recommended Values

The codes surveyed in the first abbreviated survey include the remaining codes in the iliac territory (37257-37261) and the remaining codes in the femoral/popliteal territory (37263-37266 and 37270-37279). Codes 37257-37261 represent iliac angioplasty and iliac stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37220-37223. Codes 37263-37266 and 37270-37279 represent femoral/popliteal angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37224-37227, however, they also represent new work as there are no codes for additional intervention in the femoral/popliteal territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #1 (37257-37261, 37263-37266, and 37271-37279) which describe intervention in the remaining iliac and femoral/popliteal territory codes were surveyed in conjunction with the core codes survey. As such, there were compared to the survey respondent's responses for the core surveyed codes and not compared to a reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The following five MPC codes bracket the recommendation for the 000-day global codes surveyed in abbreviated survey #1:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

The following six MPC codes bracket the recommendations for the ZZZ addon codes surveyed by the abbreviated survey #1:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*

- MPC 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for abbreviated survey #1 ZZZ addon codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+37272	**4.00**	**0.093**	**43**				**43**	
+37259	**4.00**	**0.100**	**40**				**40**	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+37266	**4.44**	**0.111**	**40**				**40**	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	
+37274	**7.00**	**0.117**	**60**				**60**	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

Abbreviated Survey #1 Additional Rationale for Specific Codes:

Iliac Territory:

+37257 Iliac angioplasty, additional vessel, complex:
The specialty societies recommend the 25th percentile survey value of 3.89 RVW. This represents an ***increase of 4.3%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37257 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37257.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37257	**3.89**	**0.108**	**36**				**36**	
+34812 MPC	4.13	0.103	40				40	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

37258 Iliac angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 10.3%*** from current value of 9.75 RVWs for existing CPT code 37221.

37260 Iliac angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents an ***increase of 46.1%*** from current value of 9.75 RVWs for existing CPT code 37221.

The existing CPT code 37221, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37258 and 37260 splitting it into straightforward and complex interventions. MPC codes 52356 and 36905 bracket 37258 and MPC code 37244 brackets the lower range for 37260 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for 37258 and the crosswalk value for 37260.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37258	**8.75**	**0.104**	**143**	**30**	**3**	**5**	**75**	**30**

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37260	**14.24**	**0.109**	**185**	**30**	**3**	**5**	**117**	**30**

When looking at the RVWs for 37258 and 37260 combined, the overall budget neutrality for existing CPT code 37221 is a ***decrease of 1.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37221	Iliac angioplasty, stent, init	9.75	25,781	**251,365**
New				
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
				246,814
				-1.8%

+37259 Iliac angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW. This represents an ***decrease of 6%*** from current value of 4.25 RVWs for existing CPT code 37223.

+37261 Iliac angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22328 value of 4.60 RVW. This represents an ***increase of 8.2%*** from current value of 4.25 RVWs for existing CPT code 37223.

The existing CPT code 37223, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37259 and +37261 splitting it into straightforward and complex interventions. MPC codes 63048 and 34812 bracket +37259 and MPC codes 34812 and 22632 bracket +37261 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the 25th percentile survey value for +37259 and the crosswalk value for +37261.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37259	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37261	**4.60**	**0.105**	**44**				**44**	
+22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37259 and +37261 combined, the overall budget neutrality for existing CPT code 37223 is a ***decrease of 3.8%***

CPT Code	Code Descriptor	RVW	Projected	Total

Existing			Utilization	RVW
37223	+ Iliac angioplasty, stent, addl	4.25	3639	**15,466**
New				
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
				14,884
				-3.8%

Overall Iliac Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new service of iliac IVL, the projected budget neutrality for the iliac territory is a ***decrease of 2.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	85,557
37221	Iliac angioplasty, stent, init	9.75	25,781	251,365
37222	+ Iliac angioplasty, addl	3.73	2977	11,104
37223	+ Iliac angioplasty, stent, addl	4.25	3639	15,466
				363,492
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
37258	Iliac, angioplasty stent, init, SF	8.75	21,914	191,748
37259	+ Iliac, angioplasty stent, addl, SF	4.00	3093	12,372
37260	Iliac, angioplasty stent, init, CX	14.24	3867	55,066
37261	+ Iliac, angioplasty stent, addl, CX	4.60	546	2512
37262	*+ Iliac, intravascular lithotripsy*	*3.00*	*4000*	*12,000*
				355,699
				-2.1%

Femoral/popliteal Territory:

37263 Femoral/popliteal angioplasty, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 52356 for a value of 8.00 RVW. This represents a ***decrease of 9.4%*** from current value of 8.75 RVWs for existing CPT code 37224.

37265 Femoral/popliteal angioplasty, initial vessel, complex:
The specialty societies recommend the median survey value of 12.00 RVW. This represents an ***increase of 37.1%*** from current value of 8.75 RVWs for existing CPT code 37224.

The existing CPT code 37224, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty,* will be replaced by 37263 and 37265 splitting it into straightforward and complex interventions. MPC codes 52353 and 36905 bracket 37263 and MPC codes 36906 and 37244 bracket 37265 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the crosswalk value for 37263 and the median survey value for 37265.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37263	**8.00**	**0.109**	**128**	**30**	**3**	**5**	**60**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37265	**12.00**	**0.117**	**158**	**30**	**3**	**5**	**90**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37263 and 37265 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 5.1%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	**238,455**
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
				250,720
				5.1%

+37264 Femoral/popliteal angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

+37266 Femoral/popliteal angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 44128 for a value of 4.44 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37264 captures the work of angioplasty of an additional fem/pop vessel that is straightforward and +37266 is for complex. MPC codes 36476 and 63048 bracket +37264 and MPC codes 34812 and 22632 bracket +37266 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for +37264 and crosswalk value for +37266.

+37264 and +37266 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37264	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37266	**4.44**	**0.111**	**40**				**40**	
+22632 MPC	5.22	0.087	60				60	

+37270 Femoral/popliteal angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34715 for a value of 6.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37270 captures the work of angioplasty and stenting of an additional fem/pop vessel that is complex. MPC codes 22632 and 34709 bracket +37270 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the crosswalk value for +37270.

+37270 represents new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+22632 MPC	5.22	0.087	60				60	
+37270	**6.00**	**0.115**	**52**				**52**	
+34709 MPC	6.50	0.108	60				60	

37271 Femoral/popliteal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.00 RVW. This represents a ***decrease of 23.4%*** from current value of 11.75 RVWs for existing CPT code 37225.

37273 Femoral/popliteal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 15.03 RVW. This represents an ***increase of 27.9%*** from current value of 11.75 RVWs for existing CPT code 37225.

The existing CPT code 37225, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37271 and 37273 splitting it into straightforward and complex interventions. MPC codes 52356 and 36906 bracket 37271 and MPC code 37244 brackets 37273 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37271 and the median survey value for 37273.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52356 MPC	8.00	0.110	133	33	5	15	60	20
37271	**9.00**	**0.084**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244	13.75	0.135	166	23	3	5	90	45

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								
37273	**15.03**	**0.115**	**186**	**30**	**3**	**5**	**118**	**30**

When looking at the RVWs for 37271 and 37273 combined, the overall budget neutrality for existing CPT code 37225 is a ***decrease of 8.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	**453,891**
New				
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
				417,543
				-8.0%

+37272 Femoral/popliteal angioplasty, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37274 Femoral/popliteal angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34709 for a value of 6.50 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37272 captures the work of angioplasty and atherectomy of an additional fem/pop vessel that is straightforward and +37274 is for complex. MPC codes 63048 and 34812 bracket +37272 and MPC codes 34709 and 22634 bracket +37274 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile survey value for +37272 and the crosswalk value for +37274.

+37272 and +37274 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37272	**4.00**	**0.093**	**43**				**43**	
+34812 MPC	4.13	0.103	40				40	
+34709 MPC	6.50	0.108	60				60	
+37274	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

37275 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW. This represents a ***decrease of 22.8%*** from current value of 14.25 RVWs for existing CPT code 37227.

37277 Femoral/popliteal angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 49616 for a value of 15.55 RVW. This represents an ***increase of 9.1%*** from current value of 14.25 RVWs for existing CPT code 37227.

The existing CPT code 37227, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37275 and 37277 splitting it into straightforward and complex interventions. MPC codes 36906 and 37244 bracket 37275 and MPC code 37244 brackets the lower end of 37277 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37275 and the crosswalk value for 37277.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37275	**11.00**	**0.083**	**183**	**30**	**3**	**5**	**115**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37277	**15.55**	**0.115**	**191**	**30**	**3**	**5**	**123**	**30**

When looking at the RVWs for 37275 and 37277 combined, the overall budget neutrality for existing CPT code 37227 is a ***decrease of 13.2%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	**280,241**
New				
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
				243,171
				-13.2%

+37276 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 37237 for a value of 4.25 RVW for this new service.

+37278 Femoral/popliteal angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34820 for a value of 7.00 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37276 captures the work of angioplasty, stent, and atherectomy of an additional fem/pop vessel that is straightforward and +37278 is for complex. MPC codes 34812 and 22632 bracket +37276 and MPC codes 34709 and 22634 bracket +37278 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for crosswalk values for +37276 and +37278.

+37276 and +37278 represent new work, therefore budget neutrality does not apply.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37276	**4.25**	**0.094**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+34709 MPC	6.50	0.108	60				60	
+37278	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

+37279 Femoral/popliteal, intravascular lithotripsy:

The specialty societies recommend the median survey value of 4.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37279 is a ZZZ addon code created to capture the additional work of performing femoral/popliteal IVL. MPC codes 63048 and 34812 bracket +37279 providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendation for the median survey value for +37279.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37279	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	

Overall Femoral/popliteal Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family and censoring the new services of femoral/popliteal IVL and femoral/popliteal additional vessels, the projected budget neutrality for the femoral/popliteal territory is a ***decrease of 4.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37224	Fem-pop, angioplasty	8.75	27,252	238,455
37225	Fem-pop, angioplasty, atherectomy	11.75	38,629	453,891
37226	Fem-pop, angioplasty, stent	10.24	17,660	180,838
37227	Fem-pop, angioplasty, ather, stent	14.25	19,666	280,241
				1,153,425
New				
37263	Fem-pop, angioplasty, init, SF	8.00	19,076	152,608
37264	*+ Fem-pop, angioplasty, addl, SF*	*3.00*	*7099*	*21,297*
37265	Fem-pop, angioplasty, init, CX	12.00	8176	98,112
37266	*+ Fem-pop, angioplasty, addl, CX*	*4.44*	*1253*	*5,563*
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37268	*+ Fem-Pop, angioplasty stent, addl, SF*	*3.73*	*1075*	*4,010*

37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
37270	*+ Fem-pop, angioplasty stent, addl, CX*	*6.00*	*1075*	*6,450*
37271	Fem-pop, angioplasty ather, init, SF	9.00	27,040	243,360
37272	*+ Fem-pop, angioplasty ather, addl, SF*	*4.00*	*3764*	*15,056*
37273	Fem-pop, angioplasty ather, init, CX	15.03	11,589	174,183
37274	*+ Fem-pop, angioplasty ather, addl, CX*	*6.50*	*3764*	*24,466*
37275	Fem-pop, angioplasty ather stent, init, SF	11.00	13,766	151,426
37276	*+ Fem-pop, angioplasty ather stent, addl, SF*	*4.25*	*531*	*2,257*
37277	Fem-pop, angioplasty ather stent, init, CX	15.55	5900	91,745
37278	*+ Fem-pop, angioplasty ather stent, addl, CX*	*7.00*	*1238*	*8,666*
37279	*+ Fem-pop IVL*	*4.00*	*15,000*	*60,000*
				1,097,747
				-4.8%

Abbreviated Survey #1 Summary

The 19 codes surveyed in abbreviated survey #1 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the iliac and femoral/popliteal territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #1 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37279 in conjunction with 37263-37278)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37226

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37280 Tracking Number P27 Original Specialty Recommended RVU: **9.80**
Presented Recommended RVU: **9.80**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **9.80**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old male with diabetes mellitus and a long smoking history is evaluated for a nonhealing left fifth toe ulcer. Diagnostic testing reveals a severe tibial disease with a flow limiting stenosis of the left posterior tibial artery that is treated with balloon angioplasty.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased posterior tibial artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Cross the area of stenosis with a guidewire and advance a sheath to or through the stenosis. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance, and dilation of the lesion is performed by inflating appropriate pressure and time for dilating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if a flow limiting dissection has occurred. An appropriately sized balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The balloon is then inflated and left in place for 2-3 minutes based on manufacturer specifications. All segments of disease within the same posterior tibial artery segment are treated with appropriate-sized balloon(s). Once completion angiography confirms vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection, remove the wire and

sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37280
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	2.00	20.00	**25.00**	40.00	250.00
Survey RVW:	5.00	9.80	**11.00**	16.97	27.60
Pre-Service Evaluation Time:			**47.00**		
Pre-Service Positioning Time:			**14.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	22.00	60.00	**90.00**	108.00	200.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37280	**Recommended Physician Work RVU: 9.80**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37288	000	13.50	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	000	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36905	000	9.00	**RUC Time**	22,013

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 2 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37280	**Top Key Reference CPT Code:** 37288	**2nd Key Reference CPT Code:** _____
Median Pre-Service Time	38.00	38.00	0.00
Median Intra-Service Time	90.00	120.00	0.00
Median Immediate Post-service Time	30.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**158.00**	**188.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	7%	37%	10%	22%	24%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX

37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37228

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37228

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37281 Tracking Number P28 Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **3.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of an 88-year-old male with diabetes mellitus, with a nonhealing ulcer of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported angioplasty of a stenosis in the right common anterior tibial artery, an additional angioplasty of a stenosis of the right posterior tibial artery is performed. [Note: This is an add-on service. Only consider the additional work related to the angioplasty of the stenosis of the right posterior tibial artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Obtaining access to the popliteal artery is inherent in the primary procedure. The work of this service starts with selectively catheterizing the posterior tibial artery and crossing the area of stenosis in the posterior tibial with a guidewire. Next, advance a sheath to or through the stenosis. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Perform angiography and obtain road- mapping images for vessel sizing and to confirm anatomy. Advance and position an appropriately sized angioplasty balloon to the area of stenosis using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the stenosis has been adequately treated. An appropriately sized balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The balloon is then inflated and left in place for 2-3 minutes based on manufacturer specifications. All segments of disease within the same posterior tibial artery segment are treated with appropriate-sized balloon(s). Completion angiography is performed for assessment of position, patency, distal embolization, and dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37281
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**18.00**	30.00	250.00
Survey RVW:	2.00	3.50	**4.00**	8.00	20.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	11.00	20.00	**30.00**	59.00	180.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37281	**Recommended Physician Work RVU: 3.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37289	ZZZ	4.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36476	ZZZ	2.65	**RUC Time**	5,091

CPT Descriptor 1 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	ZZZ	3.47	**RUC Time**	103,832

CPT Descriptor 2 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37281	Top Key Reference CPT Code: 37289	2nd Key Reference CPT Code:
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	30.00	45.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**30.00**	**45.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	10%	27%	24%	20%	20%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of			

	medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37281 in conjunction with 37280, 37282, 37284, 37286, 37288, 37290, 37292, 37294)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37232

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37232

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37282 Tracking Number P29 Original Specialty Recommended RVU: **13.75**
Presented Recommended RVU: **12.31**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **12.31**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 90-year-old male with diabetes mellitus and a long smoking history is evaluated for critical limb ischemia and rest pain of the left foot. Diagnostic testing reveals a severe tibial disease with an occlusion of the left posterior tibial artery which reconstitutes at the ankle that is treated with balloon angioplasty.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased posterior tibial artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Advanced maneuvers are typically needed to cross the area of occlusion with a guidewire and advance a sheath to or through the stenosis. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance, and dilation of the lesion is performed by inflating appropriate pressure and time for dilating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if a flow limiting dissection has occurred. An appropriately sized balloon is inflated and left in place for 2-3 minutes based on manufactures' specifications. All segments of disease within the same posterior tibial artery segment are treated with appropriate-sized balloon(s). Once completion angiography confirms vessel patency, a satisfactory treatment result, and absence of extravasation,

embolization, or flow-limiting dissection, remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37282
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	1.00	10.00	**20.00**	30.00	300.00
Survey RVW:	6.75	10.00	**15.00**	20.00	32.89
Pre-Service Evaluation Time:			**47.00**		
Pre-Service Positioning Time:			**14.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	90.00	**100.00**	120.00	220.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37282	**Recommended Physician Work RVU: 12.31**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**100.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37290	000	17.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	000	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37282	Top Key Reference CPT Code: 37290	2nd Key Reference CPT Code:
Median Pre-Service Time	38.00	38.00	0.00
Median Intra-Service Time	100.00	150.00	0.00
Median Immediate Post-service Time	30.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**168.00**	**218.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	32%	17%	24%	24%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed			

- Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37228

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37228

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37283 Tracking Number P30 Original Specialty Recommended RVU: **5.00**
Presented Recommended RVU: **5.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **4.26**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of an 88-year-old male with diabetes mellitus, with a nonhealing ulcer of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported angioplasty of an occlusion of the right anterior tibial artery, an additional angioplasty of an occlusion of the right posterior tibial artery is performed. [Note: This is an add-on service. Only consider the additional work related to the angioplasty of the occlusion of the right posterior tibial artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Obtaining access to the popliteal artery is inherent in the primary procedure. The work of this service starts with selectively catheterizing the posterior tibial artery and crossing the area of occlusion with a guidewire. Advanced endovascular techniques are typically required to cross the complex lesion. Next, advance a sheath to or through the occlusion. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Advance and position an appropriately sized angioplasty balloon to the area of occlusion using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the occlusion has been adequately treated. An appropriately sized balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The balloon is inflated and left in place for 2-3 minutes based on manufacturer specifications. All segments of disease within the same posterior tibial artery segment are treated with appropriate-sized balloon(s). The distal embolic protection device is removed. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37283
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	5.00	**12.00**	30.00	250.00
Survey RVW:	3.00	4.26	**6.45**	10.00	25.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	30.00	**45.00**	74.00	180.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37283	**Recommended Physician Work RVU: 4.26**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37289	ZZZ	4.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,768

CPT Descriptor 1 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22632	ZZZ	5.22	**RUC Time**	1,576

CPT Descriptor 2 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37283	**Top Key Reference CPT Code:** 37289	**2nd Key Reference CPT Code:**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	45.00	45.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**45.00**	**45.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	5%	29%	12%	27%	27%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of			

	medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37283 in conjunction with 37282, 37284, 37286, 37288, 37290, 37292, 37294)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37232

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37232

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37284 Tracking Number P31 Original Specialty Recommended RVU: **10.00**
Presented Recommended RVU: **10.00**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **10.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 77-year-old male with a history of multiple lower extremity interventions is evaluated for a nonhealing left second toe amputation site. Diagnostic testing reveals a severe tibial disease and a stenosis of the left posterior tibial artery that is treated with balloon angioplasty and placement of a stent.

Percentage of Survey Respondents who found Vignette to be Typical: 85%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased posterior tibial using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Cross the area of stenosis with a guidewire and advance a sheath to or through the stenosis. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the stenosis has been adequately treated. After diagnostic imaging confirms failure of balloon angioplasty, the lesion is measured in length and diameter with multiple views. A drug eluting stent is selected as the next therapy and the appropriately sized stent is selected. Sheaths and wires may be exchanged out to accommodate stent delivery. It may be appropriate to place a distal embolic protection device. The stent is advanced under fluoroscopic guidance to the lesion and

deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization and dissection. All segments of disease within the same posterior tibial artery segment are treated with appropriate-sized balloon(s) and stent(s). Once completion angiography confirms vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection, remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37284
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**10.00**	22.00	50.00
Survey RVW:	6.55	10.00	**14.00**	19.00	35.00
Pre-Service Evaluation Time:			**47.00**		
Pre-Service Positioning Time:			**14.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	75.00	**100.00**	120.00	220.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37284	**Recommended Physician Work RVU: 10.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**100.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37288	000	13.50	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	000	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36905	000	9.00	**RUC Time**	22,013

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 2 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37284	**Top Key Reference CPT Code:** 37288	**2nd Key Reference CPT Code:** _____
Median Pre-Service Time	38.00	38.00	0.00
Median Intra-Service Time	100.00	120.00	0.00
Median Immediate Post-service Time	30.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**168.00**	**188.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	17%	32%	29%	22%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX

37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37230

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37230

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37285 Tracking Number P32 Original Specialty Recommended RVU: **3.34**
Presented Recommended RVU: **3.34**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **3.34**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of a 98-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty and stent placement to treat a short segment stenosis of the right anterior tibial artery, an additional angioplasty and stent placement for treatment of a stenosis of the right posterior tibial artery is performed. [Note: This is an add-on service. Only consider the additional work related to the angioplasty and stent placement of the stenosis of the right posterior tibial artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 80%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Obtaining access to the popliteal artery is inherent in the primary procedure. The work of this service starts with selectively catheterizing the posterior tibial artery using fluoroscopic guidance and crossing the area of stenosis with a guidewire. Next, advance a sheath to or through the stenosis. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the stenosis has been adequately treated. After diagnostic imaging confirms failure of balloon angioplasty, the lesion is measured in length and diameter with multiple views. A drug eluting stent is selected as the next therapy and the appropriately sized stent is selected. Sheaths and wires may be exchanged out to accommodate stent delivery. The stent is advanced under fluoroscopic guidance to the lesion and deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same posterior tibial artery segment are treated with appropriate-sized balloon(s) and stent(s). Completion angiography is perfomred to confirm vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37285
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	22.00	50.00
Survey RVW:	2.00	4.05	**6.00**	10.00	25.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	25.00	**35.00**	71.00	180.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37285	**Recommended Physician Work RVU: 3.34**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**35.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37289	ZZZ	4.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36476	ZZZ	2.65	**RUC Time**	5,091

CPT Descriptor 1 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	ZZZ	3.47	**RUC Time**	103,832

CPT Descriptor 2 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37285	Top Key Reference CPT Code: 37289	2nd Key Reference CPT Code:
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	35.00	45.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**35.00**	**45.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	15%	37%	27%	20%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of			

	medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37285 in conjunction with 37284, 37286, 37288, 37290, 37292, 37294)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37234

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Rarely

Specialty Radiology How often? Rarely

Specialty Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37234

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37286 Tracking Number P33 Original Specialty Recommended RVU: **13.55**
Presented Recommended RVU: **14.24**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **13.46**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 87-year-old male with a history of multiple lower extremity interventions is evaluated for critical limb ischemia and rest pain of the left foot. Diagnostic testing reveals severe tibial disease and an occlusion of the left posterior tibial artery with constitution in the midcalf. The plantar arch is intact. He is treated with balloon angioplasty and placement of a stent.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Commmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased posterior tibial using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Advanced maneuvers are typically required to cross the area of occlusion with a guidewire and advance a sheath to or through the occlusion. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Advance and position an appropriately sized angioplasty balloon catheter to the area of occlusion using fluoroscopic guidance, and then inflate it to the appropriate pressure and time to treat the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the occlusion has been adequately treated. After diagnostic imaging confirms failure of balloon angioplasty, the lesion is measured in length and diameter with multiple views. Drug eluting stent is selected as the next therapy and the appropriately sized stent is selected. Sheaths and wires may be exchanged out to

accommodate stent delivery. The stent is advanced under fluoroscopic guidance to the lesion and deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization and dissection. Allsegments of disease within the same posterior tibial artery segment are treated with appropriate-sized balloon(s) and stent(s). Once completion angiography confirms vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection, remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37286
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**9.00**	20.00	50.00
Survey RVW:	7.00	11.10	**15.00**	21.00	40.00
Pre-Service Evaluation Time:			**47.00**		
Pre-Service Positioning Time:			**14.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	90.00	**120.00**	135.00	235.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37286	**Recommended Physician Work RVU: 13.46**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37290	000	17.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	000	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 2 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37286	**Top Key Reference CPT Code:** 37290	**2nd Key Reference CPT Code:** _____
Median Pre-Service Time	38.00	38.00	0.00
Median Intra-Service Time	120.00	150.00	0.00
Median Immediate Post-service Time	30.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**188.00**	**218.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	22%	32%	17%	27%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX

37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37230

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37230

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37287 Tracking Number P34 Original Specialty Recommended RVU: **5.50**
Presented Recommended RVU: **6.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **5.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of a 98-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty and stent placement to treat an occlusion of the right anterior tibial artery, an additional angioplasty and stent placement to treat an occlusion of the right posterior tibial artery is performed. [Note: This is an add-on service. Only consider the additional work related to the angioplasty and stent placement of the occlusion of the right posterior tibial artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Obtaining access to the popliteal artery is inherent in the primary procedure. The work of this service starts with selectively catheterizing the posterior tibial artery using fluoroscopic guidance. Advanced maneuvers are typically required to cross the area of occlusion with a guidewire and advance a sheath to or through the occlusion. Advance and position an appropriately sized angioplasty balloon catheter to the area of occlusion using fluoroscopic guidance, and then inflate it to the appropriate pressure and time for treating the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if the occlusion has been adequately treated. After diagnostic imaging confirms failure of balloon angioplasty, the lesion is measured in length and diameter with multiple views. Drug eluting stent is selected as the next therapy and the appropriately sized stent is selected. Sheaths and wires may be exchanged out to accommodate stent delivery. The stent is advanced under fluoroscopic guidance to the lesion and deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same femoral-popliteal artery segment are treated with appropriate-sized balloon(s) and stent(s). Completion angiography is performed to confirm vessel patency, a satisfactory treatment result, and absence of extravasation, embolization, or flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37287
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	13.00	50.00
Survey RVW:	2.00	5.00	**7.68**	12.38	35.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	15.00	30.00	**50.00**	90.00	180.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37287	**Recommended Physician Work RVU: 5.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**50.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37289	ZZZ	4.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	YYY	4.13	**RUC Time**	4,768

CPT Descriptor 1 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34715	ZZZ	6.00	**RUC Time**	178

CPT Descriptor 2 Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37287	**Top Key Reference CPT Code:** 37289	**2nd Key Reference CPT Code:**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	50.00	45.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**50.00**	**45.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	12%	41%	17%	27%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or			

other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37287 in conjunction with 37286, 37288, 37290, 37292, 37294)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37234

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Rarely

Specialty Radiology How often? Rarely

Specialty Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37234

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37288 Tracking Number P35 Original Specialty Recommended RVU: **13.50**
Presented Recommended RVU: **13.50**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **13.50**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old female with diabetes mellitus presents with rest pain of the right foot. Diagnostic studies reveal a severe tibial disease and a stenosis of the anterior tibial artery that is treated with balloon angioplasty and atherectomy.

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 60% , In the ASC 3%, In the office 36%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 64% , Overnight stay-less than 24 hours 24% , Overnight stay-more than 24 hours 13%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased anterior using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Cross the area of stenosis with a guidewire and advance a sheath to or through the stenosis. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Atherectomy is selected as the best therapy and the appropriately sized atherectomy device is selected. Sheaths and wires may be exchanged out to accommodate device delivery. The atherectomy device is advanced under fluoroscopic guidance to the stenosis and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. Post-atherectomy balloon angioplasty is performed. An appropriately sized balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The balloon is then inflated and left in place for 2-3 minutes based on manufactures' specifications. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same

posterior tibial artery segment are treated with appropriate- sized balloon(s) and atherectomy devices. Once a satisfactory result has been shown with the absence of extravasation and flow-limiting dissection, confirm patency of the vessel, and remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37288
Sample Size: 9313	**Resp N:** 113
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	6.00	**13.00**	29.00	200.00
Survey RVW:	5.00	13.50	**18.34**	29.50	40.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**11.00**		
Pre-Service Scrub, Dress, Wait Time:			**14.00**		
Intra-Service Time:	20.00	70.00	**120.00**	120.00	250.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37288	**Recommended Physician Work RVU: 13.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61645	000	15.00	**RUC Time**

CPT Descriptor Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36906	000	10.42	**RUC Time**

CPT Descriptor Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

Most Recent

MPC CPT Code 2	Global	Work RVU	Time Source	Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 2 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 20.3 **%**

Number of respondents who choose 2nd Key Reference Code: 19 **% of respondents:** 16.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 37288	**Top Key Reference CPT Code:** 61645	**2nd Key Reference CPT Code:** **36906**
Median Pre-Service Time	38.00	58.00	31.00
Median Intra-Service Time	120.00	100.00	90.00
Median Immediate Post-service Time	30.00	83.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**188.00**	**241.00**	**141.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	6%	25%	31%	38%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	19%	81%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	19%	19%	63%
Physical effort required	13%	31%	56%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	13%	63%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	8%	75%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	17%	83%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	33%	67%
Physical effort required	0%	17%	83%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	8%	83%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high-cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high-cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall

Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey
respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post-packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX

37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW; however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, and femoral/popliteal additional vessel interventions) are removed, the result is a net increase of 2.3%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity.

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37262	**3.00**	**0.100**	**30**				**30**	
63048	3.47	0.077	45				45	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List*

separately in addition to code for primary procedure), will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and 37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37229

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37229

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37289 Tracking Number P36 Original Specialty Recommended RVU: **4.75**
Presented Recommended RVU: **4.75**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **4.75**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of a 98-year-old female with diabetes mellitus, with rest pain of the right foot and a plantar arch that is not intact, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty and atherectomy is performed to treat a severe stenosis of the right anterior tibial artery, an additional angioplasty and atherectomy is performed to treat a stenosis of the right posterior tibial artery. [Note: This is an add-on service. Only consider the additional work related to the angioplasty and atherectomy of the stenosis of the right posterior tibial artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 88%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Manipulate a catheter and guidewire into the diseased posterior tibial artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Cross the area of stenosis with a guidewire and advance a sheath to or through the stenosis. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Atherectomy is selected as the best therapy and the appropriately sized atherectomy device is selected. The atherectomy device is advanced under fluoroscopic guidance to the stenosis and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. Post-atherectomy balloon angioplasty is performed. An appropriately sized balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The balloon is then inflated and left in place for 2-3 minutes based on manufactures' specifications. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same posterior tibial artery segment are treated with appropriate-sized balloon(s) and atherectomy devices. Completion angiography is performed to confirm vessel patency, a satisfactory treatment result, and absence of extravasation, embolization and flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37289
Sample Size:	9313 **Resp N:** 113
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**10.00**	25.00	150.00
Survey RVW:	3.00	4.75	**6.00**	7.50	30.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	23.00	**45.00**	75.00	210.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37289	**Recommended Physician Work RVU: 4.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
34709	ZZZ	6.50	**RUC Time**

CPT Descriptor Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37186	ZZZ	4.92	**RUC Time**

CPT Descriptor Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,768

CPT Descriptor 1 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22632	ZZZ	5.22	**RUC Time**	1,576

CPT Descriptor 2 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 23 **% of respondents:** 20.3 **%**

Number of respondents who choose 2nd Key Reference Code: 16 **% of respondents:** 14.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 37289	**Top Key Reference CPT Code:** 34709	**2nd Key Reference CPT Code:** **37186**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	45.00	60.00	60.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**45.00**	**60.00**	**60.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	27%	60%	13%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	40%	53%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	21%	79%
Physical effort required	0%	29%	71%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	47%	53%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	33%	33%	22%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	22%	56%	22%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	22%	67%
Physical effort required	11%	56%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	33%	56%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high-cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high-cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall

Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey
respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post-packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX

37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW; however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, and femoral/popliteal additional vessel interventions) are removed, the result is a net increase of 2.3%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity.

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37262	**3.00**	**0.100**	**30**				**30**	
63048	3.47	0.077	45				45	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List*

separately in addition to code for primary procedure), will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and 37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37289 in conjunction with 37288, 37290, 37292, 37294)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37233

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37233

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37290 Tracking Number P37 Original Specialty Recommended RVU: **17.00**
Presented Recommended RVU: **17.00**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **17.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: An 88-year-old female with diabetes mellitus and congestive heart failure presents with critical limb ischemia and rest pain of her left foot. She is not a candidate for surgical reconstruction. Diagnostic studies reveal severe tibial disease and an occlusion of the anterior tibial artery that is treated with balloon angioplasty and atherectomy.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 66% , In the ASC 1%, In the office 33%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 62% , Overnight stay-less than 24 hours 22% , Overnight stay-more than 24 hours 17%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased anterior tibial using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Advanced maneuvers are typically needed to cross the area of occlusion with a guidewire and advance a sheath to or through the occlusion. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Atherectomy is selected as the best therapy and the appropriately sized atherectomy device is selected. Sheaths and wires may be exchanged out to accommodate device delivery. It may be appropriate to place a distal embolic protection device. The atherectomy device is advanced under fluoroscopic guidance to the stenosis and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. An appropriately sized balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The balloon is then inflated and left in place for 2-3 minutes based on manufactures' specifications. Repeat balloon inflations as required, or potentially use additional balloons with larger or

smaller diameters as indicated by anatomic review of the images obtained. All segments of disease within the same anterior tibial segment are treated with appropriate-sized balloon(s). The distal embolic protection device is removed. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same anterior tibial artery segment are treated with appropriate-sized balloon(s) and atherectomy devices. Once a satisfactory result has been shown with the absence of extravasation and flow-limiting dissection, confirm patency of the vessel, and remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37290
Sample Size:	9313 **Resp N:** 113
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**11.00**	25.00	150.00
Survey RVW:	5.00	17.00	**24.00**	30.00	44.79
Pre-Service Evaluation Time:			**50.00**		
Pre-Service Positioning Time:			**12.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	100.00	**150.00**	180.00	300.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37290	**Recommended Physician Work RVU: 17.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**150.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61645	000	15.00	**RUC Time**

CPT Descriptor Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36906	000	10.42	**RUC Time**

CPT Descriptor Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 22 **% of respondents:** 19.4 **%**

Number of respondents who choose 2nd Key Reference Code: 20 **% of respondents:** 17.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 37290	Top Key Reference CPT Code: 61645	2nd Key Reference CPT Code: 36906
Median Pre-Service Time	38.00	58.00	31.00
Median Intra-Service Time	150.00	100.00	90.00
Median Immediate Post-service Time	30.00	83.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**218.00**	**241.00**	**141.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	23%	23%	46%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or	15%	38%	46%

other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	8%	31%	62%
Physical effort required	8%	38%	54%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	31%	54%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	23%	62%	15%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	15%	85%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	15%	15%	69%
Physical effort required	8%	31%	62%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	31%	62%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high-cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high-cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post-packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF

37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time
Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**	

Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW; however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).

9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, and femoral/popliteal additional vessel interventions) are removed, the result is a net increase of 2.3%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity.

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37262	**3.00**	**0.100**	**30**				**30**	
63048	3.47	0.077	45				45	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List*

separately in addition to code for primary procedure), will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and 37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37229

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Commonly

Specialty Radiology How often? Commonly

Specialty Cardiology How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37229

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37291 Tracking Number P38 Original Specialty Recommended RVU: **6.50**
Presented Recommended RVU: **7.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **6.50**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of an 88-year-old female with diabetes mellitus, with rest pain of the right foot and a plantar arch that is not intact, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty and atherectomy is performed to treat an occlusion of the right anterior tibial artery, an additional angioplasty and atherectomy is performed to treat an occlusion of the right posterior tibial artery. [Note: This is an add-on service. Only consider the additional work related to the angioplasty and atherectomy of the occlusion of the right posterior tibial artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Manipulate a catheter and guidewire into the diseased posterior tibial artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Cross the area of occlusion with a guidewire and advance a sheath to or through the occlusion. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Atherectomy is selected as therapy and the appropriately sized atherectomy device is selected. The atherectomy device is advanced under fluoroscopic guidance to the stenosis and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. An appropriate balloon is then selected based on review of the anatomic images and advanced across the previously treated area. The balloon is then inflated and left in place for 2-3 minutes based on manufactures' specifications. Repeat balloon inflations as required, or potentially use additional balloons with larger or smaller diameters as indicated by anatomic review of the images obtained. All segments of disease within the same anterior tibial segment are treated with appropriate-sized balloon(s). The distal embolic protection device is removed. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37291
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**7.00**	30.00	140.00
Survey RVW:	3.00	5.50	**9.48**	14.94	41.89
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	25.00	45.00	**60.00**	90.00	200.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37291	**Recommended Physician Work RVU: 6.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37289	ZZZ	4.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34715	ZZZ	6.00	**RUC Time**	178

CPT Descriptor 1 Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22634	ZZZ	7.96	**RUC Time**	13,296

CPT Descriptor 2 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37291	**Top Key Reference CPT Code:** 37289	**2nd Key Reference CPT Code:**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	60.00	45.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**60.00**	**45.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	2%	27%	34%	37%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of			

	medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37291 in conjunction with 37290, 37292, 37294)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37233

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37233

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37292 Tracking Number P39 Original Specialty Recommended RVU: **15.00**
Presented Recommended RVU: **14.24**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **15.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 78-year-old male with diabetes mellitus presents with a non-healing left second toe amputation. Diagnostic studies reveal severe tibial disease and a long segment stenosis of the left posterior tibial artery that is treated with balloon angioplasty, atherectomy, and placement of a stent.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased posterior tibial using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Cross the area of stenosis with a guidewire and advance a sheath to or through the stenosis. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Atherectomy is selected as the best therapy and the appropriately sized atherectomy device is selected. Sheaths and wires may be exchanged out to accommodate device delivery. It may be appropriate to place a distal embolic protection device. The atherectomy device is advanced under fluoroscopic guidance to the stenosis and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. Post-atherectomy balloon angioplasty is performed. Based on the angiographic appearance of the lesion post-treatment it is determined that stent placement is the most appropriate therapy. A drug-eluting stent is selected, advanced to the treatment area, and deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated.

Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same posterior tibial artery segment are treated with appropriate-sized balloon(s), atherectomy, and stent(s). The distal embolic protection device is removed. Once a satisfactory result has been shown with the absence of extravasation and flow-limiting dissection, confirm patency of the vessel, and remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37292
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	25.00	80.00
Survey RVW:	4.50	10.00	**15.00**	18.00	43.44
Pre-Service Evaluation Time:			**47.00**		
Pre-Service Positioning Time:			**14.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	100.00	**142.00**	180.00	315.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37292	**Recommended Physician Work RVU: 15.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**142.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37288	000	13.50	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	000	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37292	Top Key Reference CPT Code: 37288	2nd Key Reference CPT Code:
Median Pre-Service Time	38.00	38.00	0.00
Median Intra-Service Time	142.00	120.00	0.00
Median Immediate Post-service Time	30.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**210.00**	**188.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	5%	32%	37%	24%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed			

• Urgency of medical decision making

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37231

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37231

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37293 Tracking Number P40 Original Specialty Recommended RVU: **6.50**
Presented Recommended RVU: **6.50**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **6.50**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of an 88-year-old female with diabetes mellitus, with a nonhealing ulcer of the right foot, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty, atherectomy, and stent placement is performed to treat a stenosis of the right anterior tibial artery, an additional angioplasty, atherectomy, and stent placement is performed to treat a stenosis of the right posterior tibial artery. [Note: This is an add-on service. Only consider the additional work related to the angioplasty, atherectomy, and stent placement of the stenosis of the right posterior tibial artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Cross the area of stenosis in the posterior tibial artery with a guidewire and advance a sheath to or through the stenosis. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Atherectomy is selected as the best therapy and the appropriately sized atherectomy device is selected. The atherectomy device is advanced under fluoroscopic guidance to the stenosis and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. Post-atherectomy balloon angioplasty is performed. Based on the angiographic appearance of the lesion post-treatment it is determined that stent placement is the most appropriate therapy. A drug-eluting stent is selected, advanced to the treatment area, and deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same posterior tibial artery segment are treated with appropriate-sized balloon(s), atherectomy, and stent(s). Completion angiography is performed for assessment of position, patency, distal embolization, and dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37293
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**3.00**	25.00	50.00
Survey RVW:	4.00	6.50	**8.00**	14.00	45.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	20.00	30.00	**60.00**	71.00	200.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37293	**Recommended Physician Work RVU: 6.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37289	ZZZ	4.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34715	ZZZ	6.00	**RUC Time**	178

CPT Descriptor 1 Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22634	ZZZ	7.96	**RUC Time**	13,296

CPT Descriptor 2 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37293	**Top Key Reference CPT Code:** 37289	**2nd Key Reference CPT Code:**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	60.00	45.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**60.00**	**45.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	5%	32%	34%	27%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of			

	medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37293 in conjunction with 37292, 37294)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37235

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Rarely

Specialty Radiology How often? Rarely

Specialty Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37235

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37294 Tracking Number P41 Original Specialty Recommended RVU: **18.00**
Presented Recommended RVU: **18.00**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **18.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 90-year-old male with diabetes mellitus presents with a critical limb ischemia and rest pain of his left foot. Diagnostic studies reveal severe tibial disease including an occlusion of the left anterior tibial artery that is treated with balloon angioplasty, atherectomy, and placement of a stent.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased anterior tibial using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Advanced maneuvers are typically needed to cross the area of occlusion with a guidewire and advance a sheath to or through the occlusion. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Atherectomy is selected as the best therapy and the appropriately sized atherectomy device is selected. Sheaths and wires may be exchanged out to accommodate device delivery. It may be appropriate to place a distal embolic protection device. The atherectomy device is advanced under fluoroscopic guidance to the occlusion and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. Post-atherectomy balloon angioplasty is performed. Based on the angiographic appearance of the lesion post-treatment it is determined that stent placement is the most appropriate therapy. A drug eluting stent is selected, advanced to the treatment area, and deployed. The stent delivery system is removed under fluoroscopic guidance.

A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same anterior tibial artery segment are treated with appropriate- sized balloon(s), atherectomy, and drug eluting stent(s). The distal embolic protection device is removed. Once a satisfactory result has been shown with the absence of extravasation and flow-limiting dissection, confirm patency of the vessel, and remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37294
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	25.00	130.00
Survey RVW:	5.00	12.25	**18.00**	23.25	50.00
Pre-Service Evaluation Time:			**47.00**		
Pre-Service Positioning Time:			**14.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	30.00	120.00	**170.00**	200.00	330.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37294	**Recommended Physician Work RVU: 18.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**170.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37290	000	17.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	000	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37294	Top Key Reference CPT Code: 37290	2nd Key Reference CPT Code:
Median Pre-Service Time	38.00	38.00	0.00
Median Intra-Service Time	170.00	150.00	0.00
Median Immediate Post-service Time	30.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**238.00**	**218.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	2%	27%	37%	32%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed			

• Urgency of medical decision making	

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37231

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37231

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37295 Tracking Number P42 Original Specialty Recommended RVU: **9.03**
Presented Recommended RVU: **8.40**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **8.16**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of a 98-year-old male with diabetes mellitus, with a extensive ischemia wounds on his right foot, and who is not a candidate for open surgical reconstruction presents. after a separately reported angioplasty, atherectomy, and stent placement is performed to treat an occlusion of the right anterior tibial artery, an additional angioplasty, atherectomy, and stent placement is performed to treat an occlusion of the right posterior tibial artery. [Note: This is an add-on service. Only consider the additional work related to the angioplasty, atherectomy, and stent placement of the occlusion of the right posterior tibial artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Advanced maneuvers are typically needed to cross the area of occlusion in the posterior tibial artery with a guidewire and advance a sheath to or through the occlusion. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. An embolic protection device may have already been placed. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Atherectomy is selected as the best therapy and the appropriately sized atherectomy device is selected. The atherectomy device is advanced under fluoroscopic guidance to the occlusion and atherectomy of the lesion is performed. The device is removed under fluoroscopic guidance. Post-atherectomy balloon angioplasty is performed. Based on the angiographic appearance of the lesion post-treatment it is determined that stent placement is the most appropriate therapy. A drug eluting stent is selected, advanced to the treatment area, and deployed. The stent delivery system is removed under fluoroscopic guidance. A post-stent balloon is inflated. Completion angiography is performed for assessment of position, patency, distal embolization, and dissection. All segments of disease within the same posterior tibial artery segment are treated with appropriate-sized balloon(s), atherectomy, and drug eluting stent(s). Completion angiography is performed for assessment of position, patency, distal embolization, and dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37295
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	20.00	95.00
Survey RVW:	4.00	6.20	**9.03**	15.30	34.54
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	20.00	45.00	**75.00**	90.00	200.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37295	**Recommended Physician Work RVU: 8.16**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**75.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37289	ZZZ	4.75	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22634	ZZZ	7.96	**RUC Time**	13,296

CPT Descriptor 1 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	ZZZ	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37295	**Top Key Reference CPT Code:** 37289	**2nd Key Reference CPT Code:**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	75.00	45.00	0.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**75.00**	**45.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	5%	24%	34%	34%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed			

• Urgency of medical decision making	

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37295 in conjunction with 37294)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37235

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Rarely

Specialty Radiology How often? Rarely

Specialty Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37235

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37296 Tracking Number P43 Original Specialty Recommended RVU: **11.00**
Presented Recommended RVU: **11.00**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **11.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 79-year-old male with diabetes mellitus who is not a candidate for open surgical reconstruction presents with extensive ischemic wounds on his right third and fourth toes. Diagnostic studies reveal an occlusion of the dorsalis pedis that is treated with balloon angioplasty.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 64% , In the ASC 2%, In the office 34%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 62% , Overnight stay-less than 24 hours 21% , Overnight stay-more than 24 hours 17%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the diseased dorsalis pedis artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Establish sheath access that is stable in an infrapopliteal vessel to cross the area of stenosis with a guidewire. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance, and dilation of the lesion is performed by inflating appropriate pressure and time for dilating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if a flow limiting dissection has occurred. All segments of disease within the same dorsalis pedis segment are treated with appropriate-sized balloon(s). Once a satisfactory result has been shown with the absence of extravasation and flow-limiting dissection, confirm patency of the vessel, and remove the wire and sheath. Obtain hemostasis and closure of the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37296
Sample Size:	9313 **Resp N:** 113
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	1.00	**5.00**	19.00	100.00
Survey RVW:	3.50	11.00	**14.00**	17.85	41.67
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**14.00**		
Intra-Service Time:	20.00	75.00	**100.00**	135.00	300.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37296	**Recommended Physician Work RVU: 11.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**100.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
61645	000	15.00	**RUC Time**

CPT Descriptor Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
36906	000	10.42	**RUC Time**

CPT Descriptor Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

Most Recent

MPC CPT Code 2	Global	Work RVU	Time Source	Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 2 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 18.5 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 15.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 37296	**Top Key Reference CPT Code:** 61645	**2nd Key Reference CPT Code:** **36906**
Median Pre-Service Time	38.00	58.00	31.00
Median Intra-Service Time	100.00	100.00	90.00
Median Immediate Post-service Time	30.00	83.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**168.00**	**241.00**	**141.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	8%	15%	38%	15%	23%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	17%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	23%	23%	54%
Physical effort required	15%	31%	54%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	31%	54%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	11%	0%	11%	56%	22%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	0%	89%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	0%	100%
Physical effort required	0%	0%	100%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	0%	89%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high-cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high-cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall

Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey
respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post-packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX

37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW; however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, and femoral/popliteal additional vessel interventions) are removed, the result is a net increase of 2.3%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity.

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37262	**3.00**	**0.100**	**30**				**30**	
63048	3.47	0.077	45				45	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List*

separately in addition to code for primary procedure), will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and 37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37229

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37297 Tracking Number P44 Original Specialty Recommended RVU: **4.00**
Presented Recommended RVU: **4.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **4.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of a 79-year-old male with diabetes mellitus, who has extensive ischemic wounds on his right third and fourth toes, and who is not a candidate for open surgical reconstruction, is found to have stenoses of the dorsalis pedis and the posterior tibial artery below the ankle contributing to a patent pedal arch. After a separately reported angioplasty of the posterior tibial artery stenosis, an additional angioplasty of a stenosis of the dorsalis pedis is performed. [Note: This is an add-on service. Only consider the additional work related to angioplasty of a stenosis of the dorsalis pedis.]

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Sheath access that is stable in an infrapopliteal vessel has already been established. The work of this procedure begins with manipulation of a catheter and guidewire into the diseased dorsalis pedis artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance, and dilation of the lesion is performed by inflating appropriate pressure and time for dilating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if a flow limiting dissection has occurred. All segments of disease within the same dorsalis pedis arterial segment are treated with appropriate-sized balloon(s). Completion angiography is performed to confirm vessel patency, a satisfactory treatment result and absence of extravasation, embolization or flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37297
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	22.00	70.00
Survey RVW:	2.00	4.00	**4.50**	10.00	32.76
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	8.00	30.00	**40.00**	90.00	200.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37297	**Recommended Physician Work RVU: 4.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**40.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37296	000	11.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	ZZZ	3.47	**RUC Time**	103,832

CPT Descriptor 1 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,768

CPT Descriptor 2 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37297	**Top Key Reference CPT Code:** 37296	**2nd Key Reference CPT Code:**
Median Pre-Service Time	0.00	38.00	0.00
Median Intra-Service Time	40.00	100.00	0.00
Median Immediate Post-service Time	0.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**40.00**	**168.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	10%	34%	32%	22%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or			

other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity					

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required			
Physical effort required			

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37297 in conjunction with 37296, 37298)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Sometimes

Specialty Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37229

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37298 Tracking Number P45 Original Specialty Recommended RVU: **15.00**
Presented Recommended RVU: **14.24**
Global Period: 000 Current Work RVU: **n/a** RUC Recommended RVU: **13.70**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 79-year-old male with diabetes mellitus who is not a candidate for open surgical reconstruction presents with extensive ischemic wounds on his right third and fourth toes. Diagnostic studies reveal an occlusion of the dorsalis pedis in the midfoot with reconstitution into a patent pedal arch that is treated with balloon angioplasty.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review patient history, records, laboratory, diagnostic tests, and the planned procedure. Give special attention to status of anticoagulant and antiplatelet therapy in addition to potential contrast allergy and renal function. Conduct physical examination to ensure no changes have occurred since the prior visit. Conmmunicate with patient and family including review of risks, benefits and alternatives of the recommended procedure. Obtain informed consent. Mark access sites. Communicate with other medical professionals, as needed. Confirm presence of guiding and selective catheters, sheaths, guidewires, balloons, stents, and all additional required devices. Confirm availability of rescue devices. Ensure all technical personnel are aware of the upcoming procedure and competent is use of required devices. Following transport to the procedure suite, ensure patient is properly positioned on the table, adequate IV access has been obtained, and all required monitors appropriately attached. Supervise sterile preparation of skin access sites, placement of sterile drapes, and administration of pre-procedure antibiotics as indicated. Don radiation protection gear and ensure team members do likewise. Perform pre-procedure time out.

Description of Intra-Service Work: Cannulate a suitable access vessel either percutaneously or with open exposure of the vessel and manipulate a catheter and guidewire into the occluded dorsalis pedis artery using fluoroscopic guidance. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Establish sheath access that is stable within an infrapopliteal vessel to cross the area of occlusion with a guidewire. Advanced techniques are typically required to cross the occlusion. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance, and dilation of the lesion is performed by inflating appropriate pressure and time for dilating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if a flow limiting dissection has occurred. All segments of occlusion within the same dorsalis pedis segment are treated with appropriate-sized balloon(s). Once a satisfactory result has been shown with the absence of extravasation and flow-limiting dissection, confirm patency of the vessel, and remove the wire and sheath. Obtain hemostasis and closure of

the arteriotomy by manual pressure, application of an arterial closure device, or standard surgical closure of the puncture by suture.

Description of Post-Service Work: Apply sterile dressings. Conduct debriefing. As needed, assist team in moving patient to stretcher. Discuss post-procedure care with recovery area staff. Write post-procedure orders for care and pain medication. Write brief procedure note. Record contrast volume and radiation exposure time. Review all films and dictate interpretation. Perform patient examination including assessment of vital signs and perfusion of treated limb. Repeat this exam as needed. Monitor groin puncture site for hematoma. Discuss findings and treatment with patient and family when patient has emerged from sedation. Complete all appropriate medical records with copy sent to referring physician. Transfer the patient to the appropriate care setting, or arrange for discharge, when recovery area discharge criteria have been met, writing appropriate orders for follow-up laboratory tests, X rays, and patient care.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37298
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**3.00**	20.00	65.00
Survey RVW:	5.00	10.50	**15.00**	18.00	42.91
Pre-Service Evaluation Time:			**47.00**		
Pre-Service Positioning Time:			**14.00**		
Pre-Service Scrub, Dress, Wait Time:			**15.00**		
Intra-Service Time:	20.00	98.00	**120.00**	150.00	320.00

Immediate Post Service-Time:	**30.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	37298	**Recommended Physician Work RVU: 13.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**18.00**	**12.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**6.00**	**-1.00**
Intra-Service Time:		**120.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**30.00**	**25.00**	**5.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37296	000	11.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	000	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37244	000	13.75	**RUC Time**	13,397

CPT Descriptor 1 Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
	000	0.00	**RUC Time**	

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37298	Top Key Reference CPT Code: 37296	2nd Key Reference CPT Code:
Median Pre-Service Time	38.00	38.00	0.00
Median Intra-Service Time	120.00	100.00	0.00
Median Immediate Post-service Time	30.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**188.00**	**168.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	2%	20%	32%	44%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual

code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey
respondent's answers from the anchor codes populated into the abbreviated survey table
to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF
37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF

37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time
Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**	
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**	

Experience	How many times have you personally performed these procedures in the past 12 months?

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal

intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Rarely

Specialty Radiology How often? Rarely

Specialty Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? n/a
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37229

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:37299 Tracking Number P46 Original Specialty Recommended RVU: **5.00**
Presented Recommended RVU: **5.00**
Global Period: ZZZ Current Work RVU: **n/a** RUC Recommended RVU: **5.00**

CPT Descriptor: Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During endovascular treatment of a 79-year-old male with diabetes mellitus who has extensive ischemic wounds on his right third and fourth toes and who is not a candidate for open surgical reconstruction, presents with occlusions of the dorsalis pedis and medial plantar branch of the posterior tibial in the midfoot with reconstitution into a patent pedal arch. After a separately reported angioplasty of an occlusion of the dorsalis pedis, an additional angioplasty of an occlusion in the medial plantar branch of the posterior tibial artery is performed. [Note: This is an add-on service. Only consider the additional work related to treat the occlusion in the medial plantar artery.]

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Sheath access that is stable in an infrapopliteal vessel has already been established. The work of this procedure begins with manipulation of a catheter and guidewire into the diseased medial plantar artery using fluoroscopic guidance. Advanced techniques are typically required to cross the occlusion. Perform angiography and obtain road-mapping images for vessel sizing and to confirm anatomy. Exchange wires and catheters to create a stable staging platform suitable for performing the intervention. Advance and position an appropriately sized angioplasty balloon catheter to the area of stenosis using fluoroscopic guidance, and dilation of the lesion is performed by inflating appropriate pressure and time for dilating of the lesion. Remove or pull back the balloon over the wire and obtain follow-up images with contrast injection to determine if a flow limiting dissection has occurred. All segments of occlusion within the same medial plantar segment are treated with appropriate-sized balloon(s). Completion angiography is performed to confirm vessel patency, a satisfactory treatment result, and absence of extravasation, embolization and flow-limiting dissection.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Matthew Sideman, MD, FACS; Wayne Causey, MD, FACS; Minhaj Khaja, MD; Robert Kennedy, MD; Richard Wright, MD; Ed Tuohy, MD; Afnan Tariq, MD, FSCAI; Adrew Moriarity, MD; Don Selzer, MD, FACS ; Charles Mabry, MD, FACS ; Gerald Niedzwiecki, MD; Curtis Anderson, MD, PhD
Specialty Society(ies):	Society for Vascular Surgery; Society of Interventional Radiology; American College of Cardiology; The Society for Cardiovascular Angiography and Interventions; American College of Radiology; American College of Surgeons; Outpatient Endovascular and Interventional Society
CPT Code:	37299
Sample Size: 4669	**Resp N:** 46
Description of Sample:	ACC Random self-identified as interventional cardiologists ACR Random general members and random self-identified as interventional radiologists ACS Random self-identified as general surgeons OEIS Entire US, active MD/DO membership SCAI Random self-identified peripheral physicians SIR Random SVS Entire US, active MD/DO membership

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**2.00**	20.00	50.00
Survey RVW:	2.00	4.00	**5.00**	10.00	36.39
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	10.00	30.00	**45.00**	81.00	200.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	37299	**Recommended Physician Work RVU: 5.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37296	000	11.00	**RUC Time**

CPT Descriptor Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
	ZZZ	0.00	**RUC Time**

CPT Descriptor

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,768

CPT Descriptor 1 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22632	ZZZ	5.22	**RUC Time**	1,576

CPT Descriptor 2 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 100.0 **%**

Number of respondents who choose 2nd Key Reference Code: 0 **% of respondents:** 0.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 37299	Top Key Reference CPT Code: 37296	2nd Key Reference CPT Code:
Median Pre-Service Time	0.00	38.00	0.00
Median Intra-Service Time	45.00	100.00	0.00
Median Immediate Post-service Time	0.00	30.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**45.00**	**168.00**	**0.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	5%	5%	15%	34%	41%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of			

	medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity					

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making			

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required			
Physical effort required			

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome			

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Revascularization of the lower extremities includes angioplasty, atherectomy, and/or stent placement in the iliac, femoral/popliteal, and tibial arteries. These lower extremity revascularization (LER) procedures had been reported with component coding prior to the creation of a new family of CPT codes bundling the access, catheterization, intervention, and radiologic supervision & interpretation in January 2010. CPT codes 37220-37235 were valued at the April 2010 RUC Meeting. Non-facility inputs were also established at the April 2010 RUC meeting for CPT Code 37220-37225.

October 2018: RAW identifies 37229 through high growth screen with criteria: over 10,000 claims and increased over 100% from 2012-2017. Code 37229 was new for 2011 and the societies responded that the growth was appropriate and in line with best practices for limb sparing. However, the specialties noted changes in technology since 2011 and suggested referral to CPT to update the code descriptors and to accommodate new technologies.

January 2019: RAW identified CPT Codes 37225, 37227 and 37229 through a high-priced supplies screen. At the same time, CMS contracted with StrategyGen to conduct an independent evaluation of all Medicare direct supplies and equipment items. At the RAW, the specialty societies argued that the RUC did not need an independent screen for high cost supplies because CMS was addressing the necessity to routinely review pricing information. The RAW had no further action for CPT Codes 37225, 37227 and 37228 related to high cost supplies.

October 2020: A code change application (CCA) was submitted to delete lower extremity endovascular revascularization codes 37220-37235, establish 32 new codes, and rewrite the guidelines to reflect current practice in performing these procedures. There were a few Panel questions asked just prior to the meeting that were responded to. However, prior to the meeting, the application was withdrawn based on an email from Panel staff that stated the literature was not sufficient for some of the codes and the utilization was not sufficient for some of the codes and the structure and content of the proposal did not meet general criteria for CPT because the structure unbundled services. Therefore, the Panel would not support the proposal.

June 2021: A revised CCA was submitted that deleted or excluded codes with insufficient literature or utilization and included 83 articles to address the feedback from the Panel reviewers in the previous application from October 2020. The Panel postponed the issue until time uncertain and provided 12 instructions to be addressed in a revision.

April 2022: The RAW reviewed an action plan that was required because of a misunderstanding that the CPT Panel rejected the proposed coding changes, however, the Panel actually postponed until time uncertain. The RAW discussed the complexity of this issue - including the importance of correct coding to account for varied and significant practice expense related to these codes - and recommended that a joint CPT/RUC Workgroup be created to develop coding solutions that would address this issue.

May 2022: The CPT Panel Executive Committee voted to refer this issue to the CPT Editorial Panel with a recommendation for creation of a CPT-convened workgroup to address this code family with appropriate RUC expertise on the Workgroup.

August 2022: The CPT Panel sent an email that indicated concerns with the creation of a traditional Workgroup: "… a workgroup should result in a CCA from the workgroup (ie, not the applicants) and that the Panel lacks the clinical expertise to be "responsible" for the creation of a new CCA. However, in this scenario, the Panel reviewers can offer guidance and direction but cannot adequately craft the proposal themselves." The proposed solution was to convene an open "discussion forum" that included the Panel Chair and the Panel Reviewers for an open dialogue to address issues and work towards a compromise.

September 2022: An open in-person / virtual Discussion Forum was convened during the CPT Panel meeting to discuss society and Panel concerns and questions to be able to develop a new coding option.

February 2023: After meeting at CPT meetings and via conference calls, the societies contacted CPT staff to set up a call with the Panel reviewers to present a coding option and provide a verbal rationale for the option as written information never conveys the complete picture.

April 2023: The Panel reviewers held a conference call to allow the advisors from the societies to present the revised coding structure that bundles interventions as directed by the Panel. The call ended with a consensus of a conceptual code structure that included some additional bundling and a method to reduce society and Panel burden regarding literature requirements.

May 2023: The societies finalized the coding structure at an in-person meeting during the Panel meeting and a CCA began development for deletion of the current codes and development of 46 new codes.

March 2024: The societies developed and reviewed the guidelines, 46 new bundled codes, vignettes and DOWs for all 46 codes, revisions to all sections of CPT affected by the proposed coding changes, and collection of necessary literature for "new" codes.

June 2024: The societies submitted the new code change application.

September 2024: The CPT Panel reviewed and passed the LER CCA. The CCA created a new subsection titled, "Iliac Vascular Territory" accompanied by nine new codes; added a new subsection titled, "Femoral and Popliteal Vascular Territory" accompanied by 17 new codes; added a new subsection titled, "Tibial and Peroneal Vascular Territory" accompanied by 16 new codes; and added a new subsection titled, "Inframalleolar Vascular Territory" accompanied by four new codes. The CCA also deleted the existing 16 lower extremity revascularization codes and one Category III code. Finally, the CCA also revised the "Endovascular Revascularization (Open, Percutaneous, Transcatheter) guidelines and parenthetical revisions throughout the code set.

The new family of codes is significantly different than the initial CCA but represents the best compromise between the CPT panel and the specialty society coalition of SVS, ACS, SIR, ACR, SCAI, ACC, and OEIS. They address many of the concerns described above and are outlined as follow:

1. Recognition of differing complexity of interventions by separating straightforward and complex interventions.
2. Complex interventions require more time, intensity, and supplies to complete.
3. New codes for intravascular lithotripsy of the iliac and femoral-popliteal territories.
4. New codes for additional interventions within the femoral-popliteal territory of either the common femoral or profunda femoral artery.
5. New territory capturing the work of intervention of the inframalleolar arteries.

Survey Methodology

At the September 2024 CPT Editorial Panel meeting, the Panel created 46 new CPT code to describe Lower Extremity Revascularization (LER) services and deleted the 16 existing lower extremity revascularization codes. The surveying societies submitted a proposal for surveying these codes for the January 2025 meeting using a custom survey instrument.

Prior to the meeting, the surveying specialty societies submitted a proposal to conduct a standard RUC survey of 10 anchor codes for the family and then conduct an abbreviated survey for the other 36 codes in the same template, with the abbreviated-surveys split into three separate groupings: (1) Tibial – Peroneal, (2) Femoral – Popliteal and (3) Iliac + Inframalleolar. Each physician in the sample would receive a standard RUC survey for the 10 anchor codes and one abbreviated survey. The specialty societies will break up their samples to evenly distribute the abbreviated surveys. The presenters noted that the intent of their proposal is to avoid survey fatigue and to maximize the number of survey responses for each code.

The presenters noted the abbreviated portion of the survey for the remainder of the codes would present the CPT code, CPT descriptor, and Vignette. The respondent would be asked to affirm the vignette, provide Intra Time, Overall Complexity, Estimated Work RVU, and 12 Month Experience without selecting a reference service code. The abbreviated portion of the surveys would also include the survey

respondent's answers from the anchor codes populated into the abbreviated survey table to allow comparison. All 000 pre/post time cells in the abbreviated portion of the survey would be pre-populated (editable) based on pre- and post- packages selected for the anchoring codes. For the single intensity/complexity question in the abbreviated portion of the survey, an anchor survey code from the same territory would be provided for comparison/reference.

Subcommittee members overall were supportive of the request for a combined full and abbreviated survey. Several Subcommittee members expressed concern with the initial proposal to divide respondents into three groupings with a preference for two groupings, and also expressed concerns with the group of anchor survey codes not having an angioplasty only service. Subcommittee members requested for the societies to consider switching the abbreviated survey groupings to two groups instead of three. Also, the Subcommittee requested for the societies to reconsider the representation of anchor codes that would receive a full RUC survey. The Chair suggested the societies consider adding a question on the survey to assess the typical number of blockages/stenoses typical for the femoral/ popliteal stent and/or atherectomy/stent codes.

In order to provide additional time to the surveying societies, the Research Subcommittee reconvened the next morning. The societies provided an updated proposal with 11 anchor survey codes which represented every territory in the family, straightforward procedures, complex procedures, angioplasty only procedures, stent placement procedures, atherectomy procedures and add-on procedures. Also, the societies provided two groupings of abbreviated survey codes instead of three. Finally, the societies provided a list of which comparator codes would be used for the intensity/complexity question for each abbreviated survey code (included in the September 2024 handouts at the meeting folder). **The Research Subcommittee approved the custom survey instrument and methodology as follows:**

Research-Approved Core Survey Codes (Standard RUC Survey):

37254	Iliac, angioplasty, init, SF
37255	+ Iliac, angioplasty, addl, SF
37256	Iliac, angioplasty, init, CX
37262	+ Iliac IVL
37267	Fem-Pop, angioplasty stent, init, SF
37268	+ Fem-Pop, angioplasty stent, addl, SF
37269	Fem-Pop, angioplasty ather, init, CX
37288	Tibial, angioplasty ather, init, SF
37289	+ Tibial, angioplasty ather, addl, SF
37290	Tibial, angioplasty ather, init, CX
37296	Inframalleolar, angioplasty, init, SF

Research-Approved Abbreviated Survey Groupings:
Abbreviated Survey Group 1:

37257	+ Iliac, angioplasty, addl, CX
37258	Iliac, angioplasty stent, init, SF
37259	+ Iliac, angioplasty stent, addl, SF
37260	Iliac, angioplasty stent, init, CX
37261	+ Iliac, angioplasty stent, addl, CX
37263	Fem-pop, angioplasty, init, SF
37264	+ Fem-pop, angioplasty, addl, SF
37265	Fem-pop, angioplasty, init, CX
37266	+ Fem-pop, angioplasty, addl, CX
37270	+ Fem-pop, angioplasty stent, addl, CX
37271	Fem-pop, angioplasty ather, init, SF

37272	+ Fem-pop, angioplasty ather, addl, SF
37273	Fem-pop, angioplasty ather, init, CX
37274	+ Fem-pop, angioplasty ather, addl, CX
37275	Fem-pop, angioplasty ather stent, init, SF
37276	+ Fem-pop, angioplasty ather stent, addl, SF
37277	Fem-pop, angioplasty ather stent, init, CX
37278	+ Fem-pop, angioplasty ather stent, addl, CX
37279	+ Fem-pop IVL

Abbreviated Survey Group 2:

37280	Tibial, angioplasty, init, SF
37281	+ Tibial, angioplasty, addl, SF
37282	Tibial, angioplasty, init, CX
37283	+ Tibial, angioplasty, addl, CX
37284	Tibial, angioplasty stent, init, SF
37285	+ Tibial, angioplasty stent, addl, SF
37286	Tibial, angioplasty stent, init, CX
37287	+ Tibial, angioplasty stent, addl, CX
37291	+ Tibial, angioplasty ather, addl, CX
37292	Tibial, angioplasty ather stent, init, SF
37293	+ Tibial, angioplasty ather stent, addl, SF
37294	Tibial, angioplasty ather stent, init, CX
37295	+ Tibial, angioplasty ather stent, addl, CX
37297	+ Inframalleolar, angioplasty, addl, SF
37298	Inframalleolar, angioplasty, init, CX
37299	+ Inframalleolar, angioplasty, addl, CX

Research-Approved Questions for Abbreviated Portio of the Survey

New Codes	**CPT Codes** **CPT Descriptor**	
Typical Patients	**Is your typical patient for this procedure similar to the typical patient described?**	Yes or No
	If no, please describe your typical patient	
Physician Time	**How much of your own time is required per patient treated for each of the following steps in patient care related to this procedure? [Pre and Post times piped from package times]**	Pre Eval
		Pre Pos
		Pre SDW
		INTRA
		Imm Pos
		Total Time

Intensity/Complexity	**Compare OVERALL intensity/complexity of all physician work you perform for the new codes relative to [Piped Comparator Code]**
Physician Work RVUs	**Based on your review of all previous questions, please provide your estimated work RVU (to the 2nd decimal place) for the new codes.**
Experience	**How many times have you personally performed these procedures in the past 12 months?**

General Relatively Principles for the Family

The survey data was analyzed for relativity in three dimensions; straight forward to complex, proximal to distal territories, and increasing complexity of interventions. The survey respondents confirmed the bimodal work of intervention based on time and recommended values that was maintained through the family, although to a lesser extend for additional interventions. The expert panel recommendations include 25th percentile, median values, existing values, and crosswalks with the goal of maintaining the relativity between complexity, territory and interventions. This relativity is detailed in the attached table and summarized below.

1. The straightforward procedures are less intense than the complex procedures. This is reflected in time and RVW resulting and differential IWPUT. In general, the straightforward procedures cluster around an IWPUT of 0.100 while the complex procedures cluster around an IWPUT of 0.120.
2. The hierarchy of treatment modalities from simple to difficult is angioplasty < stent < atherectomy. This is reflected in the recommended RVW, however, the magnitude of difference varies based on territory, complexity, and initial or additional vessel treated. There is ***not*** a standard RVW increment applicable per treatment modality that functions like a building block to arrive at an RVW recommendation.
3. Interventions increase in time and difficulty with progression from larger vessels to smaller vessels, i.e., iliac < femoral/popliteal < tibial < Inframalleolar. This is mostly consistent with the survey data, although it is less apparent with the additional vessels treated.

Budget Neutrality

Creation of the new family of codes for lower extremity revascularization necessitated projections to redistribute existing utilization across the new codes. The multispecialty expert panel deliberated this question extensively and made an educated forecast of what the utilization distribution will be for the new family. This is detailed in the attached spreadsheet but is summarized below:

1. The straightforward to complex split for the iliac territory is 85% to 15%.
2. Iliac intravascular lithotripsy is a new service. Utilization was estimated from vendor sales data.
3. The straightforward to complex split for the femoral/popliteal territory is 70% to 30% for the initial vessel, all modalities.
4. Additional vessels in the femoral/popliteal territory represent new services that were not previous reportable. Utilization for these new services was estimated from the corresponding tibial additional vessels frequency as a proxy.
5. The straightforward to complex split for the femoral/popliteal territory, additional vessels, is
    - 85% to 15% for angioplasty
    - 50% to 50% for stent
    - 50% to 50% for atherectomy
    - 30% to 70% for angioplasty, stent, atherectomy
6. The straightforward to complex split for the tibial territory is 50% to 50% for the initial vessel, all modalities.
7. The straightforward to complex split for the tibial territory, additional vessels, is
    - 50% to 50% for angioplasty
    - 30% to 70% for stent
    - 50% to 50% for atherectomy

- 30% to 70% for angioplasty, stent, atherectomy

8. The inframalleolar angioplasty codes represent new services that were previous reported as tibial interventions. Utilization for these new services was estimated as 10% of the analogous tibial angioplasties (initial and additional).
9. The straightforward to complex split for the inframalleolar territory is 90% to 10%.

Budget neutrality calculations based on these utilization estimates results in a family that is an increase of 8.7% over the existing code family. However, when the RVWs for the new services (iliac intravascular lithotripsy, femoral/popliteal intravascular lithotripsy, femoral/popliteal additional vessel interventions, and Inframalleolar interventions) are removed, the result is a net increase of 0.85%. A budget neutrality calculation has been included with the submission as well as a worksheet in the RUC Summary Excel file.

Compelling Evidence

The submitted proposal represents an 8.7% increase in total RVWs for this family of codes over the existing codes. The specialty societies believe compelling evidence to consider these changes has been met based on the following criteria:

1. Change in technology. The additional codes 37262 and 37279 represent intravascular lithotripsy of the iliac and femoral/popliteal territories, respectively. This a new treatment modality not previously captured in the existing code set. There have also been significant changes to existing technology over the past 15 years including drug coated balloons, drug eluting stents, newer atherectomy devices, and advanced wires/catheters to treat more complex lesions.
2. Change in patient population. The complexity of patients and pathology treated today is significantly different from when the codes were previously valued in 2010. Patients treated at that time had simpler lesions and less symptomatic disease. More advanced disease was treated with surgical bypass surgery. The evolution of technology and techniques has allowed the expansion of endovascular revascularization to patients with more advanced disease and to more complex patients leading to an increased utilization of these minimally invasive techniques and a corresponding drop in utilization of surgical bypass. The net effect is a change in the patient population and compelling evidence for change in valuation.
3. Change in venue. Prior to 2010, the vast majority of lower extremity revascularization was performed in the hospital setting. Non-facility inputs created in 2010 allowed the migration of patient care out of the facility and into the non-facility setting as it became apparent that these procedures were able to be performed safely and more efficiently. The shift in site of service also results in compelling evidence for valuation.

Pre-Service Time

Pre Time Package 2 is appropriate for LER procedures with adjustment to the times.

Evaluation – package is 18 minutes. Survey medians ranged from 45-50 minutes. The specialty societies recommend a total of 30 minutes for evaluation time. The additional 12 minutes of evaluation time is to account for selection and verification of numerous supplies and devices, review and set-up of significant imaging equipment, and the coordination of all technical staff.

Positioning – package is 1 minute. Survey medians ranged from 10-12 minutes. The specialty societies recommend a total of 3 minutes for positioning time. The additional 2 minutes of positioning time is for appropriately positioning and securing the patient on the angiographic table including the placement of bolsters to protect the arms and placement of rulers underneath the patient to make sure that there is a reference for the physician during the deployment of the devices as well as other activities which are required in order to be able to obtain all necessary views to treat the lesion.

SDW – package is 6 minutes. Survey medians ranged from 12-15 minutes. The specialties are recommending a total of 5 minutes for SDW time (the SDW time assigned to the current LER codes).

Post-Service Time

Post service package 8a is appropriate for LER procedures with adjustment to times.

Package has 25 minutes. Survey median 30 minutes. The specialty societies recommend a total of 30 minutes for post-service time. The additional 5 minutes of post service time is to document the additional radiologic S&I portion of the procedure in the operative note.

Core Survey Overview of Recommended Values

The 11 codes in the Core Survey completed by all survey respondents were carefully chosen to be anchors across the family with codes in each complexity, territory, and treatment modality. Anchor codes were also chosen for initial and additional vessels. The goal was to firmly establish relativity

Comparison with Key Reference Services

There were four codes that were chosen most often as key reference services for the 000-day global core survey codes. They are as follows:

- 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral*
- 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- 61645, *Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacological thrombolytic injection(s)*

The following table incorporates the recommended RVW for the core survey codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36253 KRS	7.30	0.100	121	23	3	5	60	30
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36906 KRS	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645	15.00	0.121	241	40	3	15	100	83

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
KRS								
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

There were also four codes that were chosen most often as key reference services for the ZZZ core survey codes. They are as follows:

- 36908, *Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)*
- 34709, *Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer, including pre-procedure sizing and device selection, all nonselective catheterization(s), all associated radiological supervision and interpretation, and treatment zone angioplasty/stenting, when performed, per vessel treated (List separately in addition to code for primary procedure)*
- 37186, *Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or arterial bypass graft, including fluoroscopic guidance and intraprocedural pharmacological thrombolytic injections, provided in conjunction with another percutaneous intervention other than primary mechanical thrombectomy (List separately in addition to code for primary procedure)*
- 37247, *Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey addon codes along with the key reference services identified for these codes arranged in ascending order of values.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37255	**3.00**	**0.100**	**30**				**30**	
37262	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
37289	**4.75**	**0.106**	**45**				**45**	
37186 KRS	4.92	0.082	60				60	
34709 KRS	6.50	0.108	60				60	

Comparison to MPC codes

The following seven MPC codes were chosen as brackets for the core survey 000-day global recommendations:

- MPC 36253, *Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography, including arterial puncture, catheterization, fluoroscopy, contrast injection(s), image postprocessing, permanent recording of images, and radiological*

supervision and interpretation, including pressure gradient measurements when performed, and flush aortogram when performed; unilateral

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty*
- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37212, *Transcatheter therapy, venous infusion for thrombolysis, any method, including radiological supervision and interpretation, initial treatment day*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*
- MPC 52353, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)*
- MPC 52356, *Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy including insertion of indwelling ureteral stent (eg, Gibbons or double-J type)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52353 MPC	7.50	0.101	133	33	5	15	60	20
52356 MPC	8.00	0.110	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

The following four MPC codes bracket the core survey ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates the recommended RVW for the core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

Core Survey Additional Rationale for Specific Codes:

37254 Iliac angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 7.30 RVW. This represents a ***decrease of 7.6%*** from current value of 7.90 RVWs for existing CPT code 37220.

37256 Iliac angioplasty, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 10.75 RVW. This represents an ***increase of 36.1%*** from current value of 7.90 RVWs for existing CPT code 37220.

The existing CPT code 37220, *Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty*, will be replaced by 37254 and 37256 splitting it into straightforward and complex interventions. The most selected key reference services for 37254 were
KRS 36253 and KRS 36905 while the most selected key reference services for 37256 were KRS 36906 and KRS 61645. MPC codes 37212 and 52356 bracket 37254 and MPC codes 36906 and 37244 bracket 37256 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37254 and 37256.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
36905 KRS	9.00	0.106	126	22	4	5	75	20
36253 KRS	7.30	0.100	121	23	3	5	60	30
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37212 MPC	6.81	0.089	128	30	3	5	60	30
37254	**7.30**	**0.097**	**128**	**30**	**3**	**5**	**60**	**30**
52356 MPC	8.00	0.110	133	33	5	15	60	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37256	**10.75**	**0.116**	**148**	**30**	**3**	**5**	**80**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37254 and 37256 combined, the overall budget neutrality for existing CPT code 37220 is a ***decrease of 1.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37220	Iliac angioplasty, init	7.90	10,830	**85,557**
New				
37254	Iliac, angioplasty, init, SF	7.30	9206	67,204
37256	Iliac, angioplasty, init, CX	10.75	1625	17,469
				84,673
				-1.0%

+37255 Iliac angioplasty, addition vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW. This represents a ***decrease of 19.6%*** from current value of 3.73 RVWs for existing CPT code 37222.

The existing CPT code 37222, *Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37255 and +37257 splitting it into straightforward and complex interventions. The most selected key reference services for +37255 were KRS 37247 and KRS 34709. MPC codes 36476 and 63048 bracket +37255 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37255.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37255	**3.00**	**0.100**	**30**				**30**	
37247 KRS	3.50	0.117	30				30	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	
+37255	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

When looking at the RVWs for +37255 and +37257 combined, the overall budget neutrality for existing CPT code 37222 is a ***decrease of 16.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37222	+ Iliac angioplasty, addl	3.73	2977	**11,104**
New				
37255	+ Iliac, angioplasty, addl, SF	3.00	2530	7,590
37257	+ Iliac, angioplasty, addl, CX	3.89	447	1,739
				9329
				-16.0%

+37262 Iliac, intravascular lithotripsy:

The specialty societies recommend the 25th percentile survey value of 3.00 RVW for this new service.

Intravascular lithotripsy is a new treatment modality that can be used in addition to angioplasty and/or stenting in the iliac territory. +37262 is a ZZZ addon code created to capture the additional work of performing iliac IVL. The most selected key reference services for +37262 were KRS 36908 and KRS 37247. MPC codes 36476 and 63048 bracket +37262 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37262.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
36908 KRS	4.25	0.106	40				40	
37247 KRS	3.50	0.117	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36476 MPC	2.65	0.088	30				30	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37262	**3.00**	**0.100**	**30**				**30**	
63048 MPC	3.47	0.077	45				45	

37267 Femoral/popliteal angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW. This represents a ***decrease of 14.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

37269 Femoral/popliteal angioplasty, stent, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 14.75 RVW. This represents an ***increase of 30.6%*** from current value of 10.24 RVWs for existing CPT code 37226.

The existing CPT code 37226, *Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed*, will be replaced by 37267 and 37269 splitting it into straightforward and complex interventions. The most selected key reference services for 37267 were KRS 36906 and 36905 while the most selected key reference services for 37269 were KRS 61645 and 36906. MPC codes 52353 and 36905 bracket 37267 and MPC codes 52356 and 36905 bracket 37269 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37267 and 37269.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
36905 KRS	9.00	0.106	126	22	4	5	75	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
52353 MPC	7.50	0.101	133	33	5	15	60	20
37267	**8.75**	**0.097**	**143**	**30**	**3**	**5**	**75**	**30**
36905 MPC	9.00	0.106	126	22	4	5	75	20
36906 MPC	10.42	0.104	141	22	4	5	90	20
37269	**14.75**	**0.121**	**178**	**30**	**3**	**5**	**110**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37267 and 37269 combined, the overall budget neutrality for existing CPT code 37226 is an ***increase of 3.0%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37226	Fem-pop, angioplasty, stent	10.24	17,660	**180,838**
New				
37267	Fem-Pop, angioplasty stent, init, SF	8.75	12,362	108,168
37269	Fem-Pop, angioplasty ather, init, CX	14.75	5298	78,146
				186,314
				3.0%

+37268 Femoral/popliteal angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 8.75 RVW for this new service.

The existing CPT codes do not allow for reporting of more than one intervention in the femoral/popliteal territory. The societies did not feel that this represents current practice as it is now common to treat the common femoral artery and/or the profunda femoral artery in the appropriately selected patients. The societies advocated for the creation of codes to capture the work of addition interventions in the femoral/popliteal territory at CPT. The Panel agreed that additional procedures may be reported with the coding guidance that the superficial femoral and popliteal arteries constitute one segment and that it is only appropriate to report one additional vessel per session. CPT code +37268 captures the work of angioplasty and stenting of an additional fem/pop vessel that is straightforward. The most selected key reference services for +37268 were KRS 36908 and 34709. MPC codes 63048 and 34812 bracket +37268 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37268.

+37268 represents new work, therefore budget neutrality does not apply.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37268	**3.73**	**0.107**	**35**				**35**	
36908 KRS	4.25	0.106	40				40	
34709 KRS	6.50	0.108	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
63048 MPC	3.47	0.077	45				45	
+37268	**3.73**	**0.107**	**35**				**35**	
34812 MPC	4.13	0.103	40				40	

37288 Tibial/peroneal angioplasty, atherectomy, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 13.50 RVW. This represents a ***decrease of 2.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

37290 Tibial/peroneal angioplasty, atherectomy, initial vessel, complex:
The specialty societies recommend the 25th percentile survey value of 17.00 RVW. This represents an ***increase of 23.2%*** from current value of 13.80 RVWs for existing CPT code 37229.

The existing CPT code 37229, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed*, will be replaced by 37288 and 37290 splitting it into straightforward and complex interventions. The most selected key reference services for 37288 were KRS 61645 and 36906 while the most selected key reference services for 37290 were KRS 61645 and 36906. MPC codes 36906 and 37244 bracket 37288 and MPC code 37244 brackets 37290 on the lower side providing relativity across the database. These key reference services and MPCs compare favorably with the recommendations for the 25th percentile survey values for 37288 and 37290.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**
61645 KRS	15.00	0.121	241	40	3	15	100	83
36906 KRS	10.42	0.104	141	22	4	5	90	20

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37288	**13.50**	**0.100**	**188**	**30**	**3**	**5**	**120**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37290	**17.00**	**0.104**	**218**	**30**	**3**	**5**	**150**	**30**

When looking at the RVWs for 37288 and 37290 combined, the overall budget neutrality for existing CPT code 37229 is an ***increase of 9.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37229	Tibial, angioplasty, atherectomy	13.80	37,918	**523,268**
New				
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
				578,250
				9.5%

+37289 Tibial/peroneal angioplasty, atherectomy, additional vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 4.75 RVW. This represents a ***decrease of 26.9%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. The most selected key reference services for +37289 were KRS 34709 and

37186. MPC codes 34812 and 22632 bracket +37289 providing relativity across the database. These key reference services and MPCs compare favorably with and support the recommendation for the 25th percentile survey value for +37289.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+37289	**4.75**	**0.106**	**45**				**45**	
34709 KRS	6.50	0.108	60				60	
37186 KRS	4.92	0.082	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
34812 MPC	4.13	0.103	40				40	
+37289	**4.75**	**0.106**	**45**				**45**	
22632 MPC	5.22	0.087	60				60	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 13.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	6.50	4590	29,835
				51,638
				-13.5%

37296 Inframalleolar angioplasty, initial vessel, straightforward:

The specialty societies recommend the 25th percentile survey value of 11.00 RVW for this new service.

The most selected key reference services for 37296 were KRS 36906 and 61645. MPC codes 36906 and 37244 bracket 37296 providing relativity across the database. These key reference services and MPCs compare favorably with the recommendation of the 25th percentile survey value for 37296.

KRS	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
36906 KRS	10.42	0.104	141	22	4	5	90	20
61645 KRS	15.00	0.121	241	40	3	15	100	83

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36906 MPC	10.42	0.104	141	22	4	5	90	20
37296	**11.00**	**0.095**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

Core Survey Summary

The newly rewritten family of CPT codes for lower extremity revascularization adds new codes for procedures not performed in 2010. These include a new territory to capture work done on arteries in the foot, new codes for additional femoral/popliteal territory interventions, and new add-on codes for the new treatment modality of intravascular lithotripsy. In addition, the legacy codes have been divided into straightforward and complex procedures. Obtaining valid survey data and creating recommendations for appropriate relative value units has been a daunting task. Modification of the survey instrument as described above allowed for adequate numbers of surveys to be received for all codes.

The survey data was reviewed by the multispecialty workgroup and validated. Detailed analysis of the survey results by expert panel, comparison to key reference services, MPC codes, and to the other codes have resulted in the above detailed recommendations of RVW for the Core Survey codes. A combination of 25th percentile, median, existing values, and crosswalks were used to maintain relativity from straightforward to complex, initial to addition vessels, proximal to distal territories, and across escalating treatment modalities.

The 11 core codes surveyed by all survey respondents were carefully chosen and vetted to provide representative anchor codes within each territory, each treatment modality, straightforward and complex interventions, and initial and additional vessels. Recommendations for all core codes are supported by key reference services and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

Abbreviated Survey #2 Overview of Recommended Values

The codes surveyed in the second abbreviated survey include the remaining codes in the tibial territory (37280-37287 and 37291-37295) and the remaining codes in the inframalleolar territory (37297-37299). Codes 37280-37287 and 37291-37295 represent tibia angioplasty, stenting, atherectomy, and atherectomy and stenting, initial and additional vessels, split into straightforward and complex. These codes are adaptations of existing CPT codes 37228-37235. Codes 37297-37299 report inframalleolar angioplasty, initial and additional vessels, straightforward and complex. Thes codes represent new work as there are no codes for the inframalleolar territory in the current code family.

Comparison with Key Reference Services

Abbreviated survey #2 (37280-37287, 37291-37295, and 37297-37299) which describe intervention in the remaining tibial and inframalleolar territories were surveyed in conjunction with the core survey codes. As such, there were compared to the survey respondent's responses for the core codes and not compared to the reference service list. Thus, there are no key reference services for these codes surveyed by abbreviated survey.

Comparison to MPC codes

The specialty societies offer the following three MPC codes as brackets for the abbreviated survey #2 000-day global recommendations:

- MPC 36905, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic*

injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

- MPC 36906, *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit*
- MPC 37244, *Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for arterial or venous hemorrhage or lymphatic extravasation*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

The specialty societies offer the following six MPC codes as brackets for the abbreviated survey #2 ZZZ addon code recommendations:

- MPC 22632, *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 22634, *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)*
- MPC 34715, *Open axillary/subclavian artery exposure for delivery of endovascular prosthesis by infraclavicular or supraclavicular incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 34812, *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)*
- MPC 36476, *Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)*
- MPC 63048, *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional vertebral segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)*

The following table incorporates our recommended RVW for core survey codes along with the bracketing MPC codes arranged in ascending order of values.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+37291	**7.00**	**0.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

Abbreviated Survey #2 Additional Rationale for Specific Codes:

Tibial Territory:

37280 Tibial angioplasty, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 9.80 RVW. This represents a ***decrease of 8.7%*** from current value of 10.75 RVWs for existing CPT code 37228.

37282 Tibial angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 92943 for a value of 12.31 RVW. This represents an ***increase of 14.5%*** from current value of 10.75 RVWs for existing CPT code 37228.

The existing CPT code 37228, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty,* will be replaced by 37280 and 37282 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37280 and MPC codes 36906 and 37244 bracket 37282 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37280 and the crosswalk value for 37282.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37280	**9.80**	**0.093**	**158**	**30**	**3**	**5**	**90**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37282	**12.31**	**0.109**	**168**	**30**	**3**	**5**	**100**	**30**
37244 MPC	13.75	0.135	166	23	3	5	90	45

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37224 is an ***increase of 2.8%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356
	-10% attribution to Inframalleolar angioplasty			**267,620**
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
				275,204
				2.8%

+37281 Tibial angioplasty, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 47543 for a value of 3.00 RVW. This represents a ***decrease of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

+37283 Tibial angioplasty, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 67340 for a value of 5.00 RVW. This represents an ***increase of 25%*** from current value of 4.00 RVWs for existing CPT code 37232.

The existing CPT code 37232, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)*, will be replaced by +37281 and +37283 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37281 and MPC codes 34812 and 22632 bracket +37283 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for crosswalk values for +37281 and +37283.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37281	**3.00**	**0.100**	**30**				**30**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37283	**5.00**	**0.111**	**45**				**45**	
+22632	5.22	0.087	60				60	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
MPC								

When looking at the RVWs for +37281 and +37283 combined, the overall budget neutrality for existing CPT code 37232 is essentially unchanged ***(0%)***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
	-10% attribution to Inframalleolar angioplasty			**44,003**
New				
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37283	+ Tibial, angioplasty, addl, CX	5.00	5,500	27,500
				44,000
				0%

37284 Tibial angioplasty, stent, initial vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 10.00 RVW. This represents a ***decrease of 26.2%*** from current value of 13.55 RVWs for existing CPT code 37230.

37286 Tibial angioplasty, stent, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT 11005 for a value of 14.24 RVW. This represents an ***increase of 5.1%*** from current value of 13.55 RVWs for existing CPT code 37230.

The existing CPT code 37230, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed,* will be replaced by 37284 and 37286 splitting it into straightforward and complex interventions. MPC codes 36905 and 36906 bracket 37284 and MPC codes 36906 and 37244 bracket 37286 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile survey value for 37284 and crosswalk value for 37286.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
36905 MPC	9.00	0.106	126	22	4	5	75	20
37284	**10.00**	**0.085**	**168**	**30**	**3**	**5**	**100**	**30**
36906 MPC	10.42	0.104	141	22	4	5	90	20
37244 MPC	13.75	0.135	166	23	3	5	90	45
37286	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

When looking at the RVWs for 37280 and 37282 combined, the overall budget neutrality for existing CPT code 37230 is a ***decrease of 10.5%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37230	Tibial, angioplasty, stent	13.55	2077	**28,143**
New				
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390

37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
				25,185
				-10.5%

+37285 Tibial angioplasty, stent, additional vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 35686 for a value of 3.34 RVW. This represents a ***decrease of 39.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

+37287 Tibial angioplasty, stent, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 34711 for a value of 6.00 RVW. This represents an ***increase of 8.3%*** from current value of 5.50 RVWs for existing CPT code 37234.

The existing CPT code 37234, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37285 and +37287 splitting it into straightforward and complex interventions. MPC codes 36476 and 63048 bracket +37285 and MPC codes 34812 and 22632 bracket +37287 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for a crosswalk value for +37285 and crosswalk value for +37287.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+36476 MPC	2.65	0.088	30				30	
+37285	**3.34**	**0.095**	**35**				**35**	
+63048 MPC	3.47	0.077	45				45	
+34812 MPC	4.13	0.103	40				40	
+37287	**6.00**	**0.120**	**50**				**50**	
+34715 MPC	6.00	0.100	60				60	

When looking at the RVWs for +37285 and +37287 combined, the overall budget neutrality for existing CPT code 37234 is a ***decrease of 5.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37234	+ Tibial, angioplasty, stent, addl	5.50	288	**1,584**
New				
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
				1,499
				-5.4%

+37291 Tibial angioplasty, atherectomy, additional vessel, complex:
The specialty societies recommend maintaining a crosswalk to CPT code 34820 for a value of 7.00 RVW. This represents an ***increase of 7.7%*** from current value of 6.50 RVWs for existing CPT code 37233.

The existing CPT code 37233, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37289 and +37291 splitting it into straightforward and complex interventions. MPC codes 34812 and 22634 bracket +37291 providing relativity across the

database. Comparison to the core survey code and MPCs favorably support the recommendation for crosswalk value for +37291.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37291	**7.00**	**1.117**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	

When looking at the RVWs for +37289 and +37291 combined, the overall budget neutrality for existing CPT code 37233 is a ***decrease of 9.6%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	**59,664**
New				
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
				53,933
				-9.6%

37292 Tibial angioplasty, stent, atherectomy, initial vessel, straightforward:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW. This represents a ***decrease of 3.5%*** from current value of 14.75 RVWs for existing CPT code 37231.

37294 Tibial angioplasty, stent, atherectomy, initial vessel, complex:
The specialty societies recommend the median survey value of 18.00 RVW. This represents an ***increase of 22%*** from current value of 14.75 RVWs for existing CPT code 37231.

The existing CPT code 37231, *Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed,* will be replaced by 37292 and 37294 splitting it into straightforward and complex interventions. MPC code 37244 brackets both 37292 and 37294 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the crosswalk value for 37292 and median survey value for 37294.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37292	**14.24**	**0.090**	**210**	**30**	**3**	**5**	**142**	**30**
37294	**18.00**	**0.102**	**200**	**30**	**3**	**5**	**170**	**30**

When looking at the RVWs for 37292 and 37294 combined, the overall budget neutrality for existing CPT code 37231 is an ***increase of 9.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37231	Tibial, angioplasty, ather, stent	14.75	3076	**45,371**

New				
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
				49,585
				9.3%

+37293 Tibial angioplasty, stent, atherectomy, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 6.50 RVW. This represents a ***decrease of 16.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

+37295 Tibial angioplasty, stent, atherectomy, additional vessel, complex:
The specialty societies recommend a crosswalk to CPT code 22858 for a value of 8.40 RVW. This represents an ***increase of 7.7%*** from current value of 7.80 RVWs for existing CPT code 37235.

The existing CPT code 37235, *Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)*, will be replaced by +37293 and +37295 splitting it into straightforward and complex interventions. MPC codes 34715 and 22634 bracket +37293 and MPC code 22634 brackets +37295 on the lower end providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendation for the 25th percentile value for +37293 and the crosswalk value for +37295.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34715 MPC	6.00	0.100	60				60	
+37293	**6.50**	**0.108**	**60**				**60**	
+22634 MPC	7.96	0.123	65				65	
+37295	**8.40**	**0.112**	**90**				**90**	

When looking at the RVWs for +37293 and +37295 combined, the overall budget neutrality for existing CPT code 37235 is an ***increase of 0.4%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	**2,371**
New				
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				2,381
				6.1%

Overall Tibial Territory Budget Neutrality:

Using our assumptions regarding utilization projections for the new code family, the projected budget neutrality for the tibial territory is an ***increase of 2.3%***

CPT Code Existing	Code Descriptor	RVW	Projected Utilization	Total RVW
37228	Tibial, angioplasty	10.75	27,661	297,356

37229	Tibial, angioplasty, atherectomy	13.80	37,918	523,268
37230	Tibial, angioplasty, stent	13.55	2077	28,143
37231	Tibial, angioplasty, ather, stent	14.75	3076	45,371
37232	+ Tibial, angioplasty, addl	4.00	12,223	48,892
37233	+ Tibial, angioplasty, ather, addl	6.50	9179	59,664
37234	+ Tibial, angioplasty, stent, addl	5.50	288	1,584
37235	+ Tibial, angioplasty, ather, stent, addl	7.80	304	2,371
				1,006,649
New				
37280	Tibial, angioplasty, init, SF	9.80	12,447	121,981
37281	+ Tibial, angioplasty, addl, SF	3.00	5,550	16,500
37282	Tibial, angioplasty, init, CX	12.31	12,447	153,223
37283	+ Tibial, angioplasty, addl, CX	5.00	5,550	27,500
37284	Tibial, angioplasty stent, init, SF	10.00	1039	10,390
37285	+ Tibial, angioplasty stent, addl, SF	3.34	86	287
37286	Tibial, angioplasty stent, init, CX	14.24	1039	14,795
37287	+ Tibial, angioplasty stent, addl, CX	6.00	202	1,212
37288	Tibial, angioplasty ather, init, SF	13.50	18,959	255,947
37289	+ Tibial, angioplasty ather, addl, SF	4.75	4590	21,803
37290	Tibial, angioplasty ather, init, CX	17.00	18,959	322,303
37291	+ Tibial, angioplasty ather, addl, CX	7.00	4590	32,130
37292	Tibial, angioplasty ather stent, init, SF	14.24	1538	21,901
37293	+ Tibial, angioplasty ather stent, addl, SF	6.50	91	592
37294	Tibial, angioplasty ather stent, init, CX	18.00	1538	27,684
37295	+ Tibial, angioplasty ather stent, addl, CX	8.40	213	1,789
				1,030,036
				2.3%

Inframalleolar Territory:

+37297 Inframalleolar angioplasty, additional vessel, straightforward:
The specialty societies recommend the 25th percentile survey value of 4.00 RVW for this new service.

+37299 Inframalleolar angioplasty, additional vessel, complex:
The specialty societies recommend the medial survey value of 5.00 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 63048 and 34812 bracket +37297 and MPC codes 34812 and 22632 bracket +37299 providing relativity across the database. Comparison to the core survey codes and MPCs favorably support the recommendations for the 25th percentile value for +37297 and median survey value for +37299.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+63048 MPC	3.47	0.077	45				45	
+37297	**4.00**	**0.100**	**40**				**40**	

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
+34812 MPC	4.13	0.103	40				40	
+37299	**5.00**	**0.111**	**45**				**45**	
+22632 MPC	5.22	0.087	60				60	

37298 Inframalleolar angioplasty, initial vessel, complex:
The specialty societies recommend a crosswalk to CPT code 11005 for a value of 14.24 RVW for this new service.

CPT codes 37296-37299 describe angioplasty of the inframalleolar arteries, initial and addition vessels, straightforward and complex. These procedures represent new work that was not previous reported with existing CPT codes. MPC codes 37244 brackets 37298 on the lower end providing relativity across the database. Comparison to the core survey code and MPCs favorably support the recommendations for the crosswalk value for 37298.

MPC	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post
37244 MPC	13.75	0.135	166	23	3	5	90	45
37298	**14.24**	**0.107**	**188**	**30**	**3**	**5**	**120**	**30**

Abbreviated Survey #2 Summary

The 16 codes surveyed in abbreviated survey #2 were randomly sent to half of the survey respondents. The survey instrument was approved by the Research subcommittee. This survey contains the remaining codes in the tibial and inframalleolar territories. Each code was compared to the respondent's own core code survey as anchors. Recommendations for all abbreviated survey #2 codes are supported by the core code references and MPC codes to provide internal relativity as well as relativity across the database. The specialty societies believe these recommendations are appropriate and well supported with this additional rationale.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 37299 in conjunction with 37298)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 37799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Surgery How often? Rarely

Specialty Radiology How often? Rarely

Specialty Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 0
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimated Medicare utilization is provided in a separate spreadsheet.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 37229

SS Rec Summary

ISSUE: Lower Extremity Revascularization (LER)

TAB: 6

Source	CPT	DESC	Global	RUC Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological	000	2016	22	0.106	0.071			9.00			126	22	4	5			75			20																
2nd REF	36253	Superselective catheter placement (one or more second order or higher renal artery branches) renal artery and any accessory renal artery(s) for renal angiography,	000	2011	19	0.100	0.060			7.30			121	23	3	5			60			30																
CURRENT	37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	000	2010	129	0.107	0.062			7.90			128	30	3	5			60			30																
SVY	37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and	000		113	0.112	0.055	3.50	7.30	8.75	11.25	25.00	159	45	10	14	15	40	60	80	180	30												0	5	11	25	50
REC (core code)	37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and	000			0.097	0.057			7.30			128	30	3	5			60			30																
1st REF	37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or	ZZZ	2016	29	0.117	0.117			3.50			30						30																			
2nd REF	34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal	ZZZ	2017	22	0.108	0.108			6.50			60						60																			
CURRENT	37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to	ZZZ	2010	79	0.092	0.089			3.73			42	1					40			1																
SVY	37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and	ZZZ		113	0.133	0.133	2.50	3.00	4.00	6.13	24.39	30				6	15	30	45	180														0	4	8	17	50
REC (core code)	37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and	ZZZ			0.100	0.100			3.00			30						30																			
1st REF	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological	000	2016	23	0.104	0.074			10.42			141	22	4	5			90			20																
2nd REF	61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic	000	2015	18	0.121	0.062			15.00			241	40	3	15			100			83																
CURRENT	37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	000	2010	129	0.107	0.062			7.90			128	30	3	5			60			30																
SVY	37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and	000		113	0.161	0.083	3.00	10.75	14.87	15.80	26.78	180	45	10	15	20	60	80	100	208	30												0	4	8	24	50
REC (core code)	37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and	000			0.116	0.073			10.75			148	30	3	5			80			30																
Comparator	37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and	ZZZ			0.100	0.100			3.00			30						30																			
CURRENT	37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to	ZZZ	2010	79	0.092	0.089			3.73			42	1					40			1																
SVY	37257	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and	ZZZ		48	0.172	0.172	3.00	3.89	6.20	8.14	24.39	36				10	20	36	60	119														0	2	5	9	100
REC	37257	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and	ZZZ			0.108	0.108			3.89			36						36			0																
Comparator	37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and	000			0.097	0.057			7.30			128	30	3	5			60			30																
CURRENT	37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the	000	2010	126	0.092	0.062			9.75			158	30	3	5			90			30																
SVY	37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when	000		48	0.104	0.057	4.50	8.75	9.75	10.00	16.00	170	40	10	15	25	46	75	90	210	30												0	4	5	11	100
REC	37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when	000			0.097	0.061			8.75			143	30	3	5			75			30																

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Year	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
33																																								
34	Comparator	37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and	ZZZ			0.100	0.100			3.00			30						30																					
35	CURRENT	37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel when performed (List separately	ZZZ	2010	79	0.093	0.090			4.25			47	1					45			1																	
36	SVY	37259	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for	ZZZ		48	0.131	0.131	2.00	4.00	5.25	7.06	15.00	40				10	20	40	48	120															0	2	5	10	110
37	REC	37259	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for	ZZZ			0.100	0.100			4.00			40						40																				
38																																							
39	Comparator	37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and	000			0.116	0.073			10.75			148	30	3	5			80			30																	
40	CURRENT	37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the	000	2010	126	0.092	0.062			9.75			158	30	3	5			90			30																	
41	SVY	37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when	000		48	0.122	0.077	6.20	12.69	16.23	19.13	24.39	212	40	10	15	30	88	117	126	240	30													0	3	5	10	105
42	REC	37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when	000			0.096	0.069			12.69			185	30	3	5			117			30																	
43																																							
44	Comparator	37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and	ZZZ			0.100	0.100			3.00			30						30																					
45	CURRENT	37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty	ZZZ	2010	79	0.093	0.090			4.25			47	1					45			1																	
46	SVY	37261	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when	ZZZ		48	0.114	0.114	3.80	4.25	5.00	7.50	18.00	44				15	30	44	60	149															0	2	4	9	115
47	REC	37261	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when	ZZZ			0.097	0.097			4.25			44						44																					
48																																							
49	1st REF	36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological	ZZZ	2016	21	0.106	0.106			4.25			40						40																					
50	2nd REF	37247	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or	ZZZ	2016	19	0.117	0.117			3.50			30						30																					
51	CURRENT	37799	Unlisted procedure, vascular surgery				#DIV/0!	#DIV/0!						0																											
52	SVY	37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the	ZZZ		113	0.150	0.150	2.00	3.00	4.50	7.00	24.39	30				8	20	30	58	180															0	2	5	11	50
53	REC (core code)	37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the	ZZZ			0.100	0.100			3.00			30						30																					
54																																							
55	Comparator	37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	000			0.097	0.061			8.75			143	30	3	5			75			30																	
56	CURRENT	37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	000	2010	89	0.091	0.059			8.75			148	30	3	5			80			30																	
57	SVY	37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers	000		48	0.135	0.065	4.75	8.43	10.00	13.81	24.39	155	40	10	15	20	40	60	90	240	30													0	4	10	20	115
58	XWALK	37211	Transcatheter therapy, arterial infusion for thrombolysis other than coronary or intracranial, any method, including radiological supervision and interpretation, initial treatment	000			0.105	0.061			7.75			128	30	3	5			60			30																	
59	REC	37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers	000			0.105	0.061			7.75			128	30	3	5			60			30																	
60																																							
61	Comparator	37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	ZZZ			0.107	0.107			3.73			35						35																					

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Year	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
62	CURRENT		N/A				#DIV/0!	#DIV/0!						0																										
63	SVY	37264	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers	ZZZ		48	0.167	0.167	2.00	3.00	5.00	8.16	16.00	30				6	20	30	48	119														0	3	8	20	120
64	REC	37264	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers	ZZZ			0.100	0.100			3.00			30						30																				
65																																							
66	Comparator	37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	000			0.121	0.083			14.75			178	30	3	5			110			30																	
67	CURRENT	37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	000	2010	89	0.091	0.059			8.75			148	30	3	5			80			30																	
68	SVY	37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers	000		48	0.112	0.065	6.10	10.50	12.00	14.36	24.00	185	40	10	15	20	65	90	120	240	30													0	5	8	23	105
69	REC	37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers	000			0.101	0.066			10.50			158	30	3	5			90			30																	
70																																								
71	Comparator	37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	ZZZ			0.107	0.107			3.73			35						35																				
72	CURRENT		N/A				#DIV/0!	#DIV/0!						0																										
73	SVY	37266	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers	ZZZ		48	0.165	0.165	3.50	4.00	6.60	9.37	17.00	40				15	30	40	60	149														0	2	6	15	105
74	REC	37266	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers	ZZZ			0.100	0.100			4.00			40						40																				
75																																							
76	1st REF	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological	000	2016	21	0.104	0.074			10.42			141	22	4	5			90			20																	
77	2nd REF	36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological	000	2016	19	0.106	0.071			9.00			126	22	4	5			75			20																	
78	CURRENT	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the	000	2010	89	0.098	0.065			10.24			158	30	3	5			90			30																	
79	SVY	37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	000		113	0.107	0.058	4.00	8.75	10.00	12.92	26.55	172	45	10	12	20	50	75	90	200	30													0	8	19	46	150
80	REC (core code)	37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	000			0.097	0.061			8.75			143	30	3	5			75			30																	
81																																								
82	1st REF	36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological	ZZZ	2016	24	0.106	0.106			4.25			40						40																				
83	2nd REF	34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal	ZZZ	2017	21	0.108	0.108			6.50			60						60																				
84	CURRENT		N/A				#DIV/0!	#DIV/0!						0																										
85	SVY	37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	ZZZ		113	0.186	0.186	2.50	3.73	6.50	9.50	24.39	35				8	20	35	61	210														0	5	10	23	50
86	REC (core code)	37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	ZZZ			0.107	0.107			3.73			35						35																				
87																																								
88	1st REF	61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic	000	2015	28	0.121	0.062			15.00			241	40	3	15			100			83																	
89	2nd REF	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological	000	2016	25	0.104	0.074			10.42			141	22	4	5			90			20																	

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	RUC Year	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
90	CURRENT	37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the	000	2010	89	0.098	0.065			10.24			158	30	3	5			90			30																	
91	SVY	37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	000		113	0.134	0.080	3.50	14.75	16.75	25.00	43.89	210	45	10	15	20	80	110	120	230	30													0	5	15	34	175
92	REC (core code)	37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	000			0.121	0.083			14.75			178	30	3	5			110			30																	
93																																								
94	Comparator	37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	ZZZ			0.107	0.107			3.73			35						35																				
95	CURRENT		N/A				#DIV/0!	#DIV/0!						0																										
96	SVY	37270	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	ZZZ		48	0.135	0.135	3.90	5.00	7.00	9.67	17.00	52				15	35	52	70	130															0	3	8	18	105
97	REC	37270	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	ZZZ			0.096	0.096			5.00			52						52																				
98																																								
99	Comparator	37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	000			0.097	0.061			8.75			143	30	3	5			75			30																	
100	CURRENT	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when	000	2010	82	0.087	0.063			11.75			186	30	3	5			118			30																	
101	SVY	37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal	000		48	0.101	0.059	4.90	9.00	11.00	15.00	25.00	185	40	10	15	20	60	90	120	180	30													0	2	10	24	130
102	REC	37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal	000			0.084	0.057			9.00			158	30	3	5			90			30																	
103																																								
104	Comparator	37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	ZZZ			0.107	0.107			3.73			35						35																				
105	CURRENT		N/A				#DIV/0!	#DIV/0!						0																										
106	SVY	37272	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal	ZZZ		48	0.163	0.163	3.25	4.00	7.00	8.91	17.00	43				10	25	43	56	180															0	3	6	10	125
107	REC	37272	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal	ZZZ			0.093	0.093			4.00			43						43																				
108																																								
109	Comparator	37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	000			0.121	0.083			14.75			178	30	3	5			110			30																	
110	CURRENT	37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when	000	2010	82	0.087	0.063			11.75			186	30	3	5			118			30																	
111	SVY	37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal	000		48	0.111	0.071	5.25	12.63	15.03	20.00	36.25	213	40	10	15	20	75	118	151	240	30													0	3	5	25	120
112	REC	37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal	000			0.095	0.068			12.63			186	30	3	5			118			30																	
113																																								
114	Comparator	37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	ZZZ			0.107	0.107			3.73			35						35																				
115	CURRENT		N/A				#DIV/0!	#DIV/0!						0																										
116	SVY	37274	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal	ZZZ		48	0.117	0.117	3.95	5.50	7.00	10.00	18.00	60				11	30	60	70	210															0	2	5	15	125
117	REC	37274	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal	ZZZ			0.092	0.092			5.50			60						60																				

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4					RUC				RVW					Total	PRE-TIME			INTRA-TIME						IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Year	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
118																																								
119	Comparator	37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	000			0.097	0.061			8.75			143	30	3	5			75			30																	
120	CURRENT	37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes	000	2010	83	0.102	0.074			14.25			193	30	3	5			125			30																	
121	SVY	37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal	000		48	0.109	0.069	4.50	11.00	14.45	19.86	35.00	210	40	10	15	30	74	115	150	240	30														0	2	5	10	105
122	REC	37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal	000			0.083	0.060			11.00			183	30	3	5			115			30																	
123																																								
124	Comparator	37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	ZZZ			0.107	0.107			3.73			35						35																				
125	CURRENT		N/A				#DIV/0!	#DIV/0!						0																										
126	SVY	37276	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal	ZZZ		48	0.156	0.156	3.25	5.00	7.00	10.00	18.36	45				10	28	45	74	180																0	1	5	10	115
127	XWALK	37237	Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid,	ZZZ			0.093	0.090			4.25			47	1					45			1																	
128	REC	37276	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal	ZZZ			0.094	0.094			4.25			45						45																				
129																																								
130	Comparator	37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	000			0.121	0.083			14.75			178	30	3	5			110			30																	
131	CURRENT	37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes	000	2010	83	0.102	0.074			14.25			193	30	3	5			125			30																	
132	SVY	37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal	000		46	0.123	0.078	6.45	13.13	17.00	20.75	40.00	218	40	10	15	13	87	123	173	260	30														0	2	5	15	120
133	XWALK	93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing	000			0.112	0.075			15.00			199	31	3	15			120			30																	
134	REC	37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal	000			0.110	0.079			15.00			191	30	3	5			123			30																	
135																																								
136	Comparator	37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal	ZZZ			0.107	0.107			3.73			35						35																				
137	CURRENT		N/A				#DIV/0!	#DIV/0!						0																										
138	SVY	37278	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal	ZZZ		46	0.150	0.150	3.75	6.00	9.00	10.83	26.52	60				15	30	60	81	210																0	1	5	10	115
139	REC	37278	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal	ZZZ			0.100	0.100			6.00			60						60																				
140																																								
141	Comparator	37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the	ZZZ			0.100	0.100			3.00			30						30																				
142	CURRENT	37799	Unlisted procedure, vascular surgery				#DIV/0!	#DIV/0!						0																										
143	SVY	37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to	ZZZ		46	0.100	0.100	2.00	3.00	4.00	7.99	28.00	40				9	25	40	46	210																0	4	6	13	80
144	REC	37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to	ZZZ			0.100	0.100			4.00			40						40																				
145																																								
146	Comparator	37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	000			0.100	0.072			13.50			188	30	3	5			120			30																	

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	RUC Year	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
147	CURRENT	37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	000	2010	74	0.103	0.068			10.75			158	30	3	5			90			30																
148	SVY	37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for	000		46	0.098	0.056	5.00	9.80	11.00	16.97	22.60	196	47	14	15	22	60	90	108	200	30													2	20	25	40	250
149	REC	37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for	000			0.093	0.062			9.80			158	30	3	5			90			30																
150																																							
151	Comparator	37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	ZZZ			0.106	0.106			4.75			45						45																				
152	CURRENT	37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in	ZZZ	2010	64	0.099	0.095			4.00			42	1					40			1																
153	SVY	37281	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for	ZZZ		46	0.133	0.133	2.00	3.50	4.00	8.00	20.00	30				11	20	30	59	180															0	10	18	30	250
154	XWALK	47543	Endoluminal biopsy(ies) of biliary tree, percutaneous, any method(s) (eg, brush, forceps, and/or needle), including imaging guidance (eg, fluoroscopy), and all associated	ZZZ			0.100	0.100			3.00			30						30																				
155	REC	37281	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for	ZZZ			0.100	0.100			3.00			30						30																				
156																																							
157	Comparator	37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	000			0.104	0.078			17.00			218	30	3	5			150			30																
158	CURRENT	37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	000	2010	74	0.103	0.068			10.75			158	30	3	5			90			30																
159	SVY	37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for	000		46	0.128	0.073	6.75	10.00	15.00	20.00	32.89	206	47	14	15	30	90	100	120	220	30													1	10	20	30	300
160	XWALK	92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of	000			0.120	0.082			12.31			151	23	1	5			92			30																
161	REC	37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for	000			0.109	0.073			12.31			168	30	3	5			100			30																
162																																							
163	Comparator	37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	ZZZ			0.106	0.106			4.75			45						45																				
164	CURRENT	37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in	ZZZ	2010	64	0.099	0.095			4.00			42	1					40			1																
165	SVY	37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for	ZZZ		46	0.143	0.143	3.00	4.26	6.45	10.00	25.00	45				15	30	45	74	180															0	5	12	30	250
166	REC	37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for	ZZZ			0.095	0.095			4.26			45						45																				
167																																							
168	Comparator	37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	000			0.100	0.072			13.50			188	30	3	5			120			30																
169	CURRENT	37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty	000	2010	72	0.101	0.072			13.55			188	30	3	5			120			30																
170	SVY	37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty	000		46	0.118	0.068	6.55	10.00	14.00	19.00	35.00	206	47	14	15	30	75	100	120	220	30													0	1	10	22	50
171	REC	37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty	000			0.085	0.060			10.00			168	30	3	5			100			30																
172																																							
173	Comparator	37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	ZZZ			0.106	0.106			4.75			45						45																				
174	CURRENT	37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes	ZZZ	2010	59	0.091	0.089			5.50			62	1					60			1																

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Year	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
175	SVY	37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty	ZZZ		46	0.171	0.171	2.00	4.05	6.00	10.00	25.00	35				10	25	35	71	180														0	0	5	22	50
176	XWALK	35686	Creation of distal arteriovenous fistula during lower extremity bypass surgery (non-hemodialysis)	ZZZ			0.095	0.095			3.34			35						35																				
177	REC	37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty	ZZZ			0.095	0.095			3.34			35						35																				
178																																								
179	Comparator	37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	000			0.104	0.078			17.00			218	30	3	5			150			30																	
180	CURRENT	37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty	000	2010	72	0.101	0.072			13.55			188	30	3	5			120			30																	
181	SVY	37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty	000		46	0.107	0.066	7.00	11.10	15.00	21.00	40.00	226	47	14	15	30	90	120	135	235	30														0	1	9	20	50
182	XWALK	49594	Repair of anterior abdominal hernia(s) (ie, epigastric, incisional, ventral, umbilical, spigelian), any approach (ie, open, laparoscopic, robotic), initial, including implantation of	000			0.094	0.060			13.46			225	35	15	15			120			40																	
183	REC	37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty	000			0.100	0.072			13.46			188	30	3	5			120			30																	
184																																								
185	Comparator	37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	ZZZ			0.106	0.106			4.75			45						45																				
186	CURRENT	37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes	ZZZ	2010	59	0.091	0.089			5.50			62	1					60			1																	
187	SVY	37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty	ZZZ		46	0.154	0.154	2.00	5.00	7.68	12.38	35.00	50				15	30	50	90	180															0	0	5	13	50
188	REC	37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty				0.100	0.100			5.00			50						50																				
189																																								
190	1st REF	61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic	000	2015	23	0.121	0.062			15.00			241	40	3	15			100			83																	
191	2nd REF	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological	000	2016	19	0.104	0.074			10.42			141	22	4	5			90			20																	
192	CURRENT	37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same	000	2010	68	0.103	0.073			13.80			188	30	3	5			120			30																	
193	SVY	37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	000		113	0.136	0.083	5.00	13.50	18.34	29.50	40.00	220	45	11	14	20	70	120	120	250	30														0	6	13	29	200
194	REC (core code)	37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	000			0.100	0.072			13.50			188	30	3	5			120			30																	
195																																								
196	1st REF	34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal	ZZZ	2017	23	0.108	0.108			6.50			60						60																				
197	2nd REF	37186	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncoronary, non-intracranial, arterial or	ZZZ	2005	16	0.082	0.082			4.92			60						60																				
198	CURRENT	37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same	ZZZ	2010	58	0.108	0.105			6.50			62	1					60			1																	
199	SVY	37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	ZZZ		113	0.133	0.133	3.00	4.75	6.00	7.50	30.00	45				1	23	45	75	210															0	2	10	25	150
200	REC (core code)	37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	ZZZ			0.106	0.106			4.75			45						45																				
201																																								
202	1st REF	61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic	000	2015	22	0.121	0.062			15.00			241	40	3	15			100			83																	

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4									RVW					Total	PRE-TIME			INTRA-TIME						IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	RUC Year	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
203	2nd REF	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological	000	2016	20	0.104	0.074			10.42			141	22	4	5			90			20																	
204	CURRENT	37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same	000	2010	68	0.103	0.073			13.80			188	30	3	5			120			30																	
205	SVY	37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	000		113	0.145	0.093	5.00	17.00	24.00	30.00	44.79	257	50	12	15	20	100	150	180	300	30													0	3	11	25	150
206	REC (core code)	37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	000			0.104	0.078			17.00			218	30	3	5			150			30																	
207																																								
208	Comparator	37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for	ZZZ			0.106	0.106			4.75			45						45																				
209	CURRENT	37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to	ZZZ	2010	58	0.108	0.105			6.50			62	1					60			1																	
210	SVY	37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for	ZZZ		46	0.158	0.158	3.00	5.50	9.48	14.94	41.89	60				25	45	60	90	200															0	1	7	30	140
211	XWALK	34709	Placement of extension prosthesis(es) distal to the common iliac artery(ies) or proximal to the renal artery(ies) for endovascular repair of infrarenal abdominal aortic or iliac aneurysm, false aneurysm, dissection, penetrating ulcer	000			0.108	0.108			6.50			60						60																				
212	REC	37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for	ZZZ			0.108	0.108			6.50			60						60																				
213																																								
214	Comparator	37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	000			0.100	0.072			13.50			188	30	3	5			120			30																	
215	CURRENT	37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy,	000	2010	67	0.099	0.073			14.75			203	30	3	5			135			30																	
216	SVY	37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy,	000		46	0.090	0.060	4.50	10.00	15.00	18.00	43.44	248	47	14	15	30	100	142	180	315	30													0	0	5	25	80
217	REC	37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy,	000			0.095	0.071			15.00			210	30	3	5			142			30																	
218																																								
219	Comparator	37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	ZZZ			0.106	0.106			4.75			45						45																				
220	CURRENT	37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy,	ZZZ	2010	57	0.097	0.095			7.80			82	1					80			1																	
221	SVY	37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy,	ZZZ		46	0.133	0.133	4.00	6.50	8.00	14.00	45.00	60				20	30	60	71	200															0	0	3	25	50
222	REC	37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy,	ZZZ			0.108	0.108			6.50			60						60																				
223																																								
224	Comparator	37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	000			0.104	0.078			17.00			218	30	3	5			150			30																	
225	CURRENT	37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy,	000	2010	67	0.099	0.073			14.75			203	30	3	5			135			30																	
226	SVY	37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy,	000		46	0.093	0.065	5.00	12.25	18.00	23.25	50.00	276	47	14	15	30	120	170	200	330	30													0	0	2	25	130
227	REC	37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy,	000			0.097	0.076			18.00			238	30	3	5			170			30																	
228																																								
229	Comparator	37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when	ZZZ			0.106	0.106			4.75			45						45																				

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
4					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
5	Source	CPT	DESC	Global	Year	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
230	CURRENT	37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy,	ZZZ	2010	57	0.097	0.095			7.80			82	1					80			1																	
231	SVY	37295	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy,	ZZZ		46	0.120	0.120	4.00	6.20	9.03	15.30	34.54	75				20	45	75	90	200															0	0	2	20	95
232	XWALK	34833	Open iliac artery exposure with creation of conduit for delivery of endovascular prosthesis or for establishment of cardiopulmonary bypass, by abdominal or retroperitoneal	000			0.113	0.113			8.16			72						72																				
233	REC	37295	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy,	ZZZ			0.109	0.109			8.16			75						75																				
234																																								
235	1st REF	61645	Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic	000	2015	21	0.121	0.062			15.00			241	40	3	15			100			83																	
236	2nd REF	36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological	000	2016	18	0.104	0.074			10.42			141	22	4	5			90			20																	
237	CURRENT	37799	Unlisted procedure, vascular surgery				#DIV/0!	#DIV/0!						0																										
238	SVY	37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for	000		113	0.120	0.070	3.50	11.00	14.00	17.85	41.67	199	45	10	14	20	75	100	135	300	30													0	1	5	19	100
239	REC (core code)	37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for	000			0.095	0.065			11.00			168	30	3	5			100			30																	
240																																								
241	Comparator	37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for	000			0.095	0.065			11.00			168	30	3	5			100			30																	
242	CURRENT	37799	Unlisted procedure, vascular surgery				#DIV/0!	#DIV/0!						0																										
243	SVY	37297	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for	ZZZ		46	0.113	0.113	2.00	4.00	4.50	10.00	32.76	40				8	30	40	90	200															0	2	5	22	70
244	REC	37297	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for	ZZZ			0.100	0.100			4.00			40						40																				
245																																								
246	Comparator	37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for	000			0.095	0.065			11.00			168	30	3	5			100			30																	
247	CURRENT	37799	Unlisted procedure, vascular surgery				#DIV/0!	#DIV/0!						0																										
248	SVY	37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for	000		46	0.107	0.066	5.00	10.50	15.00	18.00	42.91	226	47	14	15	20	98	120	150	320	30													0	2	3	20	65
249	XWALK	49621	Repair of parastomal hernia, any approach (ie, open, laparoscopic, robotic), initial or recurrent, including implantation of mesh or other prosthesis, when performed;	000			0.097	0.062			13.70			220	40	15	15			120			30																	
250	REC	37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for	000			0.102	0.073			13.70			188	30	3	5			120			30																	
251																																								
252	Comparator	37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for	000			0.095	0.065			11.00			168	30	3	5			100			30																	
253	CURRENT	37799	Unlisted procedure, vascular surgery				#DIV/0!	#DIV/0!						0																										
254	SVY	37299	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for	ZZZ		46	0.111	0.111	2.00	4.00	5.00	10.00	36.39	45				10	30	45	81	200															0	0	2	20	50
255	REC	37299	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for	ZZZ			0.111	0.111			5.00			45						45																				

Attachment B – Lower Extremity Revascularization Utilization and Distribution Estimates

Iliac: Distribution is estimated at 85% straightforward lesion treatment and 15% complex lesion treatment for both initial and additional vessel treatment [SF=straightforward lesion; CX=complex lesion]

CPT	DESC	Glob	2022 Util	CPT	DESC	2022 Est. Dist.
37220	Iliac angio	000	10,830	**37254**	Iliac angio, init, SF	9,206
				37256	Iliac angio, init, CX	1,625
37221	Iliac w/stent	000	25,781	**37258**	Iliac angio, stent, init, ST	21,914
				37260	Iliac angio, stent, init, CX	3,867
+37222	Iliac angio add-on	ZZZ	2,977	**+37255**	Iliac angio, addl, SF	2,530
				+37257	Iliac angio, addl, CX	447
+37223	Iliac w/stent add-on	ZZZ	3,639	**+37259**	Iliac angio, stent, addl, ST	3,093
				+37261	Iliac angio, stent, addl, CX	546

Femoral and Popliteal: There previously was no specific add-on code for treatment of a distinct lesion in a distinct vessel, which may have been reported using multiple units of the primary procedure and/or not reported/paid. The current code distribution for initial vessel treatment is estimated as 70% SF lesion and 30% CX lesion. In addition, for each type of treatment, a percentage of patients will require an additional distinct treatment in a distinct vessel, as follows: 31% (26% SF and 5% CX) for angioplasty treatment in an additional distinct vessel; 12% (6% SF and 6% CX) for stent treatment in an additional distinct vessel; 19% (9.5% SF and 9.5% CX) for atherectomy treatment in an additional distinct vessel; and 9% (3% SF and 6% CX) for stent & atherectomy treatment in an additional distinct vessel.

CPT	DESC	Glob	2022 UTIL	CPT	DESC	2022 Est. Dist.
37224	Fem-Pop angio	000	27,252	**37263**	Fem-Pop angio, init, SF	19,076
				37265	Fem-Pop angio, init, CX	8,176
new			n/a	**+37264**	Fem-Pop angio, addl, SF	7,099
new			n/a	**+37266**	Fem-Pop angio, addl, CX	1,253
37226	Fem-Pop w/stent	000	17,660	**37267**	Fem-Pop angio, stent, init, SF	12,362
				37269	Fem-Pop angio, stent, init, CX	5,298
new			n/a	**+37268**	Fem-Pop angio, stent, addl, SF	1,075
new			n/a	**+37270**	Fem-Pop angio, stent, addl, CX	1,075
37225	Fem-Pop w/ather	000	38,629	**37271**	Fem-Pop angio, ather, init, SF	27,040
				37273	Fem-Pop angio, ather, init, CX	11,589
new			n/a	**+37272**	Fem-Pop angio, ather, addl, SF	3,764
new			n/a	**+37274**	Fem-Pop angio, ather, addl, CX	3,764
37227	Fem-Pop stnt & ather	000	19,666	**37275**	Fem-Pop angio, stent, ather, init, SF	13,766
				37277	Fem-Pop angio, stent, ather, init, CX	5,900
new			n/a	**+37276**	Fem-Pop angio, stent, ather, addl, SF	531
new			n/a	**+37278**	Fem-Pop angio, stent, ather, addl, CX	1,238

Attachment B – Lower Extremity Revascularization Utilization and Distribution Estimates

Tibial/Peronea/Inframalleolar Angioplasty: Distribution is estimated as 90% for tibial / peroneal territory codes and 10% for inframalleolar territory codes. Further, within the tib/per codes, the distribution is estimated at 50% SF and 50% CX. For the inframalleolar codes, the distribution is estimated at 90% SF and 10% CX.

CPT	DESC	Glob	2022 UTIL	CPT	DESC	2022 Est. Dist.
37228	Tib-Per angio	000	27,661	**37280**	Tib-Per angio, init, SF	12,447
				37282	Tib-Per angio, init, CX	12,447
				37296	**Inframalleolar** angio, init, SF	2,489
				37298	**Inframalleolar** angio, init, CX	277
+37232	Tib-Per angio add-on	ZZZ	12,223	**+37281**	Tib-Per angio, addl, SF	5,500
				+37283	Tib-Per angio, addl, CX	5,500
				+37297	**Inframalleolar** angio, addl, SF	1,100
				+37299	**Inframalleolar** angio, addl, CX	122

Tibial/Peronea Treatment Other than Angioplasty: Distribution is estimated at 50% SF and 50% CX..

CPT	DESC	Glob	2022 UTIL	CPT	DESC	2022 Est. Dist.
37229	Tib-Per w/ather	000	37,918	**37288**	Tib-Per angio, ather, init, SF	18,959
				37290	Tib-Per angio, ather, init, CX	18,959
37230	Tib-Per w/stent	000	2,077	**37284**	Tib-Per angio, stent, init, SF	1,039
				37286	Tib-Per angio, stent, init, CX	1,039
37231	Tib-Per stent & ather	000	3,076	**37292**	Tib-Per angio, stent, ather, init, SF	1,538
				37294	Tib-Per angio, stent, ather, init, CX	1,538
+37233	Tib-Per w/ather add-on	ZZZ	9,179	**+37289**	Tib-Per angio, ather, addl, SF	4,590
				+37291	Tib-Per angio, ather, addl, CX	4,590
+37234	Tib-Per w/stent add-on	ZZZ	288	**+37285**	Tib-Per angio, stent, addl, SF	86
				+37287	Tib-Per angio, stent, addl, CX	202
+37235	Tib-Per stent & ather add-on	ZZZ	304	**+37293**	Tib-Per angio, stent, ather, addl, SF	91
				+37295	Tib-Per angio, stent, ather, addl, CX	213

Intravascular lithotripsy treatment in the iliac and fem/pop territories may have been reported with an unlisted CPT code, a HCPCS C-code, or some other payer coding direction. The utilization estimates provide below are for Medicare patients and are based on device sales data and expert panel estimated percentage of Medicare patients compared to all patients.

CPT	DESC	Glob	2022 UTIL	CPT	DESC	Est. Util
new			n/a	**+37262**	Iliac IVL add-on	4,000
new			n/a	**+37279**	Fem-Pop IVL add-on	15,000

	CPT	Short Descriptor	RVUS						Currently Billed				TIME						IWPUT					
			Angioplasty	Stent	Atherectomy	Atherectomy/Stent	IVL	Delta	CPT	RVU	Delta	%	Angioplasty	Stent	Atherectomy	Atherectomy/Stent	IVL	Delta	Angioplasty	Stent	Atherectomy	Atherectomy/Stent	IVL	Delta
25th	37254	37X01 Iliac angio, init, SF	7.30						37220	7.90	-0.60	-8%	60						0.097					
25th	37256	37256 Iliac angio, init, CX	10.75					3.45	37220	7.90	2.85	36%	80					20	0.116					0.019
25th	37258	37258 Iliac angio, stent, init, SF		8.75					37221	9.75	-1.00	-10%		75						0.097				
25th	37260	37260 Iliac angio, stent, init, CX		12.69				3.94	37221	9.75	2.94	30%		117				42		0.096				-0.001
25th	37255	37255 + Iliac angio, addl, SF	3.00						37222	3.73	-0.73	-20%	30						0.100					
25th	37257	37257 + Iliac angio, addl, CX	3.89					0.89	37222	3.73	0.16	4%	36					6	0.108					0.008
25th	37259	37259 + Iliac angio, stent, addl, SF		4.00					37223	4.25	-0.25	-6%		40						0.100				
25th	37261	37261 + Iliac angio, stent, addl, CX		4.25				0.25	37223	4.25	0.00	0%		44				4		0.097				-0.003
25th	37262	37262 + Iliac IVL					3.00										30						0.100	
X-Walk to 37211 (below 25th)	37263	37263 Fem-Pop angio, init, SF	7.75						37224	8.75	-1.00	-11%	60						0.105					
25th	37265	37265 Fem-Pop angio, init, CX	10.50					2.75	37224	8.75	1.75	20%	90					30	0.101					-0.004
25th	37267	37267 Fem-Pop angio, stent, init, SF		8.75					37226	10.24	-1.49	-15%		75						0.097				
25th	37269	37269 Fem-Pop angio, stent, init, CX		14.75				6.00	37226	10.24	4.51	44%		110				35		0.121				0.024
25th	37271	37271 Fem-Pop angio, ather, init, SF			9.00				37225	11.75	-2.75	-23%			90						0.084			
25th	37273	37273 Fem-Pop angio, ather, init, CX			12.63			3.63	37225	11.75	0.88	7%			118			28			0.095			0.011
25th	37275	37275 Fem-Pop angio, stent, ather, init, SF				11.00			37227	14.25	-3.25	-23%				115						0.083		
X-Walk to 93653 (between 25th and	37277	37277 Fem-Pop angio, stent, ather, init, CX				15.00		4.00	37227	14.25	0.75	5%				123		8				0.110		0.027
25th	37264	37264 + Fem-Pop angio, addl, SF	3.00										30						0.100					
25th	37266	37266 + Fem-Pop angio, addl, CX	4.00					1.00					40					10	0.100					0.000
25th	37268	37268 + Fem-Pop angio, stent, addl, SF		3.73										35						0.107				
25th	37270	37270 + Fem-Pop angio, stent, addl, CX		5.00				1.27						52				17		0.096				-0.010
25th	37272	37272 + Fem-Pop angio, ather, addl, SF			4.00										43						0.093			
25th	37274	37274 + Fem-Pop angio, ather, addl, CX			5.50			1.50							60			17			0.092			-0.001
X-Walk below 25th	37276	37276 + Fem-Pop angio, stent, ather, addl, SF				4.25										45						0.094		
25th	37278	37278 + Fem-Pop angio, stent, ather, addl, CX				6.00		1.75								60		15				0.100		0.006
Median	37279	37279 + Fem-Pop IVL					4.00										40						0.100	
25th	37280	37280 Tib-Per angio, init, SF	9.80						37228	10.75	-0.95	-9%	90						0.093					
X-Walk between 25th and Med	37282	37282 Tib-Per angio, init, CX	12.31					2.51	37228	10.75	1.56	15%	100					10	0.109					0.016
25th	37284	37284 Tib-Per angio, stent, init, SF		10.00					37230	13.55	-3.55	-26%		100						0.085				
X-Walk to 49594 (between 25th and	37286	37286 Tib-Per angio, stent, init, CX		13.46				3.46	37230	13.55	-0.09	-1%		120				20		0.100				0.015
25th	37288	37288 Tib-Per angio, ather, init, SF			13.50				37229	13.80	-0.30	-2%			120						0.100			
25th	37290	37290 Tib-Per angio, ather, init, CX			17.00			3.50	37229	13.80	3.20	23%			150			30			0.104			0.003
Median	37292	37292 Tib-Per angio, stent, ather, init, SF				15.00			37231	14.75	0.25	2%				142						0.095		
Median	37294	37294 Tib-Per angio, stent, ather, init, CX				18.00		3.00	37231	14.75	3.25	22%				170		28				0.097		0.002
X-Walk below 25th	37281	37281 + Tib-Per angio, addl, SF	3.00						37232	4.00	-1.00	-25%	30						0.100					
25th	37283	37283 + Tib-Per angio, addl, CX	4.26					1.26	37232	4.00	0.26	6%	45					15	0.095					-0.005
X-Walk below 25th	37285	37285 + Tib-Per angio, stent, addl, SF		3.34					37234	5.50	-2.16	-39%		35						0.095				
25th	37287	37287 + Tib-Per angio, stent, addl, CX		5.00				1.66	37234	5.50	-0.50	-9%		50				15		0.100				0.005
25th	37289	37289 + Tib-Per angio, ather, addl, SF			4.75				37233	6.50	-1.75	-27%			45						0.106			
X-Walk to 34709 (between 25th and	37291	37291 + Tib-Per angio, ather, addl, CX			6.50			1.75	37233	6.50	0.00	0%			60			15			0.108			0.003
25th	37293	37293 + Tib-Per angio, stent, ather, addl, SF				6.50			37235	7.80	-1.30	-17%				60						0.108		
X-Walk to 34833 (between 25th and	37295	37295 + Tib-Per angio, stent, ather, addl, CX				8.16		1.66	37235	7.80	0.36	5%				75		15				0.109		0.000
25th	37296	37296 Inframalleolar angio, init, SF	11.00										100						0.095					
X-Walk to 49621 (between 25th and	37298	37298 Inframalleolar angio, init, CX	13.70					2.70					120					20	0.102					0.007
25th	37297	37297 + Inframalleolar angio, addl, SF	4.00										40						0.100					
Median	37299	37299 + Inframalleolar angio, addl, CX	5.00					1.00					45					5	0.111					0.011

CORE

000 Globals

WORK

SF

	PTA	Stent	Ath/PTA	Ath/Stent
Iliac	7.30	8.75		
Fempop	7.75	8.75	9.00	11.00
Tibial	9.80	10.00	13.50	15.00
Inframal	11.00			

CX

	PTA	Stent	Ath/PTA	Ath/Stent
Iliac	10.75	12.69		
Fempop	10.50	14.75	12.63	15.00
Tibial	12.31	13.46	17.00	18.00
Inframal	14.24			

IWPUT

Delta SF to CX

	PTA	Stent	Ath/PTA	Ath/Stent
Iliac	0.019	-0.001		
Fempop	-0.004	0.024	0.011	0.027
Tibial	0.016	0.015	0.003	0.002
Inframal	0.007			

ZZZ Globals

WORK

SF

	PTA	Stent	Ath/PTA	Ath/Stent
Iliac	3.00	4.00		
Fempop	3.00	3.73	4.00	4.25
Tibial	3.00	3.34	4.75	6.50

CX

	PTA	Stent	Ath/PTA	Ath/Stent
Iliac	3.89	4.25		
Fempop	4.00	5.00	5.50	6.00
Tibial	4.26	5.00	6.50	8.16

IVL

Iliac	3.00
Fempop	4.00

Core Codes

IWPUT

Delta SF to CX

	PTA	Stent	Ath/PTA	Ath/Stent
Iliac	0.008	-0.003		
Fempop	0.000	-0.010	-0.001	0.006
Tibial	-0.005	0.005	0.003	0.000
Inframal	0.011			

FACILITY DIRECT PE INPUTS

CPT CODE(S): 37254-37299
SPECIALTY SOCIETY(IES): ACC, ACR, ACS, OEIS, SCAI, SIR, SVS
PRESENTER(S): Curtis Anderson, MD (OEIS), Robert Kennedy, MD (SIR), Andy Moriarity, MD (ACR), Gerald Niedzwiecki, MD (OEIS), Matthew Sideman, MD (SVS), Afnan Tariq, MD (SCAI), Richard Wright, MD (ACC)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	**000**
37257	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37259	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when	**000**

	performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	
37261	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel, (List separately in addition to code for primary procedure)	**ZZZ**
37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	**ZZZ**
37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37264	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	**000**
37266	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing	**000**

	and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	
37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	**000**
37270	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37272	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all	**000**

	imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	
37274	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37276	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	**000**
37278	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to	**ZZZ**

	perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	
37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37281	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	**000**
37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing	**000**

	and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	
37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	**000**
37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and	**000**

	crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	
37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	**000**
37295	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37297	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation	**000**

	necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	
37299	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
37254	A 57-year-old male who smokes presents for right buttock and calf claudication. Diagnostic studies show a focal concentric stenosis of the right common iliac artery which is treated with balloon angioplasty.
37255	During endovascular treatment for right buttock and calf claudication in a 77-year-old male who smokes, after a separately reported balloon angioplasty of a stenosis of the right common iliac artery, an additional 75% stenosis of the left external iliac artery is treated with balloon angioplasty. [**Note:** This is an add-on service. Only consider the additional work related to the balloon angioplasty of the additional stenosis of the left external iliac artery.] A 57-year-old female who smokes presents for nonhealing left foot wound. Diagnostic studies show an occlusion of the left common iliac artery 1-cm distal to the bifurcation that is treated with balloon angioplasty.
37256	During endovascular treatment for a nonhealing left foot wound in a 77-year-old male who smokes, after a separately reported balloon angioplasty of an occlusion of the left common iliac artery, an additional discrete occlusion of the left external iliac artery is treated with balloon angioplasty. [**Note:** This is an add-on service. Only consider the additional work related to the balloon angioplasty of an additional discrete occlusion of the left external iliac artery.]
37257	A 57-year-old male who smokes presents for right thigh and calf claudication. Diagnostic studies show a stenosis of the right external iliac artery that is treated with balloon angioplasty and stent placement.
37258	During endovascular treatment for right thigh and calf claudication in a 77-year-old male who smokes, after a separately reported treatment of a proximal right common iliac stenosis with balloon angioplasty and stent placement, an additional stenosis of the right external iliac artery is treated with balloon angioplasty and stent placement. [**Note:** This is an add-on service. Only consider the additional work related to treatment of the additional stenosis of the right external iliac artery with balloon angioplasty and stent placement.]
37259	A 58-year-old female is evaluated for right leg claudication that develops at two blocks. Diagnostic testing reveals an occlusion of the right common iliac artery that is treated with balloon angioplasty and stent placement.
37260	During endovascular treatment of a 77-year-old female for a non-healing right foot ulcer and absent femoral pulse, after a separately reported treatment of a proximal right common iliac occlusion with stent placement, an additional occlusion of the right external iliac

	artery is treated with balloon angioplasty and placement of a stent. [**Note:** This is an add-on service. Only consider the additional work related to treatment of the occlusion of the right external iliac artery with balloon angioplasty and placement of a stent.]
37261	During endovascular treatment of a 79-year-old female who previously had transaortic valve replacement and has dense calcification of the left common iliac artery, after a separately reported angioplasty of an occlusion in the iliac artery, the decision is made to treat the dense calcification with intravascular lithotripsy. [**Note:** This is an add-on service. Only consider the additional work related to treating the calcification with intravascular lithotripsy.]
37262	A 77-year-old female is evaluated for right leg claudication that develops at one-half block. Diagnostic testing reveals a flow limiting stenosis of the right superficial femoral artery that is treated with balloon angioplasty.
37263	During endovascular treatment of a 58-year-old female with right leg claudication that develops at two blocks, after a separately reported treatment of a stenosis of the right common femoral artery, an additional and more distal stenosis of the right popliteal artery is treated with balloon angioplasty. [**Note:** This is an add-on service. Only consider the additional work related to treat the right popliteal artery with balloon angioplasty.]
37264	A 77-year-old female is evaluated for a nonhealing right transmetatarsal amputation. Diagnostic testing reveals an occlusion of the right superficial femoral artery that is treated with balloon angioplasty.
37265	During endovascular treatment of an 88-year-old female with multiple cardiovascular risk factors and a nonhealing left heel ulcer, after a separately reported treatment of an occlusion of the mid left popliteal artery, an additional occlusion of the common femoral artery is treated with cutting balloon angioplasty. [**Note:** This is an add-on service. Only consider the additional work related to treat the common femoral artery occlusion with cutting balloon angioplasty.]
37266	A 77-year-old male with a history of multiple lower extremity interventions is evaluated for recurrent right leg claudication that develops at one-half block. Diagnostic testing reveals a stenosis of the right superficial femoral artery that is treated with balloon angioplasty.
37267	During endovascular treatment of a 98-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty and stent placement for treatment of a short segment stenosis of the right common femoral artery, an additional angioplasty and stent placement is performed for a stenosis of the right superficial femoral artery. [**Note:** This is an add-on service. Only consider the additional work related to angioplasty and stent placement to treat a stenosis of the right superficial femoral artery.]
37268	A 68-year-old female with diabetes mellitus presents with a nonhealing left great toe amputation. Diagnostic studies reveal an occlusion of the distal left superficial femoral artery and proximal left popliteal artery that is treated with balloon angioplasty and placement of a stent.
37269	During endovascular treatment of a 88-year-old male with diabetes mellitus, with a nonhealing pressure ulcer of the left foot, and who is not a candidate for open surgical revascularization, after separately reported angioplasty and stent placement for an occlusion of the left common femoral artery, an additional angioplasty and stent placement is performed of a more distal occlusion of the left popliteal artery. [**Note:** This is an add-on

	service. Only consider the additional work related to angioplasty and stent placement of a more distal occlusion of the left popliteal artery.]
37270	A 68-year-old female with diabetes mellitus presents with rest pain of the right foot. Diagnostic studies reveal a stenosis of the right superficial femoral artery and the right popliteal artery that is treated with balloon angioplasty and atherectomy.
37271	During endovascular treatment of an 88-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported balloon angioplasty and atherectomy for a concentric stenosis in the proximal right common femoral artery is performed, an additional angioplasty and atherectomy is performed to treat a distal concentric stenosis of the right popliteal artery. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty and atherectomy of the distal concentric stenosis of the right popliteal artery.]
37272	During endovascular treatment of an 88-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported balloon angioplasty and atherectomy for a concentric stenosis in the proximal right common femoral artery is performed, an additional angioplasty and atherectomy is performed to treat a distal concentric stenosis of the right popliteal artery. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty and atherectomy of the distal concentric stenosis of the right popliteal artery.]
37273	A 68-year-old man with diabetes mellitus presents with a nonhealing wound to the dorsum of the left foot. Diagnostic studies reveal an occlusion in the mid portion of the left superficial femoral artery that is treated with balloon angioplasty and atherectomy.
37274	During endovascular treatment of an 88-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported angioplasty and atherectomy of an occlusion of the right common femoral artery, an additional angioplasty and atherectomy of an occlusion of the distal right popliteal artery is performed. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty and atherectomy of an occlusion of the distal right popliteal artery.]
37275	A 68-year-old male with diabetes mellitus presents with a non-healing left second toe amputation. Diagnostic studies reveal a stenosis of the left superficial femoral artery that is treated with balloon angioplasty, atherectomy, and stent placement.
37276	During endovascular treatment of a 88-year-old male with diabetes mellitus, a nonhealing ulcer of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported angioplasty, atherectomy, and stent placement for treatment of a stenosis of the right common femoral artery, an additional angioplasty, atherectomy, and stent placement for treatment of a stenosis of the right popliteal artery is performed. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty, atherectomy, and stent placement for a stenosis of the right popliteal artery.]
37277	A 78-year-old male with diabetes mellitus presents with a nonhealing ulcer of the right foot. Diagnostic studies reveal severe femoral-popliteal disease with an occlusion of his right superficial femoral artery and popliteal artery that is treated with balloon angioplasty, atherectomy, and stent placement.
37278	During endovascular treatment of a 78-year-old male with diabetes mellitus, with a necrotic left forefoot that requires amputation, and who is not a candidate for open surgical reconstruction, after a separately reported angioplasty, atherectomy, and stent placement to

	treat an occlusion of the left common femoral artery, an additional angioplasty, atherectomy, and stent placement to treat an occlusion of the left popliteal artery is performed. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty, atherectomy, and stent placement to treat an occlusion of the left popliteal artery.]
37279	During endovascular treatment of a 70-year-old male with diabetes mellitus who has a long smoking history and with a highly calcified right superficial femoral artery occlusion and preserved runoff, after a separately reported treatment with a wire and catheter and multiple balloon inflations that do not restore the lumen, the decision is made to treat the calcification with intravascular lithotripsy. [**Note:** This is an add-on service. Only consider the additional work related to treating the calcification with intravascular lithotripsy.]
37280	A 58-year-old male with diabetes mellitus and a long smoking history is evaluated for a nonhealing left fifth toe ulcer. Diagnostic testing reveals a severe tibial disease with a flow limiting stenosis of the left posterior tibial artery that is treated with balloon angioplasty.
37281	During endovascular treatment of an 88-year-old male with diabetes mellitus, with a nonhealing ulcer of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported angioplasty of a stenosis in the right common anterior tibial artery, an additional angioplasty of a stenosis of the right posterior tibial artery is performed. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty of the stenosis of the right posterior tibial artery.]
37283	A 90-year-old male with diabetes mellitus and a long smoking history is evaluated for critical limb ischemia and rest pain of the left foot. Diagnostic testing reveals a severe tibial disease with an occlusion of the left posterior tibial artery which reconstitutes at the ankle that is treated with balloon angioplasty.
37283	During endovascular treatment of an 88-year-old male with diabetes mellitus, with a nonhealing ulcer of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported angioplasty of an occlusion of the right anterior tibial artery, an additional angioplasty of an occlusion of the right posterior tibial artery is performed. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty of the occlusion of the right posterior tibial artery.]
37284	A 77-year-old male with a history of multiple lower extremity interventions is evaluated for a nonhealing left second toe amputation site. Diagnostic testing reveals a severe tibial disease and a stenosis of the left posterior tibial artery that is treated with balloon angioplasty and placement of a stent.
37285	During endovascular treatment of a 98-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty and stent placement to treat a short segment stenosis of the right anterior tibial artery, an additional angioplasty and stent placement for treatment of a stenosis of the right posterior tibial artery is performed. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty and stent placement of the stenosis of the right posterior tibial artery.]
37286	An 87-year-old male with a history of multiple lower extremity interventions is evaluated for critical limb ischemia and rest pain of the left foot. Diagnostic testing reveals severe tibial disease and an occlusion of the left posterior tibial artery with constitution in the midcalf. The plantar arch is intact. He is treated with balloon angioplasty and placement of a stent.

37287	During endovascular treatment of a 98-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty and stent placement to treat an occlusion of the right anterior tibial artery, an additional angioplasty and stent placement to treat an occlusion of the right posterior tibial artery is performed. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty and stent placement of the occlusion of the right posterior tibial artery.]
37288	A 68-year-old female with diabetes mellitus presents with rest pain of the right foot. Diagnostic studies reveal a severe tibial disease and a stenosis of the anterior tibial artery that is treated with balloon angioplasty and atherectomy.
37289	During endovascular treatment of a 98-year-old female with diabetes mellitus, with rest pain of the right foot and a plantar arch that is not intact, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty and atherectomy is performed to treat a severe stenosis of the right anterior tibial artery, an additional angioplasty and atherectomy is performed to treat a stenosis of the right posterior tibial artery. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty and atherectomy of the stenosis of the right posterior tibial artery.]
37290	An 88-year-old female with diabetes mellitus and congestive heart failure presents with critical limb ischemia and rest pain of her left foot. She is not a candidate for surgical reconstruction. Diagnostic studies reveal severe tibial disease and an occlusion of the anterior tibial artery that is treated with balloon angioplasty and atherectomy.
37291	During endovascular treatment of an 88-year-old female with diabetes mellitus, with rest pain of the right foot and a plantar arch that is not intact, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty and atherectomy is performed to treat an occlusion of the right anterior tibial artery, an additional angioplasty and atherectomy is performed to treat an occlusion of the right posterior tibial artery. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty and atherectomy of the occlusion of the right posterior tibial artery.]
37292	A 78-year-old male with diabetes mellitus presents with a non-healing left second toe amputation. Diagnostic studies reveal severe tibial disease and a long segment stenosis of the left posterior tibial artery that is treated with balloon angioplasty, atherectomy, and placement of a stent.
37293	During endovascular treatment of an 88-year-old female with diabetes mellitus, with a nonhealing ulcer of the right foot, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty, atherectomy, and stent placement is performed to treat a stenosis of the right anterior tibial artery, an additional angioplasty, atherectomy, and stent placement is performed to treat a stenosis of the right posterior tibial artery. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty, atherectomy, and stent placement of the stenosis of the right posterior tibial artery.]
37294	A 90-year-old male with diabetes mellitus presents with a critical limb ischemia and rest pain of his left foot. Diagnostic studies reveal severe tibial disease including an occlusion of the left anterior tibial artery that is treated with balloon angioplasty, atherectomy, and placement of a stent.
37295	During endovascular treatment of a 98-year-old male with diabetes mellitus, with a extensive ischemia wounds on his right foot, and who is not a candidate for open surgical

	reconstruction presents. after a separately reported angioplasty, atherectomy, and stent placement is performed to treat an occlusion of the right anterior tibial artery, an additional angioplasty, atherectomy, and stent placement is performed to treat an occlusion of the right posterior tibial artery. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty, atherectomy, and stent placement of the occlusion of the right posterior tibial artery.]
37296	A 79-year-old male with diabetes mellitus who is not a candidate for open surgical reconstruction presents with extensive ischemic wounds on his right third and fourth toes. Diagnostic studies reveal an occlusion of the dorsalis pedis that is treated with balloon angioplasty.
37297	During endovascular treatment of a 79-year-old male with diabetes mellitus, who has extensive ischemic wounds on his right third and fourth toes, and who is not a candidate for open surgical reconstruction, is found to have stenoses of the dorsalis pedis and the posterior tibial artery below the ankle contributing to a patent pedal arch. After a separately reported angioplasty of the posterior tibial artery stenosis, an additional angioplasty of a stenosis of the dorsalis pedis is performed. [**Note:** This is an add-on service. Only consider the additional work related to angioplasty of a stenosis of the dorsalis pedis.]
37298	A 79-year-old male with diabetes mellitus who is not a candidate for open surgical reconstruction presents with extensive ischemic wounds on his right third and fourth toes. Diagnostic studies reveal an occlusion of the dorsalis pedis in the midfoot with reconstitution into a patent pedal arch that is treated with balloon angioplasty.
37299	During endovascular treatment of a 79-year-old male with diabetes mellitus who has extensive ischemic wounds on his right third and fourth toes and who is not a candidate for open surgical reconstruction, presents with occlusions of the dorsalis pedis and medial plantar branch of the posterior tibial in the midfoot with reconstitution into a patent pedal arch. After a separately reported angioplasty of an occlusion of the dorsalis pedis, an additional angioplasty of an occlusion in the medial plantar branch of the posterior tibial artery is performed. [**Note:** This is an add-on service. Only consider the additional work related to treat the occlusion in the medial plantar artery.]

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The specialty societies convened a multispecialty consensus panel including RUC advisors, providers of LER, including both F and NF providers. The panel developed the direct practice expense recommendations for the new set of LER codes based on best practices and current AMA RUC/PE guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   CPT Codes 37236 *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery*

and 37237 *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery* were selected as reference codes for the LER family. CPT Codes 37236 and 37236 are RUC reviewed interventional procedures, performed in the both the F and NF setting. CPT Code 37236 is '000 service and CPT Code 37236 is a ZZZ service.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   LER Codes 37254-37299 are not typically reported with E/M services (F/NF)

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   N/A

   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

   N/A

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

   The pre service standard for 000 services is zero. The specialties are recommending 3 minutes for both CA001 complete pre service diagnostic and referral forms and CA003 schedule space and equipment in facility for these LER procedures.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

   N/A

CPT CODE(S): 37254-37299
SPECIALTY SOCIETY(IES): ACC, ACR, ACS, OEIS, SCAI, SIR, SVS
PRESENTER(S): Curtis Anderson, MD (OEIS), Robert Kennedy, MD (SIR), Andy Moriarity, MD (ACR), Gerald Niedzwiecki, MD (OEIS), Matthew Sideman, MD (SVS), Afnan Tariq, MD (SCAI), Richard Wright, MD (ACC)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

CA001 complete pre service diagnostic and referral forms CA003 schedule space and equipment in facility

   b. Service period (includes pre, intra and post):

N/A

   c. Post-service period:

CA037 Conduct patient communications

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
    N/A

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
    N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:
    N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?
    N/A

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:
    N/A

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?
    N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:
    N/A

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

FACILITY DIRECT PE INPUTS

CPT CODE(S): 37254-37299
SPECIALTY SOCIETY(IES): ACC, ACR, ACS, OEIS, SCAI, SIR, SVS
PRESENTER(S): Curtis Anderson, MD (OEIS), Robert Kennedy, MD (SIR), Andy Moriarity, MD (ACR), Gerald Niedzwiecki, MD (OEIS), Matthew Sideman, MD (SVS), Afnan Tariq, MD (SCAI), Richard Wright, MD (ACC)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

CPT CODE(S): 37254-37299
SPECIALTY SOCIETY(IES): ACC, ACR, ACS, OEIS, SCAI, SIR, SVS
PRESENTER(S): Curtis Anderson, MD (OEIS), Robert Kennedy, MD (SIR), Andy Moriarity, MD (ACR), Gerald Niedzwiecki, MD (OEIS), Matthew Sideman, MD (SVS), Afnan Tariq, MD (SCAI), Richard Wright, MD (ACC)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
37254	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37255	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37256	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	**000**
37257	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37258	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37259	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37260	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when	**000**

	performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	
37261	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel, (List separately in addition to code for primary procedure)	**ZZZ**
37262	Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	**ZZZ**
37263	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37264	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37265	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	**000**
37266	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37267	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing	**000**

	and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	
37268	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37269	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	**000**
37270	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37271	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37272	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37273	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all	**000**

	imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	
37274	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37275	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37276	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37277	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	**000**
37278	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37279	Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to	**ZZZ**

	perform the intravascular lithotripsy(ies) within the same artery (List separately in addition to code for primary procedure)	
37280	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37281	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37282	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	**000**
37283	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37284	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37285	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37286	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing	**000**

	and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	
37287	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37288	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37289	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37290	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	**000**
37291	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37292	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and	**000**

	crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	
37293	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37294	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel	**000**
37295	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37296	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	**000**
37297	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**
37298	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation	**000**

	necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	
37299	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel (List separately in addition to code for primary procedure)	**ZZZ**

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
37254	A 57-year-old male who smokes presents for right buttock and calf claudication. Diagnostic studies show a focal concentric stenosis of the right common iliac artery which is treated with balloon angioplasty.
37255	During endovascular treatment for right buttock and calf claudication in a 77-year-old male who smokes, after a separately reported balloon angioplasty of a stenosis of the right common iliac artery, an additional 75% stenosis of the left external iliac artery is treated with balloon angioplasty. [**Note:** This is an add-on service. Only consider the additional work related to the balloon angioplasty of the additional stenosis of the left external iliac artery.]
37256	A 57-year-old female who smokes presents for nonhealing left foot wound. Diagnostic studies show an occlusion of the left common iliac artery 1-cm distal to the bifurcation that is treated with balloon angioplasty.
37257	During endovascular treatment for a nonhealing left foot wound in a 77-year-old male who smokes, after a separately reported balloon angioplasty of an occlusion of the left common iliac artery, an additional discrete occlusion of the left external iliac artery is treated with balloon angioplasty. [**Note:** This is an add-on service. Only consider the additional work related to the balloon angioplasty of an additional discrete occlusion of the left external iliac artery.]
37258	A 57-year-old male who smokes presents for right thigh and calf claudication. Diagnostic studies show a stenosis of the right external iliac artery that is treated with balloon angioplasty and stent placement.
37259	During endovascular treatment for right thigh and calf claudication in a 77-year-old male who smokes, after a separately reported treatment of a proximal right common iliac stenosis with balloon angioplasty and stent placement, an additional stenosis of the right external iliac artery is treated with balloon angioplasty and stent placement. [**Note:** This is an add-on service. Only consider the additional

	work related to treatment of the additional stenosis of the right external iliac artery with balloon angioplasty and stent placement.]
37260	A 58-year-old female is evaluated for right leg claudication that develops at two blocks. Diagnostic testing reveals an occlusion of the right common iliac artery that is treated with balloon angioplasty and stent placement.
37261	During endovascular treatment of a 77-year-old female for a non-healing right foot ulcer and absent femoral pulse, after a separately reported treatment of a proximal right common iliac occlusion with stent placement, an additional occlusion of the right external iliac artery is treated with balloon angioplasty and placement of a stent. [**Note:** This is an add-on service. Only consider the additional work related to treatment of the occlusion of the right external iliac artery with balloon angioplasty and placement of a stent.]
37262	During endovascular treatment of a 79-year-old female who previously had transaortic valve replacement and has dense calcification of the left common iliac artery, after a separately reported angioplasty of an occlusion in the iliac artery, the decision is made to treat the dense calcification with intravascular lithotripsy. [**Note:** This is an add-on service. Only consider the additional work related to treating the calcification with intravascular lithotripsy.]
37263	A 77-year-old female is evaluated for right leg claudication that develops at one-half block. Diagnostic testing reveals a flow limiting stenosis of the right superficial femoral artery that is treated with balloon angioplasty.
37264	During endovascular treatment of a 58-year-old female with right leg claudication that develops at two blocks, after a separately reported treatment of a stenosis of the right common femoral artery, an additional and more distal stenosis of the right popliteal artery is treated with balloon angioplasty. [**Note:** This is an add-on service. Only consider the additional work related to treat the right popliteal artery with balloon angioplasty.]
37265	A 77-year-old female is evaluated for a nonhealing right transmetatarsal amputation. Diagnostic testing reveals an occlusion of the right superficial femoral artery that is treated with balloon angioplasty.
37266	During endovascular treatment of an 88-year-old female with multiple cardiovascular risk factors and a nonhealing left heel ulcer, after a separately reported treatment of an occlusion of the mid left popliteal artery, an additional occlusion of the common femoral artery is treated with cutting balloon angioplasty.

	[**Note:** This is an add-on service. Only consider the additional work related to treat the common femoral artery occlusion with cutting balloon angioplasty.]
37267	A 77-year-old male with a history of multiple lower extremity interventions is evaluated for recurrent right leg claudication that develops at one-half block. Diagnostic testing reveals a stenosis of the right superficial femoral artery that is treated with balloon angioplasty.
37268	During endovascular treatment of a 98-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty and stent placement for treatment of a short segment stenosis of the right common femoral artery, an additional angioplasty and stent placement is performed for a stenosis of the right superficial femoral artery. [**Note:** This is an add-on service. Only consider the additional work related to angioplasty and stent placement to treat a stenosis of the right superficial femoral artery.]
37269	A 68-year-old female with diabetes mellitus presents with a nonhealing left great toe amputation. Diagnostic studies reveal an occlusion of the distal left superficial femoral artery and proximal left popliteal artery that is treated with balloon angioplasty and placement of a stent.
37270	During endovascular treatment of a 88-year-old male with diabetes mellitus, with a nonhealing pressure ulcer of the left foot, and who is not a candidate for open surgical revascularization, after separately reported angioplasty and stent placement for an occlusion of the left common femoral artery, an additional angioplasty and stent placement is performed of a more distal occlusion of the left popliteal artery. [**Note:** This is an add-on service. Only consider the additional work related to angioplasty and stent placement of a more distal occlusion of the left popliteal artery.]
37271	A 68-year-old female with diabetes mellitus presents with rest pain of the right foot. Diagnostic studies reveal a stenosis of the right superficial femoral artery and the right popliteal artery that is treated with balloon angioplasty and atherectomy.
37272	During endovascular treatment of an 88-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported balloon angioplasty and atherectomy for a concentric stenosis in the proximal right common femoral artery is performed, an additional angioplasty and atherectomy is performed to treat a distal concentric stenosis of the right popliteal artery. [**Note:** This is an add-on service. Only

	consider the additional work related to the angioplasty and atherectomy of the distal concentric stenosis of the right popliteal artery.]
37273	A 68-year-old man with diabetes mellitus presents with a nonhealing wound to the dorsum of the left foot. Diagnostic studies reveal an occlusion in the mid portion of the left superficial femoral artery that is treated with balloon angioplasty and atherectomy.
37274	During endovascular treatment of an 88-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported angioplasty and atherectomy of an occlusion of the right common femoral artery, an additional angioplasty and atherectomy of an occlusion of the distal right popliteal artery is performed. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty and atherectomy of an occlusion of the distal right popliteal artery.]
37275	A 68-year-old male with diabetes mellitus presents with a non-healing left second toe amputation. Diagnostic studies reveal a stenosis of the left superficial femoral artery that is treated with balloon angioplasty, atherectomy, and stent placement.
37276	During endovascular treatment of a 88-year-old male with diabetes mellitus, a nonhealing ulcer of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported angioplasty, atherectomy, and stent placement for treatment of a stenosis of the right common femoral artery, an additional angioplasty, atherectomy, and stent placement for treatment of a stenosis of the right popliteal artery is performed. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty, atherectomy, and stent placement for a stenosis of the right popliteal artery.]
37277	A 78-year-old male with diabetes mellitus presents with a nonhealing ulcer of the right foot. Diagnostic studies reveal severe femoral-popliteal disease with an occlusion of his right superficial femoral artery and popliteal artery that is treated with balloon angioplasty, atherectomy, and stent placement.
37278	During endovascular treatment of a 78-year-old male with diabetes mellitus, with a necrotic left forefoot that requires amputation, and who is not a candidate for open surgical reconstruction, after a separately reported angioplasty, atherectomy, and stent placement to treat an occlusion of the left common femoral artery, an additional angioplasty, atherectomy, and stent placement to treat an occlusion of the left popliteal artery is performed. [**Note:** This is an add-on service. Only

	consider the additional work related to the angioplasty, atherectomy, and stent placement to treat an occlusion of the left popliteal artery.]
37279	During endovascular treatment of a 70-year-old male with diabetes mellitus who has a long smoking history and with a highly calcified right superficial femoral artery occlusion and preserved runoff, after a separately reported treatment with a wire and catheter and multiple balloon inflations that do not restore the lumen, the decision is made to treat the calcification with intravascular lithotripsy. [**Note:** This is an add-on service. Only consider the additional work related to treating the calcification with intravascular lithotripsy.]
37280	A 58-year-old male with diabetes mellitus and a long smoking history is evaluated for a nonhealing left fifth toe ulcer. Diagnostic testing reveals a severe tibial disease with a flow limiting stenosis of the left posterior tibial artery that is treated with balloon angioplasty.
37281	During endovascular treatment of an 88-year-old male with diabetes mellitus, with a nonhealing ulcer of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported angioplasty of a stenosis in the right common anterior tibial artery, an additional angioplasty of a stenosis of the right posterior tibial artery is performed. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty of the stenosis of the right posterior tibial artery.]
37282	A 90-year-old male with diabetes mellitus and a long smoking history is evaluated for critical limb ischemia and rest pain of the left foot. Diagnostic testing reveals a severe tibial disease with an occlusion of the left posterior tibial artery which reconstitutes at the ankle that is treated with balloon angioplasty.
37283	During endovascular treatment of an 88-year-old male with diabetes mellitus, with a nonhealing ulcer of the right foot, and who is not a candidate for open surgical reconstruction, after a separately reported angioplasty of an occlusion of the right anterior tibial artery, an additional angioplasty of an occlusion of the right posterior tibial artery is performed. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty of the occlusion of the right posterior tibial artery.]
37284	A 77-year-old male with a history of multiple lower extremity interventions is evaluated for a nonhealing left second toe amputation site. Diagnostic testing reveals a severe tibial disease and a stenosis of the left posterior tibial artery that is treated with balloon angioplasty and placement of a stent.

37285	During endovascular treatment of a 98-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty and stent placement to treat a short segment stenosis of the right anterior tibial artery, an additional angioplasty and stent placement for treatment of a stenosis of the right posterior tibial artery is performed. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty and stent placement of the stenosis of the right posterior tibial artery.]
37286	An 87-year-old male with a history of multiple lower extremity interventions is evaluated for critical limb ischemia and rest pain of the left foot. Diagnostic testing reveals severe tibial disease and an occlusion of the left posterior tibial artery with constitution in the midcalf. The plantar arch is intact. He is treated with balloon angioplasty and placement of a stent.
37287	During endovascular treatment of a 98-year-old female with diabetes mellitus, with rest pain of the right foot, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty and stent placement to treat an occlusion of the right anterior tibial artery, an additional angioplasty and stent placement to treat an occlusion of the right posterior tibial artery is performed. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty and stent placement of the occlusion of the right posterior tibial artery.]
37288	A 68-year-old female with diabetes mellitus presents with rest pain of the right foot. Diagnostic studies reveal a severe tibial disease and a stenosis of the anterior tibial artery that is treated with balloon angioplasty and atherectomy.
37289	During endovascular treatment of a 98-year-old female with diabetes mellitus, with rest pain of the right foot and a plantar arch that is not intact, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty and atherectomy is performed to treat a severe stenosis of the right anterior tibial artery, an additional angioplasty and atherectomy is performed to treat a stenosis of the right posterior tibial artery. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty and atherectomy of the stenosis of the right posterior tibial artery.]
37290	An 88-year-old female with diabetes mellitus and congestive heart failure presents with critical limb ischemia and rest pain of her left foot. She is not a candidate for surgical reconstruction. Diagnostic studies reveal severe tibial disease and an

	occlusion of the anterior tibial artery that is treated with balloon angioplasty and atherectomy.
37291	During endovascular treatment of an 88-year-old female with diabetes mellitus, with rest pain of the right foot and a plantar arch that is not intact, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty and atherectomy is performed to treat an occlusion of the right anterior tibial artery, an additional angioplasty and atherectomy is performed to treat an occlusion of the right posterior tibial artery. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty and atherectomy of the occlusion of the right posterior tibial artery.]
37292	A 78-year-old male with diabetes mellitus presents with a non-healing left second toe amputation. Diagnostic studies reveal severe tibial disease and a long segment stenosis of the left posterior tibial artery that is treated with balloon angioplasty, atherectomy, and placement of a stent.
37293	During endovascular treatment of an 88-year-old female with diabetes mellitus, with a nonhealing ulcer of the right foot, and who is not a candidate for open surgical revascularization, after a separately reported angioplasty, atherectomy, and stent placement is performed to treat a stenosis of the right anterior tibial artery, an additional angioplasty, atherectomy, and stent placement is performed to treat a stenosis of the right posterior tibial artery. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty, atherectomy, and stent placement of the stenosis of the right posterior tibial artery.]
37294	A 90-year-old male with diabetes mellitus presents with a critical limb ischemia and rest pain of his left foot. Diagnostic studies reveal severe tibial disease including an occlusion of the left anterior tibial artery that is treated with balloon angioplasty, atherectomy, and placement of a stent.
37295	During endovascular treatment of a 98-year-old male with diabetes mellitus, with a extensive ischemia wounds on his right foot, and who is not a candidate for open surgical reconstruction presents. after a separately reported angioplasty, atherectomy, and stent placement is performed to treat an occlusion of the right anterior tibial artery, an additional angioplasty, atherectomy, and stent placement is performed to treat an occlusion of the right posterior tibial artery. [**Note:** This is an add-on service. Only consider the additional work related to the angioplasty, atherectomy, and stent placement of the occlusion of the right posterior tibial artery.]
37296	A 79-year-old male with diabetes mellitus who is not a candidate for open surgical reconstruction presents with extensive ischemic wounds on his right third and

	fourth toes. Diagnostic studies reveal an occlusion of the dorsalis pedis that is treated with balloon angioplasty.
37297	During endovascular treatment of a 79-year-old male with diabetes mellitus, who has extensive ischemic wounds on his right third and fourth toes, and who is not a candidate for open surgical reconstruction, is found to have stenoses of the dorsalis pedis and the posterior tibial artery below the ankle contributing to a patent pedal arch. After a separately reported angioplasty of the posterior tibial artery stenosis, an additional angioplasty of a stenosis of the dorsalis pedis is performed. [**Note:** This is an add-on service. Only consider the additional work related to angioplasty of a stenosis of the dorsalis pedis.]
37298	A 79-year-old male with diabetes mellitus who is not a candidate for open surgical reconstruction presents with extensive ischemic wounds on his right third and fourth toes. Diagnostic studies reveal an occlusion of the dorsalis pedis in the midfoot with reconstitution into a patent pedal arch that is treated with balloon angioplasty.
37299	During endovascular treatment of a 79-year-old male with diabetes mellitus who has extensive ischemic wounds on his right third and fourth toes and who is not a candidate for open surgical reconstruction, presents with occlusions of the dorsalis pedis and medial plantar branch of the posterior tibial in the midfoot with reconstitution into a patent pedal arch. After a separately reported angioplasty of an occlusion of the dorsalis pedis, an additional angioplasty of an occlusion in the medial plantar branch of the posterior tibial artery is performed. [**Note:** This is an add-on service. Only consider the additional work related to treat the occlusion in the medial plantar artery.]

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The specialty societies convened a multispecialty consensus panel including RUC advisors, providers of LER, including NF LER expertise. The panel developed the direct practice expense recommendations for the new set of LER codes based on best practices and current AMA RUC/PE guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   CPT Codes 37236 *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid,*

intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery and 37237 *Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery* were selected as reference codes for the LER family. CPT Codes 37236 and 37236 are RUC reviewed interventional procedures, performed in the NF setting. CPT Code 37236 is '000 service and CPT Code 37236 is a ZZZ service.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   LER Codes 37254-37299 are not typically reported with E/M services (F/NF)
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

Below is a summary of the dominant specialties by site of service for the predecessor LER codes:

Global	CPT Code	Top_Specialty (All Sites)	Top Specialty NF
000	37220	VASCULAR SURGERY	VASCULAR SURGERY
000	37221	VASCULAR SURGERY	VASCULAR SURGERY
ZZZ	37222	VASCULAR SURGERY	VASCULAR SURGERY
ZZZ	37223	VASCULAR SURGERY	VASCULAR SURGERY
000	37224	VASCULAR SURGERY	VASCULAR SURGERY
000	37225	VASCULAR SURGERY	VASCULAR SURGERY
000	37226	VASCULAR SURGERY	VASCULAR SURGERY

000	37227	VASCULAR SURGERY	VASCULAR SURGERY	
000	37228	VASCULAR SURGERY	VASCULAR SURGERY	
000	37229	VASCULAR SURGERY	VASCULAR SURGERY	
000	37230	VASCULAR SURGERY	CARDIOLOGY	
000	37231	CARDIOLOGY	CARDIOLOGY	
ZZZ	37232	VASCULAR SURGERY	VASCULAR SURGERY	
ZZZ	37233	VASCULAR SURGERY	VASCULAR SURGERY	
ZZZ	37234	VASCULAR SURGERY	CARDIOLOGY	
ZZZ	37235	INTERVENTIONAL RADIOLOGY	CARDIOLOGY	

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

We are requesting an increase in the aggregate cost for supplies and equipment over the current cost for the family. We believe there is compelling evidence for the increase based on changes in technique, changes in technology, significant shifts in site of service for the performance of these procedures and a change in population.

The expansion of endovascular techniques for the revascularization of the lower extremities has allowed for the treatment of smaller, more calcified vessels than previously possible. More available training, expanding experience and supporting data has allowed for improving outcomes through the revascularization of more distal vessels with endovascular techniques.

Since the last time this code family was surveyed, a large array of technical advancements have been made which have fundamentally changed the standard of care for endovascular procedures. The advent of drug eluting technology has been shown to deliver improved long-term vessel patentcy. An expanded array of atherectomy devices are now available that can target specific plaque morphologies for patient specific treatments. Finally, we now have smaller devices that can treat more distal vessels than previously possible, included below the ankle.

Lower extremity arterial revascularization procedures are being performed both in the facility and nonfacility setting. Since the last time this family was surveyed, we know have an expanded compendium of data supporting the safety and efficacy of performing complex revascularization procedures in a nonfacility setting, allowing for the migration of elective revascularization procdures

from the hospital outpatient setting to the nonfacility setting. The nonfacility setting allows for expanded patient access to revascularization procedures without compromising quality of care.

Finally, as both techniques and technology have developed over the years, the shift of procedures from open surgical bypass to endovascular has continued. In addition, patients who were previously thought to be poor candidates for revascularization (either through surgical or endovascular methods) are now being routinely treated with documented safety. Advanced age, extensive arterial occlusive disease and advanced limb ischemia are no longer exclusion criteria for endovascular revascularization and for that reason the patient population has significantly changed.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

PreService Period
Standard for 000-day global periods
0 minutes
Specialty societies recommending are recommending the following

Pre Service Period
CA001 Complete pre-service diagnostic and referral forms: 3 minutes
A clinically trained individual (RN,/LPN/MA) will review and complete all referral forms for the various insurance entities and ensure that the indication has met medical necessity for the planned procedure.

CA002 Coordinate pre-surgery services: 3 minutes
Clinical staff member ensures that all appropriate labs are drawn and results are acceptable.

CA005 Complete pre-procedure phone calls and prescriptions: 3 minutes

Clinical staff will contact the patient prior to the procedure to ensure that they will be NPO, answer any questions the patient may have regarding the scheduled procedure, confirm their arrival time, review allergies and call the pharmacy with any prescription if needed, such as medication for contrast allergy or poor renal function.

CA006 Confirm availability of prior images/studies: 6 minutes
Clinical staff review prior imaging studies, typically more than one imaging modality to plan surgical approach and anatomical extent of disease. Studies reviewed will often include cross-sectional imaging, ultrasound and physiologic studies.

Service Period
CA013 Prepare room, equipment, supplies
Standard 2 min, Recommending 7 minutes

Interventional technologist checks imaging equipment to make sure that it is turned on, warmed up, functioning properly, enters the patient demographics, opens the sterile tray and sets it up, goes to the storage room to pull all the supplies that will be used for the procedure, and brings them to the procedure room. The standard for prepare room is 2 minutes and the standard for prepare scope is 5 minutes. The specialties are essentially accepting two standards on one line. The specialties are 'preparing imaging equipment' as the second part of the prepare room, equipment and supplies line. The reference code includes 7 minutes for the same activities.

This concept of 2 (standard room prep) + 5 (prepare imaging equipment) = 7 is included in several of the interventional code families including:

Renal	36251-36254	Apr-11
IVC	37191-37193	Apr-11
Foreign Body	37197	Sep-11
Carotids	36222-36228	Apr-12
Stents	37236-37239	Apr-13
Embo	37241-37244	Apr-13
PercVeterbroplasty	22510-22515	Apr-14
	36147	
	36870	

CA016 Prepare, set-up and start IV, initial positioning and monitoring of patient
Standard is 2, Specialty recommending 5

Once the patient is brought into the procedure room, time is taken to ensure appropriate position of the patient on the procedure table. Care is taken to ensure the patient's comfort as they will be required to remain still for a long period of time. As well as time is taken to ensure an unobstructed the field of view over the targeted areas of interest; this involves making sure that

nursing monitoring and other equipment that could obstruct the images is clear. The area around the angiographic imaging equipment is clear to allow for manipulation of the equipment throughout the procedure. The specialties are recommending 5 minutes, the same as the reference codes.

CA030 Technologist QC's images in PACS, checking for all images, reformats, and dose page Baseline time for this activity is 2 minutes stands, Specialty recommending 5

Post procedure, the tech annotates the images, processes them, and then sends digital images to PACS and ensures they are received.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

At the time the reference code was presented, there was a clinical activity that read "*Check dressings & wound/ home care instructions /coordinate office visits /prescriptions*". Today, those activities are broken into (1) *CA029 check dressings, catheters, wounds* and (2) *CA035 Review home care instructions, coordinate visits/prescriptions*. The current LER codes were also presented at the time CA035 and CA029 were combined.

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

The reference code and the existing LER codes both have 5 minutes allocated for CA010 *obtain vital signs.* The specialties are recommending 5 minutes for vitals in the new '000 LER services as well. It is standard to obtain Blood Pressure, Heart Rate, Oxygen Saturation, Height, Weight, Temperature prior to any procedure.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

A clinically trained individual (RN,/LPN/MA) will review and complete all referral forms for the various insurance entities and ensure that the indication has met medical necessity for the planned procedure and forward the approved forms to the appropriate personnel including by fax if necessary. The clinical staff member ensures that all appropriate labs are drawn and results are acceptable. The clinical staff will contact the patient prior to the procedure to ensure that they will be NPO, answer any questions the patient may have regarding the scheduled procedure, confirm their arrival time, review allergies and call the pharmacy with any prescription if needed, such as medication for contrast allergy or poor renal function. The technologist, prior to the patient's arrival, will retrieve any prior imaging exams, provide these exams for the physician to review, verify orders, review the chart to incorporate any relative clinical information and confirm contrast protocol.

    b. Service period (includes pre, intra and post):

Greet patient, provide gowning, and ensure appropriate medical records are available: Patient is greeted by the clinical staff, escorted to the intake area, provided with gowning and given

assistance with changing into the gown if needed. Obtain vital signs: blood pressure, heart rate, respiratory rate, temperature, rhythm strip and pulse oximetry, are all obtained. Provide pre-service education/obtain consent: the clinical staff educates the patient regarding the procedure, what to expect in the procedure room, reviews the risk of contrast and radiation, and obtains consent for the above. Prepare room, equipment, supplies: technologist checks imaging equipment to make sure that it is turned on, warmed up, functioning properly, enters the patient demographics, opens the sterile tray and sets it up, goes to the storage room to pull all the supplies that will be used for the procedure, and brings them to the procedure room. Prepare and position patient/Monitor patient/Setup IV. Intra-service time of varying clinical personnel: the tech is scrubbed next to the physician the entire case, an additional individual who is not scrubbed will assist with the imaging equipment and opening supplies. Monitor patient following service/Check tubes, monitors, drains. The standard recommendation of CMS is that patients are recovered at a ratio of 1 nurse for 4 patients. Check dressings and wound/home care instructions/coordinated office visits/prescriptions. In addition to checking the dressings and evaluating the access site for hematoma, the clinical staff will also discuss pain prescriptions for the patients and review the medications with them. Other clinical activities: The angiography tech post procedure annotates the images, processes them, and sends digital images to PACS and ensures they are received. A patient radiation exposure report must be prepared as well and sent to PACS for documentation.

c. Post-service period:

The clinical staff calls the patient the day after the procedure to make sure that there are no complications, answers any questions, ensures that pain control is adequate, and calls in additional prescriptions if needed.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

As above.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

The specialty societies are requesting the new LER codes include the 'blended staff' (75% angio tech/25% RN/LPN/MTA) be included in the inputs. The blended staff is typically included for endovascular procedures performed in the angio suite. The 75% represents an additional individual who is not scrubbed in and assists with the imaging equipment and opening supplies. The 25% is a floater to assist during the procedure. The reference code as well as the existing inputs include this blended staff person.

This "blended staff" concept was introduced by the PE subcommittee around 2010 and has been in place for the interventional services.

IVC	37191-37193	Apr-11

Renal	36251-36254	Apr-11
Foreign Body	37197	Sep-11
Kyphoplasty	22513-22515	Apr-14
Carotids	36222-36228	Apr-12
Catherization	36215, 36245	36215 April 2016 36245 Jan 2013
Embo	37241-37244	Apr-13
Stents	37236-37239	Apr-13
Cryo Ablation	20983, 32994, 47383, 50250, 50593	Apr-14
Perc Vertebroplasty	22510-22512	Apr-14
Endovenous Ablation	36475, 36476, 36478, 36479	Apr-14
IVUS	37252, 37253	Oct-18
Biliary	47531-47544	Oct-15
GU	50387-50435	Jan-15
Scloratherapy	49185	Apr-15
Dialysis Circuit	36901-36909	Jan-16
MOCA	36473, 36474	Jan-17
PTA	37246-37249	Jan-16
RF Ablation	20982, 32998, 47380, 47382, 50592	Jan-17
Incompetent Veins	36482, 36483, 35465, 36466	Jan-17
Urinary	50432, 50433	Jan-18
PIccLine	36568, 36569, 36572, 36573, 36584, 36585	Jan-18
Lumbar Puncture	62328, 62329, 62270, 62272	Jan-19
Core Needle Biopsy	32408	Apr-19

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

CPT CODE(S): 37254-37299
SPECIALTY SOCIETY(IES): ACC, ACR, ACS, OEIS, SCAI, SIR, SVS
PRESENTER(S): Curtis Anderson, MD (OEIS), Robert Kennedy, MD (SIR), Andy Moriarity, MD (ACR), Gerald Niedzwiecki, MD (OEIS), Matthew Sideman, MD (SVS), Afnan Tariq, MD (SCAI), Richard Wright, MD (ACC)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

The specialty societies are recommending six new supply items, to be included on CMS' direct PE medical supplies list. The invoice summary spreadsheet is attached.

NEW	drug eluting stent, tibial
NEW	Iliac IVL Catheter
NEW	FemPop IVL Catheter
NEW	Drug coated balloon
NEW	Drug eluting stent
NEW	Embolic protection for atherectomy

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

The recommendations include three established packs:
- SA048 pack, minimum multi-specialty visit
- SA019 kit, iv starter
- SA071 kit, AccuStick II Introducer System with RO Marker

Details included in Question #19 & #23.

The specialties are also recommending the creation of a new pack:
"Angio Pack". Angio packs are commercially available for purchase.

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

pack, minimum multi-specialty visit	***SA048***	***pack***	
paper, exam table		*foot*	*7*
gloves, non-sterile		*pair*	*2*
gown, patient		*item*	*1*
pillow case		*item*	*1*

cover, thermometer probe *item* *1*

kit, iv starter	***SA019***		***kit***
latex-free tourniquet		*1*	*item*
alcohol prep pad		*1*	*item*
iodophor PVP swabstick		*1*	*item*
transparent dressing		*1*	*item*
8-ply gauze sponges (2" x 2")		*2*	*item*
tape strips (1/2" x 4")		*2*	*item*
tape strips (1" x 4")		*2*	*item*
dressing change label		*1*	*item*

kit, AccuStick II Introducer System with RO Marker	***SA071***	***kit***		
21 gauge diagnostic needle		*1*	*item*	
0.018" wire		*1*	*item*	
RO Sheath Marker		*1*	*item*	
4Fr Dilator		*1*	*item*	
6Fr Sheath		*1*	*item*	
0.038" wire		*1*	*item*	

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

The specialty societies are recommending one new piece of equipment included on CMS' direct PE medical equipment list. The invoice summary spreadsheet is attached.

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

The useful life of the new equipment is estimated to be 5 years.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

EQ088	contrast media warmer	Highly Technical	
EQ032	IV infusion pump	Monitoring	
EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	Monitoring	
EL011	room, angiography	Highly Technical	
EF027	table, instrument, mobile	Monitoring	
ED053	Professional PACS Workstation	Other Formula	The specialties followed the instructions for computing professional PACs workstation times for therapeutic codes – CMS is assigning equipment minutes equal to *half the pre-service physician work time and half the post-service physician work time* for the second group. The 000 day LER services have 38 minutes of pre time and 30 minutes of post time. So, the PE Professional PACs times included in the spreadsheet is (38/2)+(30/2)=34
ED050	Technologist PACS workstation	PACS	
New	IVL generator	Default	The specialties followed the instructions for computing time with the default formula.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Clinical Labor

The dollar for existing LER codes 37221, 37223, 37225, 37228 having rounding margins in the spreadsheet vs the DPEI files.

The specialty societies are requesting the new LER codes include the 'blended staff' (75% angio tech/25% RN/LPN/MTA) be included in the inputs. The blended staff is typically included for endovascular procedures performed in the angio suite. The 75% represents an additional individual who is not scrubbed in and assists with the imaging equipment and opening supplies. The 25% is a floater to assist during the procedure. The reference code as well as the existing inputs include this blended staff person.

Post procedure monitoring: All arterial access procedures have a minimum four hours post procedure recovery time as per standard national protocol. The first hour of post procedure recovery/monitoring is now reported with the conscious sedation codes and cannot be counted in these procedure codes (post-procedure moderate sedation monitoring time). Forty-five minutes of RN time will be allocated to "post-procedure [other] monitoring time" for the 2nd through 4th hour of recovery. (2013/2014 RUC PE CS workgroup).

Supplies

General Supplies – For all '000 procedures
Below is a summary of the general supplies used in the new LER '000 procedures:

Patient Arrives

SA048	pack, minimum multi-specialty visit	1

pack, minimum multi-specialty visit	***SA048***	***pack***		
paper, exam table		*foot*	*7*	
gloves, non-sterile		*pair*	*2*	*For nursing staff prepping patient*
gown, patient		*item*	*1*	
pillow case		*item*	*1*	
cover, thermometer probe		*item*	*1*	*For vital signs*

Start IV

SC001	angiocatheter 14g-24g	1	IV access
SC018	iv infusion set	1	IV drip line
SH065	sodium chloride 0.9% flush syringe	2	
SA019	kit, iv starter	1	

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

kit, iv starter	***SA019***		***kit***	
latex-free tourniquet		*1*	*item*	
alcohol prep pad		*1*	*item*	
iodophor PVP swabstick		*1*	*item*	
transparent dressing		*1*	*item*	
8-ply gauze sponges (2" x 2")		*2*	*item*	
tape strips (1/2" x 4")		*2*	*item*	*For securing IV*
tape strips (1" x 4")		*2*	*item*	*For securing IV*
dressing change label		*1*	*item*	

Room/Table sterile supplies

SB008	drape, sterile, c-arm, fluoro	1	To cover c-arm image intensifier/flat panel
SB044	underpad 2ft x 3ft (Chux)	1	For under the patient to absorb blood/bodily fluids.
SD171	guidewire bowl w-lid, sterile	1	Standard wire storage during procedure to soak hydrophilic wires in heparinized saline when not in use.
SC051	syringe 10-12ml	4	One syringe for lidocaine, one for dilute nitroglycerin, two for iodinated contrast for injection intraarterially.
SC053	syringe 20ml	4	For heparinized Saline flush
SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)	1	For measuring length of lesions/calibration of imaging software
SG035	dressing, 3in x 4in (Telfa, Release)	2	For wiping hydrophilic wires.
SG055	gauze, sterile 4in x 4in	20	For cleaning and wiping operative field, devices, etc during procedure
SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)	1	For intraarterial administration to prevent/treat arteriospasm.
SB014	drape, sterile, three-quarter sheet	1	To create sterile field on back table for all supplies.
SD120	styrofoam block, high density (3in-12in-12in)	1	Hold needles/blades while working (then dispose)
SJ079	basin, sterile 500cc	1	for sterile heparinized saline
SA027	Kit, scissors and clamp	1	Clamp/hemostat used to blunt dissect subcutaneous tissues prior to sheath placement. Also used to clamp wires. Scissors used to trim drapes, etc.
SL157	Cup, sterile, 8 oz	1	To hold and Dilute nitroglycerin
SL198	Label, vial	9	To label all syringes

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Prepare patient for procedure

SA067	tray, shave prep	1	To shave groin
SK075	Skin marking pen, sterile (SkinSkribe)	1	Mark bottom of femoral head as a landmark prior to access.

Universal Protection

SB001	cap, surgical	4	MD, HipHip, Img, Floater
SB028	gown, surgical, sterile	2	MD, HipHip
SB034	mask, surgical, with face shield	4	MD, HipHip, Img, Floater
SB039	shoe covers, surgical	4	MD, HipHip, Img, Floater
SB024	gloves, sterile	2	MD, HipHip

Scrub Prep Drape

SJ041	povidone soln (Betadine)	60	
SJ009	basin, irrigation	1	For Betadine
SG009	applicator, sponge-tipped	4	
SB009	drape, sterile, femoral	1	
SB019	drape-towel, sterile 18in x 26in	4	To frame sterile field
SD208	Towel clamp, plastic	1	Clipping drapes together

Numb

SC051	syringe 10-12ml	1	
SH047	lidocaine 1%-2% inj (Xylocaine)	10	
SC027	needle, 18-19g, filter	1	For drawing up lidocaine
SC028	needle, 18-26g 1.5-3.5in, spinal	1	For injecting lidocaine in skin

Imaging Exam

SC008	catheter, angiographic, pig-tail	1	Initial catheter for power injection diagnostic angiography
SC010	closed flush system, angiography	1	Manifold system for sheath flush, contrast injection
SD140	bag system, 1000ml (for angiography waste fluids)	1	System for fluid waste disposal during procedure.

Gain Access

SD136	vascular sheath	1	Initial sheath for access
SF007	Blade, surgical (Bard-Parker)	1	Skin incision
SA071	kit, AccuStick II Introducer System with RO Marker	1	Coaxial exchange dilator for access
SH039	heparin 1,000 units-ml inj	5	Heparin for anticoagulation during procedure. Standard is 80-100Units/kg. This volume is typical for a 62.5kg female.

SD252	guidewire, Amplatz wire 260 cm	1	Stiff support wire for advancing sheath in heavily calcified vessels.

kit, AccuStick II Introducer System with RO Marker	***SA071***	***kit***	
21 gauge diagnostic needle		*1 item*	
0.018" wire		*1 item*	
RO Sheath Marker		*1 item*	
4Fr Dilator		*1 item*	
6Fr Catheter		*1 item*	
0.038" wire		*1 item*	

Closure/Dressing

SG074	steri-strip (6 strip uou)	1	For approximating skin edges at incision
SH095	protamine sulfate 10 mg/ml (5ml uou vial)	1	For reversal of anticoagulation prior to access closure
SD207	suture device for vessel closure (Perclose A-T)	1	Arteriotomy closure
SG037	dressing, 4in x 4.75in (Tegaderm)	1	Transparent sterile dressing that allows for evaluation for access site bleeding postoperatively

Clean Room

SM013	disinfectant, surface (Envirocide, Sanizide)	1	Cleaning surfaces and C-arm

Procedure Specific Supplies

Below is a summary of the procedure specific supplies used in the new LER codes:

Initial Diagnostic Angiography and steps to intervention:

Once femoral access is gained and a vascular sheath is in place, the diagnostic angiogram can be performed. Using a Bentson wire (SD172) and the glide catheter (SD147) the abdominal aorta is catheterized. The glide catheter is exchanged over the Amplatz wire (SD252) for the flush pigtail catheter (SC008). An aortogram is performed. The pigtail is retracted to the aortic bifurcation and a pelvic is performed to image the iliac vessels. The pigtail is exchanged for the Simmons catheter (SD148) to navigate to the contralateral common femoral artery. An extremity arteriogram is then performed. The Amplatz wire is advanced into the common femoral artery. The vascular sheath is removed and replaced with the Ansel introducer sheath (SD250). Initial distal catheterization and disease crossing is performed using the hydrophilic wire (SD089) and the glide catheter (SD147) unless additional crossing catheters and microwires are needed. Since angioplasty is a component of all codes, all of the base codes include a balloon inflation device (SD149) which is used to inflate the balloon catheters and monitor balloon pressure during angioplasty.

Iliac Family

CPT CODE(S): 37254-37299
SPECIALTY SOCIETY(IES): ACC, ACR, ACS, OEIS, SCAI, SIR, SVS
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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

37254-08 - For procedures in which angioplasty and stent placement is performed (37258 and 37260), a distal protection device is typically used to prevent embolization of fibrofatty plaque and thrombus down the lower extremity arterial system. In complex cases where a total occlusion is being treated with angioplasty and stent placement (37260 and 37261), it is typical to enter the subintimal space and require a reentry device to gain wire access to the true lumen across the occlusion. Due to the high risk of rupture/perforation during these revascularization procedures for total occlusions, it is standard to use a covered stent to treat these vessels. In addition, covered stents have been shown to have improved patency over bare metal stents in this vascular distribution.
37262 Iliac IVL – Only include the IVL balloon catheter in the supply inputs. A single balloon is typical. The IVL catheter is only available from one vendor and is by definition necessary for the performance of this work. There are no alternatives to this product available at this time.

Fem-Pop Family
37263-13 Femoropopliteal angioplasty – The standard of care for the treatment of this vascular distribution with angioplasty is with drug coated balloons which deliver paclitaxel to the intima of the vessel wall to inhibit the proliferation of smooth muscle and neointimal hyperplasia. The vessel must be pre-dilated with a standard low-profile ballon (SD151) prior to use of the drug-coated balloon. Drug coated balloons can only be used on one segment of vessel (single inflation) and the treatment of a typical femoropopliteal diseased segment requires two Drug coated balloons (37263 and 37265) whereas in the add on codes which will be more typically used for common femoral or profunda femoris interventions, one balloon would suffice. In complex total occlusions (37265 and 37266), the use of a crossing catheter (SC096) and steerable microwire (SD175) is typical. A stiff, small caliber support wire (SD173) is also typical once the lesion is crossed for delivering the angioplasty balloon through complex occlusions in 37265. In complex occlusions in which angioplasty is performed (37265), it is typical to use a distal protection device to prevent embolization of fibrofatty plaque and thrombus.

37267-17 Femoropopliteal angioplasty and stent – The standard of care for treatment of this vascular distribution remains the use of drug delivering technologies for short to moderate length diseased segments when appropriate. For the "straight-forward" procedure in which angioplasty and stent is performed (37267), angioplasty with a low-profile balloon is performed followed by treatment with a drug coated balloon throughout the diseased segment. A stent is required to treat a portion of the treated area which has elastic recoil or dissection and the standard of care in this situation would be a drug-coated balloon. In 37268 and 37270, a covered stent (SD254) is more appropriate as these codes more frequently will be used to describe treatments in the common femoral or profunda femoris arteries where flexion limits the durability of traditional self-expanding stents. In these cases, the treated vessel is short and can typically be treated with one stent. In complex cases where a total occlusion is being treated with angioplasty and stent placement (37269), it is typical to enter the subintimal space and require a reentry device to gain wire access to the true lumen across the occlusion. In these long segment chronic total occlusions, it is typical to use covered stents (SD254) due to improved patency over uncovered metal stents for long segment of disease. Given the typical length of chronic total occlusions in the femoropopliteal segment, two covered stents are typically used since the invoiced covered stent is 5 or 10 cm long and typical lesions are 15cm – 25cm in length. In complex total occlusions (37269), the use of a crossing catheter (SC096) and steerable microwire (SD175) is typical. A stiff, small caliber support wire (SD173) is also typical once the lesion is crossed for delivering the angioplasty balloon and stent through complex occlusions in 37269. In addition, it is typical to use a distal protection device to prevent embolization of fibrofatty plaque and thrombus in these cases.

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

37271-21 Femoropopliteal atherectomy and angioplasty – The standard of care for the treatment of this vascular distribution with angioplasty is with drug coated balloons which deliver paclitaxel to the intima of the vessel wall to inhibit the proliferation of smooth muscle and neointimal hyperplasia. Once atherectomy has been performed, the vessel must be pre-dilated with a standard low-profile ballon (SD151) prior to use of the drug-coated balloon. Drug coated balloons can only be used on one segment of vessel (single inflation) and the treatment of a typical femoropopliteal diseased segment requires two Drug coated balloons (37271 and 37273) whereas in the add on codes which will be more typically used for common femoral or profunda femoris interventions, one balloon would suffice. In complex total occlusions (37273 and 37274), the use of a crossing catheter (SC096) and steerable microwire (SD175) is typical. Atherectomy is performed using one of a number of different atherectomy devices (SD253) which are designed with different treatment modalities that are specific to plaque morphology, plaque composition and vessel size. One device can be used for both the 000 Global base codes and on the ZZZ add on codes and therefore, the add-on codes do not have an additional device included. When atherectomy and angioplasty is performed (37271 and 37273), it is typical (and described in the IFU) to use a distal protection device to prevent embolization of fibrofatty plaque, calcified debris and/or thrombus. When performing atherectomy, proprietary wires are typically used which can accommodate rapid rotations the devices often utilize. In most cases, the support wire represents a proprietary wire which is associated with each product but is best represented by SD173 which is included in the codes 37271 and 37273. In those cases, the Spider FX Embolic Protection device (SD256) cannot be used. For this reason, a new product which can be used with the proprietary wires for various atherectomy devices is more appropriate (see Embolic protection device for atherectomy).

37275-25 Femoropopliteal atherectomy, angioplasty and stent – The standard of care for treatment of this vascular distribution remains the use of drug delivering technologies for short to moderate length diseased segments when appropriate. For the "straight-forward" procedure in which atherectomy, angioplasty and stent is performed (37275), angioplasty with a low-profile balloon is performed after atherectomy followed by treatment with a drug coated balloon throughout the diseased segment. A stent is required to treat a portion of the treated area which has elastic recoil or dissection and the standard of care in this situation would be a drug-eluting stent. In 37276 and 37278, a covered stent (SD254) is more appropriate as these codes more frequently will be used to describe treatments in the common femoral or profunda femoris arteries where flexion limits the durability of traditional self-expanding stents. In these cases, the treated vessel is short and can typically be treated with one stent. In complex cases where a total occlusion is being treated with atherectomy, angioplasty and stent placement (37277), it is typical to enter the subintimal space and require a reentry device to gain wire access to the true lumen across the occlusion. In these long segment chronic total occlusions, it is typical to use covered stents (SD254) due to improved patency over uncovered metal stents for long segment of disease. Given the typical length of chronic total occlusions in the femoropopliteal segment, two covered stents are typically used since the invoiced covered stent is 5 or 10 cm long and typical lesions are 15cm – 25cm in length.. Atherectomy is performed using one of a number of different atherectomy devices (SD253) which are designed with different treatment modalities that are specific to plaque morphology, plaque composition and vessel size. One device can be used for both the 000 Global base codes and on the ZZZ add on codes and therefore, the add-on codes do not have an additional device included. When atherectomy, angioplasty and stent placement is performed (37275 and 37277), it is typical (and described in the IFU) to use a distal protection device to prevent embolization of fibrofatty plaque, calcified debris and/or thrombus. When performing atherectomy, proprietary wires are typically used which can accommodate

rapid rotations the devices often utilize. In most cases, the support wire represents a proprietary wire which is associated with each product but is best represented by SD173 which is included in the codes 37271 and 37273. In those cases, the Spider FX Embolic Protection device (SD256) cannot be used. For this reason, a new product which can be used with the proprietary wires for various atherectomy devices is more appropriate (see Embolic protection device for atherectomy). In complex total occlusions (37277 and 37278), the use of a crossing catheter (SC096) and steerable microwire (SD175) is typical.

37279 Femoropopliteal IVL – Only include the IVL balloon catheter in the supply inputs. A single balloon is typical. The IVL catheter is only available from one vendor and is by definition necessary for the performance of this work. There are no alternatives to this product available at this time.

Tibial Family
37280-30 Tibial Angioplasty – In all tibial interventions, the use of a crossing catheter (SC096) and steerable microwire (SD175) is typical. An additional steerable microware (SD175) is needed for the add-on codes (37281 and 37283) due to damage typically inflicted during lesion crossing for the base code rendering the wire (SD175) not usable for the additional tibial vessels. A stiff, small caliber support wire (SD173) is also typical once the lesion is crossed for delivering the angioplasty balloon through calcified, diseased vessels. Typically if more than one tibial vessels are treated during the same procedure, the stiff wires (SD173) are placed in each vessel prior to performing angioplasty. The current standard of care for the treatment of this vascular distribution with angioplasty is with a low-profile ballon (SD151). In complex cases where a total occlusion is being treated with angioplasty (37282), it is typical to enter the subintimal space and require a reentry device to gain wire access to the true lumen across the occlusion. In addition, it is typical to use a distal protection device (SD256) to prevent embolization of fibrofatty plaque and thrombus in these cases.

37284-34 Tibial Angioplasty and stent – In all tibial interventions, the use of a crossing catheter (SC096) and steerable microwire (SD175) is typical. An additional steerable microware (SD175) is needed for the add-on codes (37285 and 37287) due to damage typically inflicted during lesion crossing for the base code rendering the wire (SD175) not usable for the additional tibial vessels. A stiff, small caliber support wire (SD173) is also typical once the lesion is crossed for delivering the angioplasty balloon and stent through calcified, diseased vessels. Typically if more than one tibial vessels are treated during the same procedure, the stiff wires (SD173) are placed in each vessel prior to performing angioplasty and stent placement. Once angioplasty is performed with the low profile balloon (SD151) the decision is made to place stents where needed. The previous input for tibial stents in the supply database is no longer used and is not typical. The new supply input represents a tibial specific drug-eluting stent which is FDA approved for use in this vascular distribution. This stent has a maximum length of 38mm, similar to coronary drug eluting stents. Given the typical length and heavy calcification of chronic total occlusions in the tibial segment in complex cases (37286 and 37287), two drug-eluting stents are typically used whereas in "straight-forward" cases (37284 and 37285) one would be more typical. In complex cases where a total occlusion is being treated with angioplasty (37282), it is typical to enter the subintimal space and require a reentry device to gain wire access to the true lumen across the occlusion. In addition, it is typical to use a distal protection device (SD256) to prevent embolization of fibrofatty plaque and thrombus during the performance of 37284 and 37286.

37288-38 Tibial Atherectomy and angioplasty – In all tibial interventions, the use of a crossing catheter (SC096) and steerable microwire (SD175) is typical. An additional steerable microware

(SD175) is needed for the add-on codes (37289 and 37291) due to damage typically inflicted during lesion crossing for the base code rendering the wire (SD175) not usable for the additional tibial vessels. The current standard of care for the treatment of this vascular distribution with angioplasty is with a low-profile ballon (SD151). Atherectomy is performed using one of a number of different atherectomy devices (SD253) which are designed with different treatment modalities that are specific to plaque morphology, plaque composition and vessel size. One device can be used for both the 000 Global base codes and on the ZZZ add on codes and therefore, the add-on codes do not have an additional device included. When atherectomy and angioplasty is performed (37288 and 37290), it is typical (and described in the IFU) to use a distal protection device to prevent embolization of fibrofatty plaque, calcified debris and/or thrombus. When performing atherectomy, proprietary wires are typically used which can accommodate rapid rotations the devices often utilize. In most cases, the support wire represents a proprietary wire which is associated with each product but is best represented by SD173 which is included in the four codes tibial atherectomy and angioplasty (37288-38). Typically, if more than one tibial vessels are treated during the same procedure, the stiff wires (SD173) are placed in each vessel prior to performing angioplasty and atherectomy. In those cases, the Spider FX Embolic Protection device (SD256) cannot be used. For this reason, a new product which can be used with the proprietary wires for various atherectomy devices is more appropriate (see Embolic protection device for atherectomy). In complex cases where a total occlusion is being treated with angioplasty (37290), it is typical to enter the subintimal space and require a reentry device to gain wire access to the true lumen across the occlusion.

37292-42 Tibial Atherectomy, angioplasty and stent - In all tibial interventions, the use of a crossing catheter (SC096) and steerable microwire (SD175) is typical. An additional steerable microware (SD175) is needed for the add-on codes (37293 and 37295) due to damage typically inflicted during lesion crossing for the base code rendering the wire (SD175) not usable for the additional tibial vessels. Once atherectomy and angioplasty is performed with the low-profile balloon (SD151) the decision is made to place stents where needed. The previous input for tibial stents in the supply database is no longer used and is not typical. The new supply input represents a tibial specific drug-eluting stent which is FDA approved for use in this vascular distribution. This stent has a maximum length of 38mm, similar to coronary drug eluting stents. Given the typical length and heavy calcification of chronic total occlusions in the tibial segment in complex cases (37294 and 37295), two drug-eluting stents are typically used whereas in "straight-forward" cases (37292 and 37293) one would be more typical. In complex cases where a total occlusion is being treated with atherectomy and angioplasty (37294), it is typical to enter the subintimal space and require a reentry device to gain wire access to the true lumen across the occlusion. Atherectomy is performed using one of a number of different atherectomy devices (SD253) which are designed with different treatment modalities that are specific to plaque morphology, plaque composition and vessel size. One device can be used for both the 000 Global base codes and on the ZZZ add on codes and therefore, the add-on codes do not have an additional device included. When atherectomy, angioplasty and stent placement is performed (37292 and 37294), it is typical (and described in the IFU) to use a distal protection device to prevent embolization of fibrofatty plaque, calcified debris and/or thrombus. When performing atherectomy, proprietary wires are typically used which can accommodate rapid rotations the devices often utilize. In most cases, the support wire represents a proprietary wire which is associated with each product but is best represented by SD173 which is included in the four codes tibial atherectomy, angioplasty and stent placement (37292-42). Typically, if more than one tibial vessels are treated during the same procedure, the stiff wires (SD173) are placed in each vessel prior to performing angioplasty and atherectomy. In those cases, the Spider

FX Embolic Protection device (SD256) cannot be used. For this reason, a new product which can be used with the proprietary wires for various atherectomy devices is more appropriate (see Embolic protection device for atherectomy).

Infra Family
37296-46 - In all inframalleolar interventions, the use of a crossing catheter (SC096) and steerable microwire (SD175) is typical. An additional steerable microware (SD175) is needed for the add-on codes (37285 and 37287) due to damage typically inflicted during lesion crossing for the base code rendering the wire (SD175) not usable for the additional inframalleolar vessels. For complex inframalleolar total occlusions (37298), multiple wires are typically used including hydrophilic wires and heavy weighted CTO wires in order to achieve a successful cross of the occlusion, therefore two SD175 are requested for this code only. A stiff, small caliber support wire (SD173) is also typical once the lesion is crossed for delivering the angioplasty balloon through calcified, diseased vessels. Typically if more than one inframalleolar vessels are treated during the same procedure, the stiff wires (SD173) are placed in each vessel prior to performing angioplasty. In complex occlusions, 37298 the use of multiple microwires to cross the occlusion in this territory would be typical and for that reason we requested two steerable microwires (SD175). The current standard of care for the treatment of this vascular distribution with angioplasty is with a low-profile ballon (SD151).

Creation of New Pack – Angio Pack
The specialty societies are recommending the PE Subcommittee consider creating an angio pack with the following items. An angio pack will facilitate the PE process and ensure consistency within the vascular/interventional procedures.

Angio Pack Contents		**Corresponding Supply list components**				**$ 68.26**
10 cc syringe	SC051	syringe 10-12ml	item	0.21	4	$ 0.84
Bowl, sterile	SJ079	basin, sterile 500cc	item	3.51	2	$ 7.02
gauze	SG055	gauze, sterile 4in x 4in	item	0.19	20	$ 3.80
marker, regular tip	SK075	skin marking pen, sterile (Skin Skribe)	item	1.62	1	$ 1.62
dome cover	SB008	drape, sterile, c-arm, fluoro	item	5.38	1	$ 5.38
blue towels	SB019	drape-towel, sterile 18in x 26in	item	0.47	4	$ 1.88
scalpel	SF007	blade, surgical (Bard-Parker)	item	0.68	1	$ 0.68
back table cover	SB014	drape, sterile, three-quarter sheet	item	3.46	1	$ 3.46
20cc syringe	SC053	syringe 20ml	item	0.83	4	$ 3.32
drape, femoral	SB009	drape, sterile, femoral	item	9.15	1	$ 9.15

medicine cup	SL157	cup, sterile, 8 oz	item	0.58	1	$ 0.58
label sheet	SL198	label, vial	item	0.02	9	$ 0.18
control syringe (lidocaine)	SC051	syringe 10-12ml	item	0.21	1	$ 0.21
scissor	SA027	kit, scissors and clamp	kit	0.82	1	$ 0.82
surgical gowns x 2	SB028	gown, surgical, sterile	item	5.13	2	$ 10.26
18 G needle	SC027	needle, 18-19g, filter	item	0.21	1	$ 0.21
25 G needle	SC028	needle, 18-26g 1.5-3.5in, spinal	item	9.96	1	$ 9.96
needle counter	SD120	styrofoam block, high density (3in-12in-12in)	item	1.86	1	$ 1.86
towel clamps (plastic disposable)	SD208	towel clamp, plastic	item	0.76	4	$ 3.04
Guidewire bowl	SD171	guidewire bowl w-lid, sterile	Item	3.99	1	$ 3.99

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

The PE subcommittee removed the following items:

- SC001 angiocatheter 14g-24g
- SG037 dressing, 4in x 4.75in (Tegaderm)
- SC018 iv infusion set
- SA019 kit, iv starter

The items, listed above, are included in the direct practice expense inputs for the moderate sedation CPT codes and thus, would be a duplication of items when moderate sedations is reported (which is typical for these services).

CPT CODE(S): 37254-37299
SPECIALTY SOCIETY(IES): ACC, ACR, ACS, OEIS, SCAI, SIR, SVS
PRESENTER(S): Curtis Anderson, MD (OEIS), Robert Kennedy, MD (SIR), Andy Moriarity, MD (ACR), Gerald Niedzwiecki, MD (OEIS), Matthew Sideman, MD (SVS), Afnan Tariq, MD (SCAI), Richard Wright, MD (ACC)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**REFERENCE CODE**	
2						**37236**		**37237**	
3		***RUC Collaboration Website***				Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; initial artery		Transcatheter placement of an intravascular stent(s) (except lower extremity artery(s) for occlusive disease, cervical carotid, extracranial vertebral or intrathoracic carotid, intracranial, or coronary), open or percutaneous, including radiological supervision and interpretation and including all angioplasty within the same vessel, when performed; each additional artery (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**.000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 3,025.46**	**$ 4.86**	**$ 1,431.22**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**				**279**	**9**	**96**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**15**	**6**	**0**	**0**
10		*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*0.54*	*9*	*6*	*-*	*0*
11		*Vascular Interventional Technologist*	*L041A*	*Vascular Interventional Technologist*	*0.838*	*6*		*0*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**261**	**0**	**96**	**0**
13		*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*0.54*	*53*		*12*	
14		*Vascular Interventional Technologist*	*L041A*	*Vascular Interventional Technologist*	*0.838*	*163*		*84*	
15		*Radiologic Technologist*	*L041B*	*Radiologic Technologist*	*0.63*				
16		*RN*	*L051A*	*RN*	*0.76*	*45*		*0*	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3**	**3**	**0**	**0**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 210.50**	**$ 4.86**	**$ 76.80**	**$ -**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54	3	3		
22	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54	3			
23	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		3		
24	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54				
25	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54	3			
26	CA006	Confirm availability of prior images/studies	L041A	Vascular	0.838	6			
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54	3			
40	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54	5			
41	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54	5			
42	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54				
43	CA013	Prepare room, equipment and supplies	L041B	Radiologic	0.63				
44	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54	7		1	
45	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54				
46	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54				
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041B	Radiologic	0.63				
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54	5			
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L041A	Vascular Interventional	0.838	90		45	
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L041B	Radiologic Technologist	0.63				
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	L037D	RN/LPN/MTA	0.54	22		11	
61	CA021	Perform procedure/service---NOT directly related to physician work	L037D	RN/LPN/MTA	0.54				
62	CA020	Assist physician or other qualified healthcare professional---directly	L041A	Vascular	0.838	68		34	
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4	L051A	RN	0.76	45			
70	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54				
71	CA024	Clean room/equipment by clinical staff	L041B	Radiologic	0.63				
72	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	3			
77	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54	3			
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L041A	Vascular	0.838	5		5	
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54				
83	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54				
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54	3	3		
95	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54				
109		**End: with last office visit before end of global period**							

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2						**37236**		**37237**	
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4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**.000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 3,025.46**	**$ 4.86**	**$ 1,431.22**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**				**279**	**9**	**96**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**15**	**6**	**0**	**0**
10		*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*0.54*	*9*	*6*	*-*	*0*
11		*Vascular Interventional Technologist*	*L041A*	*Vascular Interventional Technologist*	*0.838*	*6*		*0*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**261**	**0**	**96**	**0**
13		*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*0.54*	*53*		*12*	
14		*Vascular Interventional Technologist*	*L041A*	*Vascular Interventional Technologist*	*0.838*	*163*		*84*	
15		*Radiologic Technologist*	*L041B*	*Radiologic Technologist*	*0.63*				
16		*RN*	*L051A*	*RN*	*0.76*	*45*		*0*	
110	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 2,318.54**	**$ -**	**$ 1,144.54**	**$ -**
112	SA048	pack, minimum multi-specialty visit	5.02	pack		1			
113	SC001	angiocatheter 14g-24g	2.45	item					
114	SC018	iv infusion set	1.27	item					
115	SH065	sodium chloride 0.9% flush syringe	0.68	item		2			
116	SA019	kit, iv starter	1.07	kit					
117	SB008	drape, sterile, c-arm, fluoro	5.38	item					
118	SB044	underpad 2ft x 3ft (Chux)	0.32	item		1			
119	SD171	guidewire bowl w-lid, sterile	3.99	item					
120	SC051	syringe 10-12ml	0.21	item		1			
121	SC053	syringe 20ml	0.83	item					
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)	172.67	item		1			
123	SG035	dressing, 3in x 4in (Telfa, Release)	0.05	item					
124	SG055	gauze, sterile 4in x 4in	0.19	item		2			
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)	182.14	item					
126	SB014	drape, sterile, three-quarter sheet	3.46	item					
127	SD120	styrofoam block, high density (3in-12in-12in)	1.857	item					
128	SJ079	basin, sterile 500cc	3.51	item					
129	SA027	kit, scissors and clamp	0.82	kit					
130	SL157	cup, sterile, 8 oz	0.58	item					
131	SL198	label, vial	0.02	item					
132	SA067	tray, shave prep	1.27	tray		1			
133	SK075	skin marking pen, sterile (Skin Skribe)	1.62	item					
134	SB001	cap, surgical	1.14	item		4			
135	SB028	gown, surgical, sterile	5.13	item		2			
136	SB034	mask, surgical, with face shield	3.4	item		4			
137	SB039	shoe covers, surgical	0.1	pair		4			
138	SB024	gloves, sterile	0.91	pair		3			
139	SJ041	povidone soln (Betadine)	0.38	ml		60			
140	SJ009	basin, irrigation	2	item					
141	SG009	applicator, sponge-tipped	0.15	item		4			
142	SB009	drape, sterile, femoral	9.15	item		1			
143	SB019	drape-towel, sterile 18in x 26in	0.47	item		4			
144	SD208	towel clamp, plastic	0.76	item					
145	SH047	lidocaine 1%-2% inj (Xylocaine)	0.06	ml		10			
146	SC027	needle, 18-19g, filter	0.21	item					
147	SC028	needle, 18-26g 1.5-3.5in, spinal	9.96	item					
148	SC008	catheter, angiographic, pig-tail	10.74	item					
149	SC010	closed flush system, angiography	172.85	item		1			
150	SD140	bag system, 1000ml (for angiography waste fluids)	20.1	item					
151	SD136	vascular sheath	24.444	item					
152	SF007	blade, surgical (Bard-Parker)	0.68	item		1			
153	SA071	kit, AccuStick II Introducer System with RO Marker	82.51	kit		1			
154	SH039	heparin 1,000 units-ml inj	0.47	ml		5			
155	SD252	guidewire, Amplatz wire 260 cm	34.91	item					
156	SG074	steri-strip (6 strip uou)	1.54	item		1			
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)	261.94	item					
158	SD207	suture device for vessel closure (Perclose A-T)	189	item		1			
159	SG037	dressing, 4in x 4.75in (Tegaderm)	0.6	item					
160	SM013	disinfectant, surface (Envirocide, Sanizide)	0.18	oz		6			
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device	73.36	item		1			
163	SA103	stent, vascular, deployment system, Cordis SMART	803.58	kit					
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)	139.83	item					
165	SD089	guidewire, hydrophilic	20.555	item		1			
166	SD089	guidewire, hydrophilic (UPDATED PRICING)	41.15	item					
167	SD147	catheter, (Glide)	48.95	item					
168	SD147	catheter, (Glide) (UPDATED PRICING)	50.65	item					
169	SD148	catheter, (SIM2F1)	13.22	item					
170	SD151	catheter, balloon, low profile PTA	332.11	item				1	

	A	B	D	E	F	G	H	I	J
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5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**.000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 3,025.46**	**$ 4.86**	**$ 1,431.22**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**				**279**	**9**	**96**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**15**	**6**	**0**	**0**
10		*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*0.54*	*9*	*6*	*-*	*0*
11		*Vascular Interventional Technologist*	*L041A*	*Vascular Interventional Technologist*	*0.838*	*6*		*0*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**261**	**0**	**96**	**0**
13		*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*0.54*	*53*		*12*	
14		*Vascular Interventional Technologist*	*L041A*	*Vascular Interventional Technologist*	*0.838*	*163*		*84*	
15		*Radiologic Technologist*	*L041B*	*Radiologic Technologist*	*0.63*				
16		*RN*	*L051A*	*RN*	*0.76*	*45*		*0*	
171	SD154	catheter, microcatheter (selective 3rd order)	332.11	item		1			
172	SD172	guidewire, cerebral (Bentson)	48.27	item					
173	SD173	guidewire, low profile (SpartaCore)	75	item		1			
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]	72.64	item		1			
175	SD251	Sheath Shuttle (Cook)	109.69	item					
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	3048.33	kit					
177	SD253	atherectomy device (UPDATED PRICING)	3447.5	kit					
178	SD254	covered stent (VIABAHN, Gore)	3129	item					
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)	3931.17	item					
180	SD255	Reentry device (Frontier, Outback, Pioneer)	2343.12	item					
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)	3100	item					
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	1142.89	item					
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	3307.69	item					
184	NEW	drug eluting stent, tibial	2750	item					
185	SD090	guidewire, STIFF	45.29	item					
186	SD175	guidewire, steerable (Transcend)	231.59	item		1			
187	NEW	Iliac IVL Catheter	3450	item					
188	NEW	FemPop IVL Catheter	4700	item					
189	NEW	Drug coated balloon	2343	item					
190	NEW	Drug eluting stent	1900	item					
191	NEW	Embolic protection for atherectomy	2862	item					
192									
193	SC049	stop cock, 3-way	1.04	item		1			
194	SC054	syringe 30 ml	0.95	item		1			
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0.49	item		2			
196	SD299	stent, balloon, implantable	812.43	item		1		1	
197	SG079	tape, surgical paper 1in (Micropore)	0.01	inch		6			
198									
199	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 496.42**	**$ -**	**$ 209.88**	**$ -**
201	EQ088	contrast media warmer	552	Highly Technical	0.001781653				
202	EQ032	IV infusion pump	2439.096	Monitoring	0.006472694	180			
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	3139	Monitoring	0.010131537	180			
204	EL011	room, angiography	1193425.211	Highly Technical	4.521910978	107		46	
205	EF027	table, instrument, mobile	531.926	Monitoring	0.001183213	180			
206	ED053	Professional PACS Workstation	15467.671	Other Formula	0.061285948	31			
207	ED050	Technologist PACS workstation	5557	PACS	0.022017924	163		84	
208	ED031	printer, dye sublimation (photo, color)	22474.173	Other Formula	0.089047084				
209	NEW	IVL generator	15000	Default	0.059432944				
210	EF018	stretcher	8095.021		0.021481972	180			
211	ED032	printer, laser, paper	1014.25		0.004018658	5		5	
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	O	P	Q	R	S	T	U
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DE**
2			**37254**		**37220**		**37255**		**3722**
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty~~		Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel		~~Revascular endovascular percutaneous, each additiona iliac vesse transluminal a (List separ addition to primary pro~~
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 2,404.83**	**$ 4.86**	**$ 2,758.20**	**$ 4.86**	**$ 511.85**	**$ -**	**$ 576.01**
8		**TOTAL CLINICAL STAFF TIME**	**219**	**9**	**221**	**9**	**60**	**0**	**82**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**15**	**6**	**15**	**6**	**0**	**0**	**0**
10		*RN/LPN/MTA*	*9*	*6*	*9*	*6*	*-*	*0*	*-*
11		*Vascular Interventional Technologist*	*6*		*6*		*0*		*0*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**201**	**0**	**203**	**0**	**60**	**0**	**82**
13		*RN/LPN/MTA*	*31*		*33*		*8*		*10*
14		*Vascular Interventional Technologist*	*65*		*65*		*30*		*42*
15		*Radiologic Technologist*	*60*		*60*		*23*		*30*
16		*RN*	*45*		*45*		*0*		*0*
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**3**	**3**	**3**	**0**	**0**	**0**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 154.72**	**$ 4.86**	**$ 155.80**	**$ 4.86**	**$ 43.37**	**$ -**	**$ 59.50**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms	3	3	3	3			
22	CA002	Coordinate pre-surgery services (including test results)	3		3				
23	CA003	Schedule space and equipment in facility		3		3			
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription	3		3				
26	CA006	Confirm availability of prior images/studies	6		6				
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are	3		5				
40	CA010	Obtain vital signs	5		5				
41	CA011	Provide education/obtain consent	5		5				
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies	7		7				
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	5		5				
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	60		60		30		40
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	45		45		22.5		30
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	15		15		7.5		10
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4	45		45				
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff	3		3				
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds	1		3				
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,	5		5				2
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions	2						
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications	3	3	3	3			
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

	A	B	O	P	Q	R	S	T	U
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DE**
2			**37254**		**37220**		**37255**		**3722**
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty~~		Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel		~~Revascular endovascular percutaneous, each additiona iliac vesse transluminal a (List separ addition to primary pro~~
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 2,404.83**	**$ 4.86**	**$ 2,758.20**	**$ 4.86**	**$ 511.85**	**$ -**	**$ 576.01**
8		**TOTAL CLINICAL STAFF TIME**	**219**	**9**	**221**	**9**	**60**	**0**	**82**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**15**	**6**	**15**	**6**	**0**	**0**	**0**
10		*RN/LPN/MTA*	*9*	*6*	*9*	*6*	*-*	*0*	*-*
11		*Vascular Interventional Technologist*	*6*		*6*		*0*		*0*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**201**	**0**	**203**	**0**	**60**	**0**	**82**
13		*RN/LPN/MTA*	*31*		*33*		*8*		*10*
14		*Vascular Interventional Technologist*	*65*		*65*		*30*		*42*
15		*Radiologic Technologist*	*60*		*60*		*23*		*30*
16		*RN*	*45*		*45*		*0*		*0*
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 1,903.48**	**$ -**	**$ 2,245.66**	**$ -**	**$ 332.11**	**$ -**	**$ 334.46**
112	SA048	pack, minimum multi-specialty visit	1		1				
113	SC001	angiocatheter 14g-24g	0						
114	SC018	iv infusion set	0						
115	SH065	sodium chloride 0.9% flush syringe	2		2				
116	SA019	kit, iv starter	0						
117	SB008	drape, sterile, c-arm, fluoro	1		1				
118	SB044	underpad 2ft x 3ft (Chux)	1		1				
119	SD171	guidewire bowl w-lid, sterile	1		2				
120	SC051	syringe 10-12ml	4		4				
121	SC053	syringe 20ml	4		4				
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)	1		1				
123	SG035	dressing, 3in x 4in (Telfa, Release)	2		2				
124	SG055	gauze, sterile 4in x 4in	20		2				
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)	1		1				
126	SB014	drape, sterile, three-quarter sheet	1						
127	SD120	styrofoam block, high density (3in-12in-12in)	1						
128	SJ079	basin, sterile 500cc	1						
129	SA027	kit, scissors and clamp	1						
130	SL157	cup, sterile, 8 oz	1						
131	SL198	label, vial	9						
132	SA067	tray, shave prep	1		1				
133	SK075	skin marking pen, sterile (Skin Skribe)	1						
134	SB001	cap, surgical	4		4				
135	SB028	gown, surgical, sterile	2		2				
136	SB034	mask, surgical, with face shield	4		4				
137	SB039	shoe covers, surgical	4		4				
138	SB024	gloves, sterile	2		2				
139	SJ041	povidone soln (Betadine)	60		60				
140	SJ009	basin, irrigation	1						
141	SG009	applicator, sponge-tipped	4		4				
142	SB009	drape, sterile, femoral	1		1				
143	SB019	drape-towel, sterile 18in x 26in	4		4				
144	SD208	towel clamp, plastic	1						
145	SH047	lidocaine 1%-2% inj (Xylocaine)	10		10				
146	SC027	needle, 18-19g, filter	1						
147	SC028	needle, 18-26g 1.5-3.5in, spinal	1						
148	SC008	catheter, angiographic, pig-tail	1		1				
149	SC010	closed flush system, angiography	1		1				
150	SD140	bag system, 1000ml (for angiography waste fluids)	1						
151	SD136	vascular sheath	1		1				
152	SF007	blade, surgical (Bard-Parker)	1		1				
153	SA071	kit, AccuStick II Introducer System with RO Marker	1		1				
154	SH039	heparin 1,000 units-ml inj	5		5				5
155	SD252	guidewire, Amplatz wire 260 cm	1						
156	SG074	steri-strip (6 strip uou)	1		1				
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)	1		1				
158	SD207	suture device for vessel closure (Perclose A-T)	1		1				
159	SG037	dressing, 4in x 4.75in (Tegaderm)	0						
160	SM013	disinfectant, surface (Envirocide, Sanizide)	1		1				
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device	1						
163	SA103	stent, vascular, deployment system, Cordis SMART							
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)			1				
165	SD089	guidewire, hydrophilic			1				
166	SD089	guidewire, hydrophilic (UPDATED PRICING)	1						
167	SD147	catheter, (Glide)			1				
168	SD147	catheter, (Glide) (UPDATED PRICING)	1						
169	SD148	catheter, (SIM2F1)	1		1				
170	SD151	catheter, balloon, low profile PTA	1		2		1		1

	A	B	O	P	Q	R	S	T	U
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DE**
2			**37254**		**37220**		**37255**		**3722**
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty~~		Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel		~~Revascular endovascular percutaneous, each additiona iliac vesse transluminal a (List separ addition to primary pro~~
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 2,404.83**	**$ 4.86**	**$ 2,758.20**	**$ 4.86**	**$ 511.85**	**$ -**	**$ 576.01**
8		**TOTAL CLINICAL STAFF TIME**	**219**	**9**	**221**	**9**	**60**	**0**	**82**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**15**	**6**	**15**	**6**	**0**	**0**	**0**
10		*RN/LPN/MTA*	*9*	*6*	*9*	*6*	*-*	*0*	*-*
11		*Vascular Interventional Technologist*	*6*		*6*		*0*		*0*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**201**	**0**	**203**	**0**	**60**	**0**	**82**
13		*RN/LPN/MTA*	*31*		*33*		*8*		*10*
14		*Vascular Interventional Technologist*	*65*		*65*		*30*		*42*
15		*Radiologic Technologist*	*60*		*60*		*23*		*30*
16		*RN*	*45*		*45*		*0*		*0*
171	SD154	catheter, microcatheter (selective 3rd order)							
172	SD172	guidewire, cerebral (Bentson)	1		1				
173	SD173	guidewire, low profile (SpartaCore)							
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]	1		1				
175	SD251	Sheath Shuttle (Cook)							
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)							
177	SD253	atherectomy device (UPDATED PRICING)							
178	SD254	covered stent (VIABAHN, Gore)							
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)							
180	SD255	Reentry device (Frontier, Outback, Pioneer)							
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)							
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)							
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)							
184	NEW	drug eluting stent, tibial							
185	SD090	guidewire, STIFF			1				
186	SD175	guidewire, steerable (Transcend)							
187	NEW	Iliac IVL Catheter							
188	NEW	FemPop IVL Catheter							
189	NEW	Drug coated balloon							
190	NEW	Drug eluting stent							
191	NEW	Embolic protection for atherectomy							
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 346.63**	**$ -**	**$ 356.74**	**$ -**	**$ 136.37**	**$ -**	**$ 182.05**
201	EQ088	contrast media warmer	75		77		30		40
202	EQ032	IV infusion pump	180		180				
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	180		180				
204	EL011	room, angiography	75		77		30		40
205	EF027	table, instrument, mobile	180		180				
206	ED053	Professional PACS Workstation	34		34				
207	ED050	Technologist PACS workstation	94		122		30		42
208	ED031	printer, dye sublimation (photo, color)			5				2
209	NEW	IVL generator							
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	V	W	X	Y	Z	AA	AB
1	**RUC Practice Expense Spreadsheet**		**~~LETED~~**	**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**	
2			**~~2~~**	**37256**		**37220**		**37257**	
3		***RUC Collaboration Website***	~~ization,~~	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty CPT CODE DESCRIPTOR~~		Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	~~, open or iliac artery, l ipsilateral l; with ngioplasty ately in code for cedure)~~						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 2,664.49**	**$ 4.86**	**$ 2,758.20**	**$ 4.86**	**$ 547.79**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**259**	**9**	**221**	**9**	**72**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**15**	**6**	**15**	**6**	**0**	**0**
10		*RN/LPN/MTA*	*0*	*9*	*6*	*9*	*6*	*-*	*0*
11		*Vascular Interventional Technologist*		*6*		*6*		*0*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**241**	**0**	**203**	**0**	**72**	**0**
13		*RN/LPN/MTA*		*36*		*33*		*9*	
14		*Vascular Interventional Technologist*		*85*		*65*		*36*	
15		*Radiologic Technologist*		*75*		*60*		*27*	
16		*RN*		*45*		*45*		*0*	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**3**	**3**	**3**	**3**	**0**	**0**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 183.63**	**$ 4.86**	**$ 155.80**	**$ 4.86**	**$ 52.04**	**$ -**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms		3	3	3	3		
22	CA002	Coordinate pre-surgery services (including test results)		3		3			
23	CA003	Schedule space and equipment in facility			3		3		
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription		3		3			
26	CA006	Confirm availability of prior images/studies		6		6			
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are		3		5			
40	CA010	Obtain vital signs		5		5			
41	CA011	Provide education/obtain consent		5		5			
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies		7		7			
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		5		5			
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)		80		60		36	
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		60		45		27	
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		20		15		9	
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4		45		45			
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff		3		3			
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds		1		3			
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,		5		5			
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions		2					
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications		3	3	3	3		
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

	A	B	V	W	X	Y	Z	AA	AB
1	**RUC Practice Expense Spreadsheet**		**~~LETED~~**	**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**	
2			**~~2~~**	**37256**		**37220**		**37257**	
3		***RUC Collaboration Website***	~~ization,~~	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty CPT CODE DESCRIPTOR~~		Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	~~, open or iliac artery, l ipsilateral l; with ngioplasty ately in code for cedure)~~						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 2,664.49**	**$ 4.86**	**$ 2,758.20**	**$ 4.86**	**$ 547.79**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**259**	**9**	**221**	**9**	**72**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**15**	**6**	**15**	**6**	**0**	**0**
10		*RN/LPN/MTA*	*0*	*9*	*6*	*9*	*6*	*-*	*0*
11		*Vascular Interventional Technologist*		*6*		*6*		*0*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**241**	**0**	**203**	**0**	**72**	**0**
13		*RN/LPN/MTA*		*36*		*33*		*9*	
14		*Vascular Interventional Technologist*		*85*		*65*		*36*	
15		*Radiologic Technologist*		*75*		*60*		*27*	
16		*RN*		*45*		*45*		*0*	
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 2,043.31**	**$ -**	**$ 2,245.66**	**$ -**	**$ 332.11**	**$ -**
112	SA048	pack, minimum multi-specialty visit		1		1			
113	SC001	angiocatheter 14g-24g		0					
114	SC018	iv infusion set		0					
115	SH065	sodium chloride 0.9% flush syringe		2		2			
116	SA019	kit, iv starter		0					
117	SB008	drape, sterile, c-arm, fluoro		1		1			
118	SB044	underpad 2ft x 3ft (Chux)		1		1			
119	SD171	guidewire bowl w-lid, sterile		1		2			
120	SC051	syringe 10-12ml		4		4			
121	SC053	syringe 20ml		4		4			
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)		1		1			
123	SG035	dressing, 3in x 4in (Telfa, Release)		2		2			
124	SG055	gauze, sterile 4in x 4in		20		2			
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)		1		1			
126	SB014	drape, sterile, three-quarter sheet		1					
127	SD120	styrofoam block, high density (3in-12in-12in)		1					
128	SJ079	basin, sterile 500cc		1					
129	SA027	kit, scissors and clamp		1					
130	SL157	cup, sterile, 8 oz		1					
131	SL198	label, vial		9					
132	SA067	tray, shave prep		1		1			
133	SK075	skin marking pen, sterile (Skin Skribe)		1					
134	SB001	cap, surgical		4		4			
135	SB028	gown, surgical, sterile		2		2			
136	SB034	mask, surgical, with face shield		4		4			
137	SB039	shoe covers, surgical		4		4			
138	SB024	gloves, sterile		2		2			
139	SJ041	povidone soln (Betadine)		60		60			
140	SJ009	basin, irrigation		1					
141	SG009	applicator, sponge-tipped		4		4			
142	SB009	drape, sterile, femoral		1		1			
143	SB019	drape-towel, sterile 18in x 26in		4		4			
144	SD208	towel clamp, plastic		1					
145	SH047	lidocaine 1%-2% inj (Xylocaine)		10		10			
146	SC027	needle, 18-19g, filter		1					
147	SC028	needle, 18-26g 1.5-3.5in, spinal		1					
148	SC008	catheter, angiographic, pig-tail		1		1			
149	SC010	closed flush system, angiography		1		1			
150	SD140	bag system, 1000ml (for angiography waste fluids)		1					
151	SD136	vascular sheath		1		1			
152	SF007	blade, surgical (Bard-Parker)		1		1			
153	SA071	kit, AccuStick II Introducer System with RO Marker		1		1			
154	SH039	heparin 1,000 units-ml inj		5		5			
155	SD252	guidewire, Amplatz wire 260 cm		1					
156	SG074	steri-strip (6 strip uou)		1		1			
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)		1		1			
158	SD207	suture device for vessel closure (Perclose A-T)		1		1			
159	SG037	dressing, 4in x 4.75in (Tegaderm)		0					
160	SM013	disinfectant, surface (Envirocide, Sanizide)		1		1			
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device		1					
163	SA103	stent, vascular, deployment system, Cordis SMART							
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)		1		1			
165	SD089	guidewire, hydrophilic				1			
166	SD089	guidewire, hydrophilic (UPDATED PRICING)		1					
167	SD147	catheter, (Glide)				1			
168	SD147	catheter, (Glide) (UPDATED PRICING)		1					
169	SD148	catheter, (SIM2F1)		1		1			
170	SD151	catheter, balloon, low profile PTA		1		2		1	

	A	B	V	W	X	Y	Z	AA	AB
1	**RUC Practice Expense Spreadsheet**		**~~LETED~~**	**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**	
2			**~~2~~**	**37256**		**37220**		**37257**	
3		***RUC Collaboration Website***	~~ization,~~	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty CPT CODE DESCRIPTOR~~		Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	~~, open or iliac artery, l ipsilateral l; with ngioplasty ately in code for cedure)~~						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 2,664.49**	**$ 4.86**	**$ 2,758.20**	**$ 4.86**	**$ 547.79**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**259**	**9**	**221**	**9**	**72**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**15**	**6**	**15**	**6**	**0**	**0**
10		*RN/LPN/MTA*	*0*	*9*	*6*	*9*	*6*	*-*	*0*
11		*Vascular Interventional Technologist*		*6*		*6*		*0*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**241**	**0**	**203**	**0**	**72**	**0**
13		*RN/LPN/MTA*		*36*		*33*		*9*	
14		*Vascular Interventional Technologist*		*85*		*65*		*36*	
15		*Radiologic Technologist*		*75*		*60*		*27*	
16		*RN*		*45*		*45*		*0*	
171	SD154	catheter, microcatheter (selective 3rd order)							
172	SD172	guidewire, cerebral (Bentson)		1		1			
173	SD173	guidewire, low profile (SpartaCore)							
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]		1		1			
175	SD251	Sheath Shuttle (Cook)							
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)							
177	SD253	atherectomy device (UPDATED PRICING)							
178	SD254	covered stent (VIABAHN, Gore)							
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)							
180	SD255	Reentry device (Frontier, Outback, Pioneer)							
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)							
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)							
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)							
184	NEW	drug eluting stent, tibial							
185	SD090	guidewire, STIFF				1			
186	SD175	guidewire, steerable (Transcend)							
187	NEW	Iliac IVL Catheter							
188	NEW	FemPop IVL Catheter							
189	NEW	Drug coated balloon							
190	NEW	Drug eluting stent							
191	NEW	Embolic protection for atherectomy							
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 437.55**	**$ -**	**$ 356.74**	**$ -**	**$ 163.65**	**$ -**
201	EQ088	contrast media warmer		95		77		36	
202	EQ032	IV infusion pump		180		180			
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)		180		180			
204	EL011	room, angiography		95		77		36	
205	EF027	table, instrument, mobile		180		180			
206	ED053	Professional PACS Workstation		34		34			
207	ED050	Technologist PACS workstation		114		122		36	
208	ED031	printer, dye sublimation (photo, color)				5			
209	NEW	IVL generator							
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	AC	AD	AE	AF	AG	AH	AI
1	**RUC Practice Expense Spreadsheet**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**		**RECOMME**
2			**37222**		**37258**		**37221**		**37259**
3		***RUC Collaboration Website***	~~Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)~~		Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~		Revascularization, endo percutaneous, iliac vascu transluminal stent place transluminal angioplasty including all maneuve accessing and selectively artery and crossing the le imaging guidance and radi and interpretation necess stent placement and ar performed, within the sam straightforward lesion, eac
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 576.01**	**$ -**	**$ 4,441.17**	**$ 4.86**	**$ 3,411.75**	**$ 4.86**	**$ 1,448.70**
8		**TOTAL CLINICAL STAFF TIME**	**82**	**0**	**249**	**9**	**281**	**9**	**80**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**	**0**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*	*-*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*		*0*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**82**	**0**	**231**	**0**	**263**	**0**	**80**
13		*RN/LPN/MTA*	*10*		*35*		*41*		*10*
14		*Vascular Interventional Technologist*	*42*		*80*		*95*		*40*
15		*Radiologic Technologist*	*30*		*71*		*83*		*30*
16		*RN*	*0*		*45*		*45*		*0*
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**3**	**3**	**3**	**3**	**0**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 59.50**	**$ -**	**$ 176.40**	**$ 4.86**	**$ 199.16**	**$ 4.86**	**$ 57.82**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms			3	3	3	3	
22	CA002	Coordinate pre-surgery services (including test results)			3		3		
23	CA003	Schedule space and equipment in facility				3		3	
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription			3		3		
26	CA006	Confirm availability of prior images/studies			6		6		
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are			3		5		
40	CA010	Obtain vital signs			5		5		
41	CA011	Provide education/obtain consent			5		5		
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies			7		7		
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			5		5		
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	40		75		90		40
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	30		56.25		67.5		30
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	10		18.75		22.5		10
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4			45		45		
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff			3		3		
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds			1		3		
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,	2		5		5		
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions			2				
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications			3	3	3	3	
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

	A	B	AC	AD	AE	AF	AG	AH	AI
1	**RUC Practice Expense Spreadsheet**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**		**RECOMME**
2			**37222**		**37258**		**37221**		**37259**
3		***RUC Collaboration Website***	~~Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)~~		Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~		Revascularization, endo percutaneous, iliac vascu transluminal stent place transluminal angioplasty including all maneuve accessing and selectively artery and crossing the le imaging guidance and radi and interpretation necess stent placement and ar performed, within the sam straightforward lesion, eac
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 576.01**	**$ -**	**$ 4,441.17**	**$ 4.86**	**$ 3,411.75**	**$ 4.86**	**$ 1,448.70**
8		**TOTAL CLINICAL STAFF TIME**	**82**	**0**	**249**	**9**	**281**	**9**	**80**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**	**0**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*	*-*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*		*0*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**82**	**0**	**231**	**0**	**263**	**0**	**80**
13		*RN/LPN/MTA*	*10*		*35*		*41*		*10*
14		*Vascular Interventional Technologist*	*42*		*80*		*95*		*40*
15		*Radiologic Technologist*	*30*		*71*		*83*		*30*
16		*RN*	*0*		*45*		*45*		*0*
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 334.46**	**$ -**	**$ 3,849.95**	**$ -**	**$ 2,719.48**	**$ -**	**$ 1,209.05**
112	SA048	pack, minimum multi-specialty visit			1		1		
113	SC001	angiocatheter 14g-24g			0				
114	SC018	iv infusion set			0				
115	SH065	sodium chloride 0.9% flush syringe			2		2		
116	SA019	kit, iv starter			0				
117	SB008	drape, sterile, c-arm, fluoro			1		1		
118	SB044	underpad 2ft x 3ft (Chux)			1		1		
119	SD171	guidewire bowl w-lid, sterile			1		2		
120	SC051	syringe 10-12ml			4		4		
121	SC053	syringe 20ml			4		4		
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)			1		1		
123	SG035	dressing, 3in x 4in (Telfa, Release)			2		2		
124	SG055	gauze, sterile 4in x 4in			20		2		
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)			1		1		
126	SB014	drape, sterile, three-quarter sheet			1				
127	SD120	styrofoam block, high density (3in-12in-12in)			1				
128	SJ079	basin, sterile 500cc			1				
129	SA027	kit, scissors and clamp			1				
130	SL157	cup, sterile, 8 oz			1				
131	SL198	label, vial			9				
132	SA067	tray, shave prep			1		1		
133	SK075	skin marking pen, sterile (Skin Skribe)			1				
134	SB001	cap, surgical			4		4		
135	SB028	gown, surgical, sterile			2		2		
136	SB034	mask, surgical, with face shield			4		4		
137	SB039	shoe covers, surgical			4		4		
138	SB024	gloves, sterile			2		2		
139	SJ041	povidone soln (Betadine)			60		60		
140	SJ009	basin, irrigation			1				
141	SG009	applicator, sponge-tipped			4		4		
142	SB009	drape, sterile, femoral			1		1		
143	SB019	drape-towel, sterile 18in x 26in			4		4		
144	SD208	towel clamp, plastic			1				
145	SH047	lidocaine 1%-2% inj (Xylocaine)			10		10		
146	SC027	needle, 18-19g, filter			1				
147	SC028	needle, 18-26g 1.5-3.5in, spinal			1				
148	SC008	catheter, angiographic, pig-tail			1		1		
149	SC010	closed flush system, angiography			1		1		
150	SD140	bag system, 1000ml (for angiography waste fluids)			1				
151	SD136	vascular sheath			1		1		
152	SF007	blade, surgical (Bard-Parker)			1		1		
153	SA071	kit, AccuStick II Introducer System with RO Marker			1		1		
154	SH039	heparin 1,000 units-ml inj	5		5		10		
155	SD252	guidewire, Amplatz wire 260 cm			1				
156	SG074	steri-strip (6 strip uou)			1		1		
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)			1		1		
158	SD207	suture device for vessel closure (Perclose A-T)			1		1		
159	SG037	dressing, 4in x 4.75in (Tegaderm)			0				
160	SM013	disinfectant, surface (Envirocide, Sanizide)			1		1		
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device			1				1
163	SA103	stent, vascular, deployment system, Cordis SMART			1		1		1
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)					1		
165	SD089	guidewire, hydrophilic					1		
166	SD089	guidewire, hydrophilic (UPDATED PRICING)			1				
167	SD147	catheter, (Glide)					1		
168	SD147	catheter, (Glide) (UPDATED PRICING)			1				
169	SD148	catheter, (SIM2F1)			1		1		
170	SD151	catheter, balloon, low profile PTA	1		1		1		1

	A	B	AC	AD	AE	AF	AG	AH	AI
1	**RUC Practice Expense Spreadsheet**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**		**RECOMME**
2			**37222**		**37258**		**37221**		**37259**
3		***RUC Collaboration Website***	~~Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)~~		Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~		Revascularization, endo percutaneous, iliac vascu transluminal stent plac transluminal angioplasty including all maneuve accessing and selectively artery and crossing the le imaging guidance and radi and interpretation necess stent placement and ar performed, within the sam straightforward lesion, ea
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 576.01**	**$ -**	**$ 4,441.17**	**$ 4.86**	**$ 3,411.75**	**$ 4.86**	**$ 1,448.70**
8		**TOTAL CLINICAL STAFF TIME**	**82**	**0**	**249**	**9**	**281**	**9**	**80**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**	**0**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*	*-*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*		*0*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**82**	**0**	**231**	**0**	**263**	**0**	**80**
13		*RN/LPN/MTA*	*10*		*35*		*41*		*10*
14		*Vascular Interventional Technologist*	*42*		*80*		*95*		*40*
15		*Radiologic Technologist*	*30*		*71*		*83*		*30*
16		*RN*	*0*		*45*		*45*		*0*
171	SD154	catheter, microcatheter (selective 3rd order)							
172	SD172	guidewire, cerebral (Bentson)			1		1		
173	SD173	guidewire, low profile (SpartaCore)							
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]			1		1		
175	SD251	Sheath Shuttle (Cook)							
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)							
177	SD253	atherectomy device (UPDATED PRICING)							
178	SD254	covered stent (VIABAHN, Gore)							
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)							
180	SD255	Reentry device (Frontier, Outback, Pioneer)							
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)							
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)			1				
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)							
184	NEW	drug eluting stent, tibial							
185	SD090	guidewire, STIFF					1		
186	SD175	guidewire, steerable (Transcend)							
187	NEW	Iliac IVL Catheter							
188	NEW	FemPop IVL Catheter							
189	NEW	Drug coated balloon							
190	NEW	Drug eluting stent							
191	NEW	Embolic protection for atherectomy							
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 182.05**	**$ -**	**$ 414.82**	**$ -**	**$ 493.11**	**$ -**	**$ 181.83**
201	EQ088	contrast media warmer	40		90		107		40
202	EQ032	IV infusion pump			180		180		
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)			180		180		
204	EL011	room, angiography	40		90		107		40
205	EF027	table, instrument, mobile			180		180		
206	ED053	Professional PACS Workstation			34		34		
207	ED050	Technologist PACS workstation	42		109		152		40
208	ED031	printer, dye sublimation (photo, color)	2				5		
209	NEW	IVL generator							
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	AJ	AK	AL	AM	AN	AO	AP
1	**RUC Practice Expense Spreadsheet**		**NDED**	**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**	
2				**37223**		**37260**		**37221**	
3		***RUC Collaboration Website***	vascular, open or	~~Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)~~		Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	lar territory, with ment, including when performed, s necessary for catheterizing the sion, including all logical supervision ary to perform the gioplasty when e artery, unilateral; h additional vessel						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 1,411.89**	**$ -**	**$ 11,060.22**	**$ 4.86**	**$ 3,411.75**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**92**	**0**	**333**	**9**	**281**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*0*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*		*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**92**	**0**	**315**	**0**	**263**	**0**
13		*RN/LPN/MTA*		*11*		*45*		*41*	
14		*Vascular Interventional Technologist*		*47*		*122*		*95*	
15		*Radiologic Technologist*		*34*		*103*		*83*	
16		*RN*		*0*		*45*		*45*	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**3**	**3**	**3**	**3**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 66.72**	**$ -**	**$ 237.11**	**$ 4.86**	**$ 199.16**	**$ 4.86**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms				3	3	3	3
22	CA002	Coordinate pre-surgery services (including test results)				3		3	
23	CA003	Schedule space and equipment in facility					3		3
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription				3		3	
26	CA006	Confirm availability of prior images/studies				6		6	
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are				3		5	
40	CA010	Obtain vital signs				5		5	
41	CA011	Provide education/obtain consent				5		5	
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies				7		7	
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient				5		5	
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)		45		117		90	
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		33.75		87.75		67.5	
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		11.25		29.25		22.5	
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4				45		45	
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff				3		3	
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds				1		3	
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,		2		5		5	
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions				2			
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications				3	3	3	3
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

	A	B	AJ	AK	AL	AM	AN	AO	AP
1	**RUC Practice Expense Spreadsheet**		**NDED**	**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**	
2				**37223**		**37260**		**37221**	
3		***RUC Collaboration Website***	vascular, open or	~~Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)~~		Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	lar territory, with ment, including when performed, s necessary for catheterizing the sion, including all logical supervision ary to perform the gioplasty when e artery, unilateral; h additional vessel						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 1,411.89**	**$ -**	**$ 11,060.22**	**$ 4.86**	**$ 3,411.75**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**92**	**0**	**333**	**9**	**281**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*0*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*		*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**92**	**0**	**315**	**0**	**263**	**0**
13		*RN/LPN/MTA*		*11*		*45*		*41*	
14		*Vascular Interventional Technologist*		*47*		*122*		*95*	
15		*Radiologic Technologist*		*34*		*103*		*83*	
16		*RN*		*0*		*45*		*45*	
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 1,140.39**	**$ -**	**$ 10,217.37**	**$ -**	**$ 2,719.48**	**$ -**
112	SA048	pack, minimum multi-specialty visit				1		1	
113	SC001	angiocatheter 14g-24g				0			
114	SC018	iv infusion set				0			
115	SH065	sodium chloride 0.9% flush syringe				2		2	
116	SA019	kit, iv starter				0			
117	SB008	drape, sterile, c-arm, fluoro				1		1	
118	SB044	underpad 2ft x 3ft (Chux)				1		1	
119	SD171	guidewire bowl w-lid, sterile				1		2	
120	SC051	syringe 10-12ml				4		4	
121	SC053	syringe 20ml				4		4	
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)				1		1	
123	SG035	dressing, 3in x 4in (Telfa, Release)				2		2	
124	SG055	gauze, sterile 4in x 4in				20		2	
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)				1		1	
126	SB014	drape, sterile, three-quarter sheet				1			
127	SD120	styrofoam block, high density (3in-12in-12in)				1			
128	SJ079	basin, sterile 500cc				1			
129	SA027	kit, scissors and clamp				1			
130	SL157	cup, sterile, 8 oz				1			
131	SL198	label, vial				9			
132	SA067	tray, shave prep				1		1	
133	SK075	skin marking pen, sterile (Skin Skribe)				1			
134	SB001	cap, surgical				4		4	
135	SB028	gown, surgical, sterile				2		2	
136	SB034	mask, surgical, with face shield				4		4	
137	SB039	shoe covers, surgical				4		4	
138	SB024	gloves, sterile				2		2	
139	SJ041	povidone soln (Betadine)				60		60	
140	SJ009	basin, irrigation				1			
141	SG009	applicator, sponge-tipped				4		4	
142	SB009	drape, sterile, femoral				1		1	
143	SB019	drape-towel, sterile 18in x 26in				4		4	
144	SD208	towel clamp, plastic				1			
145	SH047	lidocaine 1%-2% inj (Xylocaine)				10		10	
146	SC027	needle, 18-19g, filter				1			
147	SC028	needle, 18-26g 1.5-3.5in, spinal				1			
148	SC008	catheter, angiographic, pig-tail				1		1	
149	SC010	closed flush system, angiography				1		1	
150	SD140	bag system, 1000ml (for angiography waste fluids)				1			
151	SD136	vascular sheath				1		1	
152	SF007	blade, surgical (Bard-Parker)				1		1	
153	SA071	kit, AccuStick II Introducer System with RO Marker				1		1	
154	SH039	heparin 1,000 units-ml inj		10		5		10	
155	SD252	guidewire, Amplatz wire 260 cm				1			
156	SG074	steri-strip (6 strip uou)				1		1	
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)				1		1	
158	SD207	suture device for vessel closure (Perclose A-T)				1		1	
159	SG037	dressing, 4in x 4.75in (Tegaderm)				0			
160	SM013	disinfectant, surface (Envirocide, Sanizide)				1		1	
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device				1			
163	SA103	stent, vascular, deployment system, Cordis SMART		1				1	
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)				1		1	
165	SD089	guidewire, hydrophilic						1	
166	SD089	guidewire, hydrophilic (UPDATED PRICING)				1			
167	SD147	catheter, (Glide)						1	
168	SD147	catheter, (Glide) (UPDATED PRICING)				1			
169	SD148	catheter, (SIM2F1)				1		1	
170	SD151	catheter, balloon, low profile PTA		1		1		1	

	A	B	AJ	AK	AL	AM	AN	AO	AP
1	**RUC Practice Expense Spreadsheet**		**NDED**	**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**	
2				**37223**		**37260**		**37221**	
3		***RUC Collaboration Website***	vascular, open or	~~Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)~~		Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	lar territory, with ment, including when performed, s necessary for catheterizing the sion, including all logical supervision ary to perform the gioplasty when e artery, unilateral; h additional vessel						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 1,411.89**	**$ -**	**$ 11,060.22**	**$ 4.86**	**$ 3,411.75**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**92**	**0**	**333**	**9**	**281**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*0*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*		*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**92**	**0**	**315**	**0**	**263**	**0**
13		*RN/LPN/MTA*		*11*		*45*		*41*	
14		*Vascular Interventional Technologist*		*47*		*122*		*95*	
15		*Radiologic Technologist*		*34*		*103*		*83*	
16		*RN*		*0*		*45*		*45*	
171	SD154	catheter, microcatheter (selective 3rd order)							
172	SD172	guidewire, cerebral (Bentson)				1		1	
173	SD173	guidewire, low profile (SpartaCore)							
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]				1		1	
175	SD251	Sheath Shuttle (Cook)							
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)							
177	SD253	atherectomy device (UPDATED PRICING)							
178	SD254	covered stent (VIABAHN, Gore)							
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)				1			
180	SD255	Reentry device (Frontier, Outback, Pioneer)							
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)				1			
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)				1			
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)							
184	NEW	drug eluting stent, tibial							
185	SD090	guidewire, STIFF						1	
186	SD175	guidewire, steerable (Transcend)							
187	NEW	Iliac IVL Catheter							
188	NEW	FemPop IVL Catheter							
189	NEW	Drug coated balloon							
190	NEW	Drug eluting stent							
191	NEW	Embolic protection for atherectomy							
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 204.78**	**$ -**	**$ 605.74**	**$ -**	**$ 493.11**	**$ -**
201	EQ088	contrast media warmer		45		132		107	
202	EQ032	IV infusion pump				180		180	
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)				180		180	
204	EL011	room, angiography		45		132		107	
205	EF027	table, instrument, mobile				180		180	
206	ED053	Professional PACS Workstation				34		34	
207	ED050	Technologist PACS workstation		47		151		152	
208	ED031	printer, dye sublimation (photo, color)		2				5	
209	NEW	IVL generator							
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	AQ	AR	AS	AT	AU	AV	AW
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**		**RECOMM**
2			**37261**		**37223**		**37262**		**372**
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel,		~~Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)~~		Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery		Revascularization, e percutaneous, fem vascular territory, angioplasty, includ necessary for acces catheterizing the art lesion, including all i radiological supervis necessary to perfo within the same straightforward le
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4,526.89**	**$ -**	**$ 1,411.89**	**$ -**	**$ 3,631.52**	**$ -**	**$ 7,091.49**
8		**TOTAL CLINICAL STAFF TIME**	**88**	**0**	**92**	**0**	**60**	**0**	**219**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**15**
10		*RN/LPN/MTA*	*-*	*0*	*-*	*0*	*-*	*0*	*9*
11		*Vascular Interventional Technologist*	*0*		*0*		*0*		*6*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**88**	**0**	**92**	**0**	**60**	**0**	**201**
13		*RN/LPN/MTA*	*11*		*11*		*8*		*31*
14		*Vascular Interventional Technologist*	*44*		*47*		*30*		*65*
15		*Radiologic Technologist*	*33*		*34*		*23*		*60*
16		*RN*	*0*		*0*		*0*		*45*
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**3**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 63.60**	**$ -**	**$ 66.72**	**$ -**	**$ 43.37**	**$ -**	**$ 154.72**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms							3
22	CA002	Coordinate pre-surgery services (including test results)							3
23	CA003	Schedule space and equipment in facility							
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription							3
26	CA006	Confirm availability of prior images/studies							6
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are							3
40	CA010	Obtain vital signs							5
41	CA011	Provide education/obtain consent							5
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies							7
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							5
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	44		45		30		60
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	33		33.75		22.5		45
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	11		11.25		7.5		15
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4							45
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff							3
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds							1
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,			2				5
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions							2
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications							3
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

	A	B	AQ	AR	AS	AT	AU	AV	AW
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**		**RECOMM**
2			**37261**		**37223**		**37262**		**372**
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel,		~~Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)~~		Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery		Revascularization, e percutaneous, fem vascular territory, angioplasty, includ necessary for acces catheterizing the art lesion, including all i radiological supervis necessary to perfo within the same straightforward le
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4,526.89**	**$ -**	**$ 1,411.89**	**$ -**	**$ 3,631.52**	**$ -**	**$ 7,091.49**
8		**TOTAL CLINICAL STAFF TIME**	**88**	**0**	**92**	**0**	**60**	**0**	**219**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**15**
10		*RN/LPN/MTA*	*-*	*0*	*-*	*0*	*-*	*0*	*9*
11		*Vascular Interventional Technologist*	*0*		*0*		*0*		*6*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**88**	**0**	**92**	**0**	**60**	**0**	**201**
13		*RN/LPN/MTA*	*11*		*11*		*8*		*31*
14		*Vascular Interventional Technologist*	*44*		*47*		*30*		*65*
15		*Radiologic Technologist*	*33*		*34*		*23*		*60*
16		*RN*	*0*		*0*		*0*		*45*
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 4,263.28**	**$ -**	**$ 1,140.39**	**$ -**	**$ 3,450.00**	**$ -**	**$ 6,590.14**
112	SA048	pack, minimum multi-specialty visit							1
113	SC001	angiocatheter 14g-24g							0
114	SC018	iv infusion set							0
115	SH065	sodium chloride 0.9% flush syringe							2
116	SA019	kit, iv starter							0
117	SB008	drape, sterile, c-arm, fluoro							1
118	SB044	underpad 2ft x 3ft (Chux)							1
119	SD171	guidewire bowl w-lid, sterile							1
120	SC051	syringe 10-12ml							4
121	SC053	syringe 20ml							4
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)							1
123	SG035	dressing, 3in x 4in (Telfa, Release)							2
124	SG055	gauze, sterile 4in x 4in							20
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)							1
126	SB014	drape, sterile, three-quarter sheet							1
127	SD120	styrofoam block, high density (3in-12in-12in)							1
128	SJ079	basin, sterile 500cc							1
129	SA027	kit, scissors and clamp							1
130	SL157	cup, sterile, 8 oz							1
131	SL198	label, vial							9
132	SA067	tray, shave prep							1
133	SK075	skin marking pen, sterile (Skin Skribe)							1
134	SB001	cap, surgical							4
135	SB028	gown, surgical, sterile							2
136	SB034	mask, surgical, with face shield							4
137	SB039	shoe covers, surgical							4
138	SB024	gloves, sterile							2
139	SJ041	povidone soln (Betadine)							60
140	SJ009	basin, irrigation							1
141	SG009	applicator, sponge-tipped							4
142	SB009	drape, sterile, femoral							1
143	SB019	drape-towel, sterile 18in x 26in							4
144	SD208	towel clamp, plastic							1
145	SH047	lidocaine 1%-2% inj (Xylocaine)							10
146	SC027	needle, 18-19g, filter							1
147	SC028	needle, 18-26g 1.5-3.5in, spinal							1
148	SC008	catheter, angiographic, pig-tail							1
149	SC010	closed flush system, angiography							1
150	SD140	bag system, 1000ml (for angiography waste fluids)							1
151	SD136	vascular sheath							1
152	SF007	blade, surgical (Bard-Parker)							1
153	SA071	kit, AccuStick II Introducer System with RO Marker							1
154	SH039	heparin 1,000 units-ml inj			10				5
155	SD252	guidewire, Amplatz wire 260 cm							1
156	SG074	steri-strip (6 strip uou)							1
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)							1
158	SD207	suture device for vessel closure (Perclose A-T)							1
159	SG037	dressing, 4in x 4.75in (Tegaderm)							0
160	SM013	disinfectant, surface (Envirocide, Sanizide)							1
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device							1
163	SA103	stent, vascular, deployment system, Cordis SMART			1				
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)							
165	SD089	guidewire, hydrophilic							
166	SD089	guidewire, hydrophilic (UPDATED PRICING)							1
167	SD147	catheter, (Glide)							
168	SD147	catheter, (Glide) (UPDATED PRICING)							1
169	SD148	catheter, (SIM2F1)							1
170	SD151	catheter, balloon, low profile PTA	1		1				1

	A	B	AQ	AR	AS	AT	AU	AV	AW
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**		**RECOMM**
2			**37261**		**37223**		**37262**		**372**
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, iliac vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel,		~~Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary procedure)~~		Intravascular lithotripsy(ies), iliac vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery		Revascularization, e percutaneous, fem vascular territory, angioplasty, includ necessary for acces catheterizing the art lesion, including all i radiological supervis necessary to perfo within the same straightforward le
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4,526.89**	**$ -**	**$ 1,411.89**	**$ -**	**$ 3,631.52**	**$ -**	**$ 7,091.49**
8		**TOTAL CLINICAL STAFF TIME**	**88**	**0**	**92**	**0**	**60**	**0**	**219**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**15**
10		*RN/LPN/MTA*	*-*	*0*	*-*	*0*	*-*	*0*	*9*
11		*Vascular Interventional Technologist*	*0*		*0*		*0*		*6*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**88**	**0**	**92**	**0**	**60**	**0**	**201**
13		*RN/LPN/MTA*	*11*		*11*		*8*		*31*
14		*Vascular Interventional Technologist*	*44*		*47*		*30*		*65*
15		*Radiologic Technologist*	*33*		*34*		*23*		*60*
16		*RN*	*0*		*0*		*0*		*45*
171	SD154	catheter, microcatheter (selective 3rd order)							
172	SD172	guidewire, cerebral (Bentson)							1
173	SD173	guidewire, low profile (SpartaCore)							
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]							1
175	SD251	Sheath Shuttle (Cook)							
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)							
177	SD253	atherectomy device (UPDATED PRICING)							
178	SD254	covered stent (VIABAHN, Gore)							
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)	1						
180	SD255	Reentry device (Frontier, Outback, Pioneer)							
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)							
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)							
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)							
184	NEW	drug eluting stent, tibial							
185	SD090	guidewire, STIFF							
186	SD175	guidewire, steerable (Transcend)							
187	NEW	Iliac IVL Catheter					1		
188	NEW	FemPop IVL Catheter							
189	NEW	Drug coated balloon							2
190	NEW	Drug eluting stent							
191	NEW	Embolic protection for atherectomy							
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 200.01**	**$ -**	**$ 204.78**	**$ -**	**$ 138.15**	**$ -**	**$ 346.63**
201	EQ088	contrast media warmer	44		45		30		75
202	EQ032	IV infusion pump							180
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)							180
204	EL011	room, angiography	44		45		30		75
205	EF027	table, instrument, mobile							180
206	ED053	Professional PACS Workstation							34
207	ED050	Technologist PACS workstation	44		47		30		94
208	ED031	printer, dye sublimation (photo, color)			2				
209	NEW	IVL generator					30		
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	AX	AY	AZ	BA	BB	BC	BD
1	**RUC Practice Expense Spreadsheet**		**MENDED**	**TO BE DELETED**		**RECOMMENDED**		**RECOMMENDED**	
2			**263**	**37224**		**37264**		**37265**	
3		***RUC Collaboration Website***	ndovascular, open or	~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty~~		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	oral and popliteal with transluminal ling all maneuvers sing and selectively ery and crossing the maging guidance and on and interpretation rm the angioplasty artery, unilateral; sion, initial vessel						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 3,245.04**	**$ 4.86**	**$ 2,855.18**	**$ -**	**$ 8,860.54**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**261**	**9**	**60**	**0**	**279**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**15**	**6**	**0**	**0**	**15**	**6**
10		*RN/LPN/MTA*	*6*	*9*	*6*	*-*	*0*	*9*	*6*
11		*Vascular Interventional Technologist*		*6*		*0*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**243**	**0**	**60**	**0**	**261**	**0**
13		*RN/LPN/MTA*		*38*		*8*		*39*	
14		*Vascular Interventional Technologist*		*85*		*30*		*95*	
15		*Radiologic Technologist*		*75*		*23*		*83*	
16		*RN*		*45*		*0*		*45*	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**3**	**3**	**0**	**0**	**3**	**3**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 4.86**	**$ 184.71**	**$ 4.86**	**$ 43.37**	**$ -**	**$ 198.08**	**$ 4.86**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms	3	3	3			3	3
22	CA002	Coordinate pre-surgery services (including test results)		3				3	
23	CA003	Schedule space and equipment in facility	3		3				3
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription		3				3	
26	CA006	Confirm availability of prior images/studies		6				6	
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are		5				3	
40	CA010	Obtain vital signs		5				5	
41	CA011	Provide education/obtain consent		5				5	
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies		7				7	
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		5				5	
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)		80		30		90	
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		60		22.5		67.5	
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		20		7.5		22.5	
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4		45				45	
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff		3				3	
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds		3				1	
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,		5				5	
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions						2	
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications	3	3	3			3	3
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

	A	B	AX	AY	AZ	BA	BB	BC	BD
1	**RUC Practice Expense Spreadsheet**		**MENDED**	**TO BE DELETED**		**RECOMMENDED**		**RECOMMENDED**	
2			**263**	**37224**		**37264**		**37265**	
3		***RUC Collaboration Website***	ndovascular, open or	~~Revascularization,~~		Revascularization, endovascular, open or		Revascularization, endovascular, open or	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	oral and popliteal with transluminal ling all maneuvers sing and selectively ery and crossing the maging guidance and on and interpretation rm the angioplasty artery, unilateral; sion, initial vessel	~~endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty~~		percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel		percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 3,245.04**	**$ 4.86**	**$ 2,855.18**	**$ -**	**$ 8,860.54**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**261**	**9**	**60**	**0**	**279**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**15**	**6**	**0**	**0**	**15**	**6**
10		*RN/LPN/MTA*	*6*	*9*	*6*	*-*	*0*	*9*	*6*
11		*Vascular Interventional Technologist*		*6*		*0*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**243**	**0**	**60**	**0**	**261**	**0**
13		*RN/LPN/MTA*		*38*		*8*		*39*	
14		*Vascular Interventional Technologist*		*85*		*30*		*95*	
15		*Radiologic Technologist*		*75*		*23*		*83*	
16		*RN*		*45*		*0*		*45*	
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 2,612.68**	**$ -**	**$ 2,675.44**	**$ -**	**$ 8,179.45**	**$ -**
112	SA048	pack, minimum multi-specialty visit		1				1	
113	SC001	angiocatheter 14g-24g						0	
114	SC018	iv infusion set						0	
115	SH065	sodium chloride 0.9% flush syringe		2				2	
116	SA019	kit, iv starter						0	
117	SB008	drape, sterile, c-arm, fluoro		1				1	
118	SB044	underpad 2ft x 3ft (Chux)		1				1	
119	SD171	guidewire bowl w-lid, sterile		2				1	
120	SC051	syringe 10-12ml		4				4	
121	SC053	syringe 20ml		4				4	
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)		1				1	
123	SG035	dressing, 3in x 4in (Telfa, Release)		2				2	
124	SG055	gauze, sterile 4in x 4in		2				20	
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)		1				1	
126	SB014	drape, sterile, three-quarter sheet						1	
127	SD120	styrofoam block, high density (3in-12in-12in)						1	
128	SJ079	basin, sterile 500cc						1	
129	SA027	kit, scissors and clamp						1	
130	SL157	cup, sterile, 8 oz						1	
131	SL198	label, vial						9	
132	SA067	tray, shave prep		1				1	
133	SK075	skin marking pen, sterile (Skin Skribe)						1	
134	SB001	cap, surgical		4				4	
135	SB028	gown, surgical, sterile		2				2	
136	SB034	mask, surgical, with face shield		4				4	
137	SB039	shoe covers, surgical		4				4	
138	SB024	gloves, sterile		2				2	
139	SJ041	povidone soln (Betadine)		60				60	
140	SJ009	basin, irrigation						1	
141	SG009	applicator, sponge-tipped		4				4	
142	SB009	drape, sterile, femoral		1				1	
143	SB019	drape-towel, sterile 18in x 26in		4				4	
144	SD208	towel clamp, plastic						1	
145	SH047	lidocaine 1%-2% inj (Xylocaine)		10				10	
146	SC027	needle, 18-19g, filter						1	
147	SC028	needle, 18-26g 1.5-3.5in, spinal						1	
148	SC008	catheter, angiographic, pig-tail		1				1	
149	SC010	closed flush system, angiography		1				1	
150	SD140	bag system, 1000ml (for angiography waste fluids)						1	
151	SD136	vascular sheath		1				1	
152	SF007	blade, surgical (Bard-Parker)		1				1	
153	SA071	kit, AccuStick II Introducer System with RO Marker		1				1	
154	SH039	heparin 1,000 units-ml inj		5				5	
155	SD252	guidewire, Amplatz wire 260 cm		1				1	
156	SG074	steri-strip (6 strip uou)		1				1	
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)		1				1	
158	SD207	suture device for vessel closure (Perclose A-T)		1				1	
159	SG037	dressing, 4in x 4.75in (Tegaderm)						0	
160	SM013	disinfectant, surface (Envirocide, Sanizide)		1				1	
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device						1	
163	SA103	stent, vascular, deployment system, Cordis SMART							
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)		1				1	
165	SD089	guidewire, hydrophilic		1					
166	SD089	guidewire, hydrophilic (UPDATED PRICING)						1	
167	SD147	catheter, (Glide)		1					
168	SD147	catheter, (Glide) (UPDATED PRICING)						1	
169	SD148	catheter, (SIM2F1)		1				1	
170	SD151	catheter, balloon, low profile PTA		3		1		1	

	A	B	AX	AY	AZ	BA	BB	BC	BD
1	**RUC Practice Expense Spreadsheet**		**MENDED**	**TO BE DELETED**		**RECOMMENDED**		**RECOMMENDED**	
2			**263**	**37224**		**37264**		**37265**	
3		***RUC Collaboration Website***	ndovascular, open or	~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty~~		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	oral and popliteal with transluminal ling all maneuvers sing and selectively ery and crossing the maging guidance and on and interpretation rm the angioplasty artery, unilateral; sion, initial vessel						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 3,245.04**	**$ 4.86**	**$ 2,855.18**	**$ -**	**$ 8,860.54**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**261**	**9**	**60**	**0**	**279**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**15**	**6**	**0**	**0**	**15**	**6**
10		*RN/LPN/MTA*	*6*	*9*	*6*	*-*	*0*	*9*	*6*
11		*Vascular Interventional Technologist*		*6*		*0*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**243**	**0**	**60**	**0**	**261**	**0**
13		*RN/LPN/MTA*		*38*		*8*		*39*	
14		*Vascular Interventional Technologist*		*85*		*30*		*95*	
15		*Radiologic Technologist*		*75*		*23*		*83*	
16		*RN*		*45*		*0*		*45*	
171	SD154	catheter, microcatheter (selective 3rd order)							
172	SD172	guidewire, cerebral (Bentson)		1				1	
173	SD173	guidewire, low profile (SpartaCore)						1	
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]		1				1	
175	SD251	Sheath Shuttle (Cook)							
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)							
177	SD253	atherectomy device (UPDATED PRICING)							
178	SD254	covered stent (VIABAHN, Gore)							
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)							
180	SD255	Reentry device (Frontier, Outback, Pioneer)							
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)							
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)						1	
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)							
184	NEW	drug eluting stent, tibial							
185	SD090	guidewire, STIFF		1					
186	SD175	guidewire, steerable (Transcend)						1	
187	NEW	Iliac IVL Catheter							
188	NEW	FemPop IVL Catheter							
189	NEW	Drug coated balloon				1		2	
190	NEW	Drug eluting stent							
191	NEW	Embolic protection for atherectomy							
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 447.66**	**$ -**	**$ 136.37**	**$ -**	**$ 483.00**	**$ -**
201	EQ088	contrast media warmer		97		30		105	
202	EQ032	IV infusion pump		180				180	
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)		180				180	
204	EL011	room, angiography		97		30		105	
205	EF027	table, instrument, mobile		180				180	
206	ED053	Professional PACS Workstation		34				34	
207	ED050	Technologist PACS workstation		142		30		124	
208	ED031	printer, dye sublimation (photo, color)		5					
209	NEW	IVL generator							
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	BE	BF	BG	BH	BI	BJ	BK
1	**RUC Practice Expense Spreadsheet**		**TO BE DELETED**		**RECOMMENDED**		**RECOMMENDED**		**TO BE DE**
2			**37224**		**37266**		**37267**		**3722**
3		***RUC Collaboration Website***	~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty~~		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascular endovascular percutaneous popliteal ar unilateral translumin placement(s) angioplasty v same vesse perform~~
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 3,245.04**	**$ 4.86**	**$ 3,146.68**	**$ -**	**$ 6,738.03**	**$ 4.86**	**$ 9,926.11**
8		**TOTAL CLINICAL STAFF TIME**	**261**	**9**	**80**	**0**	**249**	**9**	**281**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**15**	**6**	**0**	**0**	**15**	**6**	**15**
10		*RN/LPN/MTA*	*9*	*6*	*-*	*0*	*9*	*6*	*9*
11		*Vascular Interventional Technologist*	*6*		*0*		*6*		*6*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**243**	**0**	**80**	**0**	**231**	**0**	**263**
13		*RN/LPN/MTA*	*38*		*10*		*35*		*41*
14		*Vascular Interventional Technologist*	*85*		*40*		*80*		*95*
15		*Radiologic Technologist*	*75*		*30*		*71*		*83*
16		*RN*	*45*		*0*		*45*		*45*
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**3**	**0**	**0**	**3**	**3**	**3**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 184.71**	**$ 4.86**	**$ 57.82**	**$ -**	**$ 176.40**	**$ 4.86**	**$ 199.16**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms	3	3			3	3	3
22	CA002	Coordinate pre-surgery services (including test results)	3				3		3
23	CA003	Schedule space and equipment in facility		3				3	
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription	3				3		3
26	CA006	Confirm availability of prior images/studies	6				6		6
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are	5				3		5
40	CA010	Obtain vital signs	5				5		5
41	CA011	Provide education/obtain consent	5				5		5
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies	7				7		7
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	5				5		5
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	80		40		75		90
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	60		30		56.25		67.5
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	20		10		18.75		22.5
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4	45				45		45
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff	3				3		3
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds	3				1		3
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,	5				5		5
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions					2		
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications	3	3			3	3	3
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

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2			**37224**		**37266**		**37267**		**3722**
3		***RUC Collaboration Website***	~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty~~		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascular endovascular percutaneous popliteal ar unilateral translumin placement(s) angioplasty v same vesse perform~~
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 3,245.04**	**$ 4.86**	**$ 3,146.68**	**$ -**	**$ 6,738.03**	**$ 4.86**	**$ 9,926.11**
8		**TOTAL CLINICAL STAFF TIME**	**261**	**9**	**80**	**0**	**249**	**9**	**281**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**15**	**6**	**0**	**0**	**15**	**6**	**15**
10		*RN/LPN/MTA*	*9*	*6*	*-*	*0*	*9*	*6*	*9*
11		*Vascular Interventional Technologist*	*6*		*0*		*6*		*6*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**243**	**0**	**80**	**0**	**231**	**0**	**263**
13		*RN/LPN/MTA*	*38*		*10*		*35*		*41*
14		*Vascular Interventional Technologist*	*85*		*40*		*80*		*95*
15		*Radiologic Technologist*	*75*		*30*		*71*		*83*
16		*RN*	*45*		*0*		*45*		*45*
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 2,612.68**	**$ -**	**$ 2,907.03**	**$ -**	**$ 6,146.81**	**$ -**	**$ 9,233.84**
112	SA048	pack, minimum multi-specialty visit	1				1		1
113	SC001	angiocatheter 14g-24g					0		
114	SC018	iv infusion set					0		
115	SH065	sodium chloride 0.9% flush syringe	2				2		2
116	SA019	kit, iv starter					0		
117	SB008	drape, sterile, c-arm, fluoro	1				1		1
118	SB044	underpad 2ft x 3ft (Chux)	1				1		1
119	SD171	guidewire bowl w-lid, sterile	2				1		2
120	SC051	syringe 10-12ml	4				4		4
121	SC053	syringe 20ml	4				4		4
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)	1				1		1
123	SG035	dressing, 3in x 4in (Telfa, Release)	2				2		2
124	SG055	gauze, sterile 4in x 4in	2				20		2
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)	1				1		1
126	SB014	drape, sterile, three-quarter sheet					1		
127	SD120	styrofoam block, high density (3in-12in-12in)					1		
128	SJ079	basin, sterile 500cc					1		
129	SA027	kit, scissors and clamp					1		
130	SL157	cup, sterile, 8 oz					1		
131	SL198	label, vial					9		
132	SA067	tray, shave prep	1				1		1
133	SK075	skin marking pen, sterile (Skin Skribe)					1		
134	SB001	cap, surgical	4				4		4
135	SB028	gown, surgical, sterile	2				2		2
136	SB034	mask, surgical, with face shield	4				4		4
137	SB039	shoe covers, surgical	4				4		4
138	SB024	gloves, sterile	2				2		2
139	SJ041	povidone soln (Betadine)	60				60		70
140	SJ009	basin, irrigation					1		
141	SG009	applicator, sponge-tipped	4				4		4
142	SB009	drape, sterile, femoral	1				1		1
143	SB019	drape-towel, sterile 18in x 26in	4				4		4
144	SD208	towel clamp, plastic					1		
145	SH047	lidocaine 1%-2% inj (Xylocaine)	10				10		10
146	SC027	needle, 18-19g, filter					1		
147	SC028	needle, 18-26g 1.5-3.5in, spinal					1		
148	SC008	catheter, angiographic, pig-tail	1				1		1
149	SC010	closed flush system, angiography	1				1		1
150	SD140	bag system, 1000ml (for angiography waste fluids)					1		
151	SD136	vascular sheath	1				1		1
152	SF007	blade, surgical (Bard-Parker)	1				1		1
153	SA071	kit, AccuStick II Introducer System with RO Marker	1				1		1
154	SH039	heparin 1,000 units-ml inj	5				5		10
155	SD252	guidewire, Amplatz wire 260 cm	1				1		1
156	SG074	steri-strip (6 strip uou)	1				1		1
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)	1				1		1
158	SD207	suture device for vessel closure (Perclose A-T)	1				1		1
159	SG037	dressing, 4in x 4.75in (Tegaderm)					0		
160	SM013	disinfectant, surface (Envirocide, Sanizide)	1				1		1
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device					1		
163	SA103	stent, vascular, deployment system, Cordis SMART							
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)	1						1
165	SD089	guidewire, hydrophilic	1						1
166	SD089	guidewire, hydrophilic (UPDATED PRICING)					1		
167	SD147	catheter, (Glide)	1						1
168	SD147	catheter, (Glide) (UPDATED PRICING)					1		
169	SD148	catheter, (SIM2F1)	1				1		1
170	SD151	catheter, balloon, low profile PTA	3		1		1		3

	A	B	BE	BF	BG	BH	BI	BJ	BK
1	**RUC Practice Expense Spreadsheet**		**TO BE DELETED**		**RECOMMENDED**		**RECOMMENDED**		**TO BE DE**
2			**37224**		**37266**		**37267**		**3722**
3		***RUC Collaboration Website***	~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty~~		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascular endovascular percutaneous popliteal ar unilateral translumin placement(s) angioplasty v same vesse perform~~
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 3,245.04**	**$ 4.86**	**$ 3,146.68**	**$ -**	**$ 6,738.03**	**$ 4.86**	**$ 9,926.11**
8		**TOTAL CLINICAL STAFF TIME**	**261**	**9**	**80**	**0**	**249**	**9**	**281**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**15**	**6**	**0**	**0**	**15**	**6**	**15**
10		*RN/LPN/MTA*	*9*	*6*	*-*	*0*	*9*	*6*	*9*
11		*Vascular Interventional Technologist*	*6*		*0*		*6*		*6*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**243**	**0**	**80**	**0**	**231**	**0**	**263**
13		*RN/LPN/MTA*	*38*		*10*		*35*		*41*
14		*Vascular Interventional Technologist*	*85*		*40*		*80*		*95*
15		*Radiologic Technologist*	*75*		*30*		*71*		*83*
16		*RN*	*45*		*0*		*45*		*45*
171	SD154	catheter, microcatheter (selective 3rd order)							
172	SD172	guidewire, cerebral (Bentson)	1				1		1
173	SD173	guidewire, low profile (SpartaCore)							
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]	1				1		1
175	SD251	Sheath Shuttle (Cook)							
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)							
177	SD253	atherectomy device (UPDATED PRICING)							
178	SD254	covered stent (VIABAHN, Gore)							1
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)							
180	SD255	Reentry device (Frontier, Outback, Pioneer)							1
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)							
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)							1
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)							
184	NEW	drug eluting stent, tibial							
185	SD090	guidewire, STIFF	1						1
186	SD175	guidewire, steerable (Transcend)			1				
187	NEW	Iliac IVL Catheter							
188	NEW	FemPop IVL Catheter							
189	NEW	Drug coated balloon			1		1		
190	NEW	Drug eluting stent					1		
191	NEW	Embolic protection for atherectomy							
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 447.66**	**$ -**	**$ 181.83**	**$ -**	**$ 414.82**	**$ -**	**$ 493.11**
201	EQ088	contrast media warmer	97		40		90		107
202	EQ032	IV infusion pump	180				180		180
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	180				180		180
204	EL011	room, angiography	97		40		90		107
205	EF027	table, instrument, mobile	180				180		180
206	ED053	Professional PACS Workstation	34				34		34
207	ED050	Technologist PACS workstation	142		40		109		152
208	ED031	printer, dye sublimation (photo, color)	5						5
209	NEW	IVL generator							
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	BL	BM	BN	BO	BP	BQ	BR
1	**RUC Practice Expense Spreadsheet**		**LETED**	**RECOMMENDED**		**RECOMMENDED**		**TO BE DELETED**	
2			**6**	**37268**		**27269**		**37226**	
3		***RUC Collaboration Website***	~~ization,~~	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	~~, open or~~ ~~, femoral,~~ ~~tery(s),~~ ~~; with~~ ~~al stent~~ ~~, includes~~ ~~within the~~ ~~l, when~~ ~~ned~~						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 4,472.97**	**$ -**	**$ 15,256.04**	**$ 4.86**	**$ 9,926.11**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**70**	**0**	**319**	**9**	**281**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*6*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*		*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**70**	**0**	**301**	**0**	**263**	**0**
13		*RN/LPN/MTA*		*9*		*44*		*41*	
14		*Vascular Interventional Technologist*		*35*		*115*		*95*	
15		*Radiologic Technologist*		*26*		*98*		*83*	
16		*RN*		*0*		*45*		*45*	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**0**	**0**	**3**	**3**	**3**	**3**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 4.86**	**$ 50.59**	**$ -**	**$ 226.99**	**$ 4.86**	**$ 199.16**	**$ 4.86**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms	3			3	3	3	3
22	CA002	Coordinate pre-surgery services (including test results)				3		3	
23	CA003	Schedule space and equipment in facility	3				3		3
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription				3		3	
26	CA006	Confirm availability of prior images/studies				6		6	
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are				3		5	
40	CA010	Obtain vital signs				5		5	
41	CA011	Provide education/obtain consent				5		5	
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies				7		7	
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient				5		5	
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)		35		110		90	
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		26.25		82.5		67.5	
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		8.75		27.5		22.5	
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4				45		45	
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff				3		3	
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds				1		3	
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,				5		5	
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions				2			
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications	3			3	3	3	3
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

	A	B	BL	BM	BN	BO	BP	BQ	BR
1	**RUC Practice Expense Spreadsheet**		**LETED**	**RECOMMENDED**		**RECOMMENDED**		**TO BE DELETED**	
2			**6**	**37268**		**27269**		**37226**	
3		***RUC Collaboration Website***	~~ization,~~	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	~~; open or , femoral, tery(s), ; with al stent , includes within the el, when ned~~						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 4,472.97**	**$ -**	**$ 15,256.04**	**$ 4.86**	**$ 9,926.11**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**70**	**0**	**319**	**9**	**281**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*6*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*		*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**70**	**0**	**301**	**0**	**263**	**0**
13		*RN/LPN/MTA*		*9*		*44*		*41*	
14		*Vascular Interventional Technologist*		*35*		*115*		*95*	
15		*Radiologic Technologist*		*26*		*98*		*83*	
16		*RN*		*0*		*45*		*45*	
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 4,263.28**	**$ -**	**$ 14,455.13**	**$ -**	**$ 9,233.84**	**$ -**
112	SA048	pack, minimum multi-specialty visit				1		1	
113	SC001	angiocatheter 14g-24g				0			
114	SC018	iv infusion set				0			
115	SH065	sodium chloride 0.9% flush syringe				2		2	
116	SA019	kit, iv starter				0			
117	SB008	drape, sterile, c-arm, fluoro				1		1	
118	SB044	underpad 2ft x 3ft (Chux)				1		1	
119	SD171	guidewire bowl w-lid, sterile				1		2	
120	SC051	syringe 10-12ml				4		4	
121	SC053	syringe 20ml				4		4	
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)				1		1	
123	SG035	dressing, 3in x 4in (Telfa, Release)				2		2	
124	SG055	gauze, sterile 4in x 4in				20		2	
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)				1		1	
126	SB014	drape, sterile, three-quarter sheet				1			
127	SD120	styrofoam block, high density (3in-12in-12in)				1			
128	SJ079	basin, sterile 500cc				1			
129	SA027	kit, scissors and clamp				1			
130	SL157	cup, sterile, 8 oz				1			
131	SL198	label, vial				9			
132	SA067	tray, shave prep				1		1	
133	SK075	skin marking pen, sterile (Skin Skribe)				1			
134	SB001	cap, surgical				4		4	
135	SB028	gown, surgical, sterile				2		2	
136	SB034	mask, surgical, with face shield				4		4	
137	SB039	shoe covers, surgical				4		4	
138	SB024	gloves, sterile				2		2	
139	SJ041	povidone soln (Betadine)				60		70	
140	SJ009	basin, irrigation				1			
141	SG009	applicator, sponge-tipped				4		4	
142	SB009	drape, sterile, femoral				1		1	
143	SB019	drape-towel, sterile 18in x 26in				4		4	
144	SD208	towel clamp, plastic				1			
145	SH047	lidocaine 1%-2% inj (Xylocaine)				10		10	
146	SC027	needle, 18-19g, filter				1			
147	SC028	needle, 18-26g 1.5-3.5in, spinal				1			
148	SC008	catheter, angiographic, pig-tail				1		1	
149	SC010	closed flush system, angiography				1		1	
150	SD140	bag system, 1000ml (for angiography waste fluids)				1			
151	SD136	vascular sheath				1		1	
152	SF007	blade, surgical (Bard-Parker)				1		1	
153	SA071	kit, AccuStick II Introducer System with RO Marker				1		1	
154	SH039	heparin 1,000 units-ml inj				5		10	
155	SD252	guidewire, Amplatz wire 260 cm				1		1	
156	SG074	steri-strip (6 strip uou)				1		1	
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)				1		1	
158	SD207	suture device for vessel closure (Perclose A-T)				1		1	
159	SG037	dressing, 4in x 4.75in (Tegaderm)				0			
160	SM013	disinfectant, surface (Envirocide, Sanizide)				1		1	
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device				1			
163	SA103	stent, vascular, deployment system, Cordis SMART							
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)				1		1	
165	SD089	guidewire, hydrophilic						1	
166	SD089	guidewire, hydrophilic (UPDATED PRICING)				1			
167	SD147	catheter, (Glide)						1	
168	SD147	catheter, (Glide) (UPDATED PRICING)				1			
169	SD148	catheter, (SIM2F1)				1		1	
170	SD151	catheter, balloon, low profile PTA		1		1		3	

	A	B	BL	BM	BN	BO	BP	BQ	BR
1	**RUC Practice Expense Spreadsheet**		**LETED**	**RECOMMENDED**		**RECOMMENDED**		**TO BE DELETED**	
2			**6**	**37268**		**27269**		**37226**	
3		***RUC Collaboration Website***	~~ization,~~	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	~~, open or , femoral, tery(s), ; with al stent , includes within the el, when ned~~						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 4,472.97**	**$ -**	**$ 15,256.04**	**$ 4.86**	**$ 9,926.11**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**70**	**0**	**319**	**9**	**281**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*6*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*		*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**70**	**0**	**301**	**0**	**263**	**0**
13		*RN/LPN/MTA*		*9*		*44*		*41*	
14		*Vascular Interventional Technologist*		*35*		*115*		*95*	
15		*Radiologic Technologist*		*26*		*98*		*83*	
16		*RN*		*0*		*45*		*45*	
171	SD154	catheter, microcatheter (selective 3rd order)							
172	SD172	guidewire, cerebral (Bentson)				1		1	
173	SD173	guidewire, low profile (SpartaCore)				1			
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]				1		1	
175	SD251	Sheath Shuttle (Cook)							
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)							
177	SD253	atherectomy device (UPDATED PRICING)							
178	SD254	covered stent (VIABAHN, Gore)						1	
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)		1		2			
180	SD255	Reentry device (Frontier, Outback, Pioneer)						1	
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)				1			
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)				1		1	
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)							
184	NEW	drug eluting stent, tibial							
185	SD090	guidewire, STIFF						1	
186	SD175	guidewire, steerable (Transcend)				1			
187	NEW	Iliac IVL Catheter							
188	NEW	FemPop IVL Catheter							
189	NEW	Drug coated balloon							
190	NEW	Drug eluting stent							
191	NEW	Embolic protection for atherectomy							
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 159.10**	**$ -**	**$ 573.92**	**$ -**	**$ 493.11**	**$ -**
201	EQ088	contrast media warmer		35		125		107	
202	EQ032	IV infusion pump				180		180	
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)				180		180	
204	EL011	room, angiography		35		125		107	
205	EF027	table, instrument, mobile				180		180	
206	ED053	Professional PACS Workstation				34		34	
207	ED050	Technologist PACS workstation		35		144		152	
208	ED031	printer, dye sublimation (photo, color)						5	
209	NEW	IVL generator							
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	BS	BT	BU	BV	BW	BX
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**TO BE DELETED**	
2			**37270**		**37271**		**37225**	
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4,574.82**	**$ -**	**$ 13,887.32**	**$ 4.86**	**$ 10,420.31**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**104**	**0**	**279**	**9**	**337**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**104**	**0**	**261**	**0**	**319**	**0**
13		*RN/LPN/MTA*	*13*		*39*		*48*	
14		*Vascular Interventional Technologist*	*52*		*95*		*123*	
15		*Radiologic Technologist*	*39*		*83*		*104*	
16		*RN*	*0*		*45*		*45*	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**3**	**3**	**3**	**3**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 75.17**	**$ -**	**$ 198.08**	**$ 4.86**	**$ 239.64**	**$ 4.86**
19		**PRE-SERVICE PERIOD**						
20		**Start: Following visit when decision for surgery/procedure made**						
21	CA001	Complete pre-service diagnostic and referral forms			3	3	3	3
22	CA002	Coordinate pre-surgery services (including test results)			3		3	
23	CA003	Schedule space and equipment in facility				3		3
24	CA004	Provide pre-service education/obtain consent						
25	CA005	Complete pre-procedure phone calls and prescription			3		3	
26	CA006	Confirm availability of prior images/studies			6		6	
35		**End: When patient enters office/facility for surgery/procedure**						
36		**SERVICE PERIOD**						
37		**Start: When patient enters office/facility for surgery/procedure:**						
38		**Pre-Service (of service period)**						
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are			3		5	
40	CA010	Obtain vital signs			5		5	
41	CA011	Provide education/obtain consent			5		5	
42	CA012	Review requisition, assess for special needs						
43	CA013	Prepare room, equipment and supplies			7		7	
44	CA013	Prepare room, equipment and supplies						
45	CA014	Confirm order, protocol exam						
46	CA015	Setup scope (nonfacility setting only)						
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			5		5	
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
56		**Intra-service (of service period)**						
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	52		90		118	
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	39		67.5		88.5	
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	13		22.5		29.5	
61	CA021	Perform procedure/service---NOT directly related to physician work						
62	CA020	Assist physician or other qualified healthcare professional---directly						
68		**Post-Service (of service period)**						
69	CA022	Monitor patient following procedure/service, multitasking 1:4			45		45	
70	CA023	Monitor patient following procedure/service, no multitasking						
71	CA024	Clean room/equipment by clinical staff			3		3	
72	CA024	Clean room/equipment by clinical staff						
77	CA029	Check dressings, catheters, wounds			1		3	
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,			5		5	
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
83	CA035	Review home care instructions, coordinate visits/prescriptions			2			
91		**End: Patient leaves office/facility**						
92		**POST-SERVICE PERIOD**						
93		**Start: Patient leaves office/facility**						
94	CA037	Conduct patient communications			3	3	3	3
95	CA038	Coordinate post-procedure services						
109		**End: with last office visit before end of global period**						

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1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**TO BE DELETED**	
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3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4,574.82**	**$ -**	**$ 13,887.32**	**$ 4.86**	**$ 10,420.31**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**104**	**0**	**279**	**9**	**337**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**104**	**0**	**261**	**0**	**319**	**0**
13		*RN/LPN/MTA*	*13*		*39*		*48*	
14		*Vascular Interventional Technologist*	*52*		*95*		*123*	
15		*Radiologic Technologist*	*39*		*83*		*104*	
16		*RN*	*0*		*45*		*45*	
110	**Supply Code**	**MEDICAL SUPPLIES**						
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 4,263.28**	**$ -**	**$ 13,206.23**	**$ -**	**$ 9,560.28**	**$ -**
112	SA048	pack, minimum multi-specialty visit			1		1	
113	SC001	angiocatheter 14g-24g			0			
114	SC018	iv infusion set			0			
115	SH065	sodium chloride 0.9% flush syringe			2		2	
116	SA019	kit, iv starter			0			
117	SB008	drape, sterile, c-arm, fluoro			1		1	
118	SB044	underpad 2ft x 3ft (Chux)			1		1	
119	SD171	guidewire bowl w-lid, sterile			1		2	
120	SC051	syringe 10-12ml			4		4	
121	SC053	syringe 20ml			4		4	
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)			1		1	
123	SG035	dressing, 3in x 4in (Telfa, Release)			2		2	
124	SG055	gauze, sterile 4in x 4in			20		2	
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)			1		1	
126	SB014	drape, sterile, three-quarter sheet			1			
127	SD120	styrofoam block, high density (3in-12in-12in)			1			
128	SJ079	basin, sterile 500cc			1			
129	SA027	kit, scissors and clamp			1			
130	SL157	cup, sterile, 8 oz			1			
131	SL198	label, vial			9			
132	SA067	tray, shave prep			1		1	
133	SK075	skin marking pen, sterile (Skin Skribe)			1			
134	SB001	cap, surgical			4		4	
135	SB028	gown, surgical, sterile			2		2	
136	SB034	mask, surgical, with face shield			4		4	
137	SB039	shoe covers, surgical			4		4	
138	SB024	gloves, sterile			2		2	
139	SJ041	povidone soln (Betadine)			60		70	
140	SJ009	basin, irrigation			1			
141	SG009	applicator, sponge-tipped			4		4	
142	SB009	drape, sterile, femoral			1		1	
143	SB019	drape-towel, sterile 18in x 26in			4		4	
144	SD208	towel clamp, plastic			1			
145	SH047	lidocaine 1%-2% inj (Xylocaine)			10		10	
146	SC027	needle, 18-19g, filter			1			
147	SC028	needle, 18-26g 1.5-3.5in, spinal			1			
148	SC008	catheter, angiographic, pig-tail			1		1	
149	SC010	closed flush system, angiography			1		1	
150	SD140	bag system, 1000ml (for angiography waste fluids)			1			
151	SD136	vascular sheath			1		1	
152	SF007	blade, surgical (Bard-Parker)			1		1	
153	SA071	kit, AccuStick II Introducer System with RO Marker			1		1	
154	SH039	heparin 1,000 units-ml inj			5		10	
155	SD252	guidewire, Amplatz wire 260 cm			1		1	
156	SG074	steri-strip (6 strip uou)			1		1	
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)			1		1	
158	SD207	suture device for vessel closure (Perclose A-T)			1		1	
159	SG037	dressing, 4in x 4.75in (Tegaderm)			0			
160	SM013	disinfectant, surface (Envirocide, Sanizide)			1		1	
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)						
162	SD149	catheter, balloon inflation device			1			
163	SA103	stent, vascular, deployment system, Cordis SMART						
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)					1	
165	SD089	guidewire, hydrophilic					1	
166	SD089	guidewire, hydrophilic (UPDATED PRICING)			1			
167	SD147	catheter, (Glide)					1	
168	SD147	catheter, (Glide) (UPDATED PRICING)			1			
169	SD148	catheter, (SIM2F1)			1		1	
170	SD151	catheter, balloon, low profile PTA	1		1		4	

	A	B	BS	BT	BU	BV	BW	BX
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4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4,574.82**	**$ -**	**$ 13,887.32**	**$ 4.86**	**$ 10,420.31**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**104**	**0**	**279**	**9**	**337**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**104**	**0**	**261**	**0**	**319**	**0**
13		*RN/LPN/MTA*	*13*		*39*		*48*	
14		*Vascular Interventional Technologist*	*52*		*95*		*123*	
15		*Radiologic Technologist*	*39*		*83*		*104*	
16		*RN*	*0*		*45*		*45*	
171	SD154	catheter, microcatheter (selective 3rd order)						
172	SD172	guidewire, cerebral (Bentson)			1		1	
173	SD173	guidewire, low profile (SpartaCore)			1		1	
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]			1		1	
175	SD251	Sheath Shuttle (Cook)						
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)					1	
177	SD253	atherectomy device (UPDATED PRICING)			1			
178	SD254	covered stent (VIABAHN, Gore)						
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)	1					
180	SD255	Reentry device (Frontier, Outback, Pioneer)					1	
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)						
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)					1	
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)						
184	NEW	drug eluting stent, tibial						
185	SD090	guidewire, STIFF					1	
186	SD175	guidewire, steerable (Transcend)			1			
187	NEW	Iliac IVL Catheter						
188	NEW	FemPop IVL Catheter						
189	NEW	Drug coated balloon			2			
190	NEW	Drug eluting stent						
191	NEW	Embolic protection for atherectomy			1			
192								
193	SC049	stop cock, 3-way						
194	SC054	syringe 30 ml						
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)						
196	SD299	stent, balloon, implantable						
197	SG079	tape, surgical paper 1in (Micropore)						
198								
199	**Equipment Code**	**EQUIPMENT**						
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 236.38**	**$ -**	**$ 483.00**	**$ -**	**$ 620.39**	**$ -**
201	EQ088	contrast media warmer	52		105		135	
202	EQ032	IV infusion pump			180		180	
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)			180		180	
204	EL011	room, angiography	52		105		135	
205	EF027	table, instrument, mobile			180		180	
206	ED053	Professional PACS Workstation			34		34	
207	ED050	Technologist PACS workstation	52		124		180	
208	ED031	printer, dye sublimation (photo, color)					5	
209	NEW	IVL generator						
210	EF018	stretcher						
211	ED032	printer, laser, paper						
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*						
213								

	A	B	BY	BZ	CA	CB	CC	CD
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**TO BE DELETED**	
2			**37272**		**37273**		**37225**	
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 2,933.06**	**$ -**	**$ 17,294.90**	**$ 4.86**	**$ 10,420.31**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**86**	**0**	**335**	**9**	**337**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**86**	**0**	**317**	**0**	**319**	**0**
13		*RN/LPN/MTA*	*11*		*46*		*48*	
14		*Vascular Interventional Technologist*	*43*		*123*		*123*	
15		*Radiologic Technologist*	*32*		*104*		*104*	
16		*RN*	*0*		*45*		*45*	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**3**	**3**	**3**	**3**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 62.16**	**$ -**	**$ 238.56**	**$ 4.86**	**$ 239.64**	**$ 4.86**
19		**PRE-SERVICE PERIOD**						
20		**Start: Following visit when decision for surgery/procedure made**						
21	CA001	Complete pre-service diagnostic and referral forms			3	3	3	3
22	CA002	Coordinate pre-surgery services (including test results)			3		3	
23	CA003	Schedule space and equipment in facility				3		3
24	CA004	Provide pre-service education/obtain consent						
25	CA005	Complete pre-procedure phone calls and prescription			3		3	
26	CA006	Confirm availability of prior images/studies			6		6	
35		**End: When patient enters office/facility for surgery/procedure**						
36		**SERVICE PERIOD**						
37		**Start: When patient enters office/facility for surgery/procedure:**						
38		**Pre-Service (of service period)**						
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are			3		5	
40	CA010	Obtain vital signs			5		5	
41	CA011	Provide education/obtain consent			5		5	
42	CA012	Review requisition, assess for special needs						
43	CA013	Prepare room, equipment and supplies			7		7	
44	CA013	Prepare room, equipment and supplies						
45	CA014	Confirm order, protocol exam						
46	CA015	Setup scope (nonfacility setting only)						
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			5		5	
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
56		**Intra-service (of service period)**						
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	43		118		118	
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	32.25		88.5		88.5	
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	10.75		29.5		29.5	
61	CA021	Perform procedure/service---NOT directly related to physician work						
62	CA020	Assist physician or other qualified healthcare professional---directly						
68		**Post-Service (of service period)**						
69	CA022	Monitor patient following procedure/service, multitasking 1:4			45		45	
70	CA023	Monitor patient following procedure/service, no multitasking						
71	CA024	Clean room/equipment by clinical staff			3		3	
72	CA024	Clean room/equipment by clinical staff						
77	CA029	Check dressings, catheters, wounds			1		3	
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,			5		5	
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
83	CA035	Review home care instructions, coordinate visits/prescriptions			2			
91		**End: Patient leaves office/facility**						
92		**POST-SERVICE PERIOD**						
93		**Start: Patient leaves office/facility**						
94	CA037	Conduct patient communications			3	3	3	3
95	CA038	Coordinate post-procedure services						
109		**End: with last office visit before end of global period**						

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4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 2,933.06**	**$ -**	**$ 17,294.90**	**$ 4.86**	**$ 10,420.31**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**86**	**0**	**335**	**9**	**337**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**86**	**0**	**317**	**0**	**319**	**0**
13		*RN/LPN/MTA*	*11*		*46*		*48*	
14		*Vascular Interventional Technologist*	*43*		*123*		*123*	
15		*Radiologic Technologist*	*32*		*104*		*104*	
16		*RN*	*0*		*45*		*45*	
110	**Supply Code**	**MEDICAL SUPPLIES**						
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 2,675.44**	**$ -**	**$ 16,446.06**	**$ -**	**$ 9,560.28**	**$ -**
112	SA048	pack, minimum multi-specialty visit			1		1	
113	SC001	angiocatheter 14g-24g			0			
114	SC018	iv infusion set			0			
115	SH065	sodium chloride 0.9% flush syringe			2		2	
116	SA019	kit, iv starter			0			
117	SB008	drape, sterile, c-arm, fluoro			1		1	
118	SB044	underpad 2ft x 3ft (Chux)			1		1	
119	SD171	guidewire bowl w-lid, sterile			1		2	
120	SC051	syringe 10-12ml			4		4	
121	SC053	syringe 20ml			4		4	
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)			1		1	
123	SG035	dressing, 3in x 4in (Telfa, Release)			2		2	
124	SG055	gauze, sterile 4in x 4in			20		2	
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)			1		1	
126	SB014	drape, sterile, three-quarter sheet			1			
127	SD120	styrofoam block, high density (3in-12in-12in)			1			
128	SJ079	basin, sterile 500cc			1			
129	SA027	kit, scissors and clamp			1			
130	SL157	cup, sterile, 8 oz			1			
131	SL198	label, vial			9			
132	SA067	tray, shave prep			1		1	
133	SK075	skin marking pen, sterile (Skin Skribe)			1			
134	SB001	cap, surgical			4		4	
135	SB028	gown, surgical, sterile			2		2	
136	SB034	mask, surgical, with face shield			4		4	
137	SB039	shoe covers, surgical			4		4	
138	SB024	gloves, sterile			2		2	
139	SJ041	povidone soln (Betadine)			60		70	
140	SJ009	basin, irrigation			1			
141	SG009	applicator, sponge-tipped			4		4	
142	SB009	drape, sterile, femoral			1		1	
143	SB019	drape-towel, sterile 18in x 26in			4		4	
144	SD208	towel clamp, plastic			1			
145	SH047	lidocaine 1%-2% inj (Xylocaine)			10		10	
146	SC027	needle, 18-19g, filter			1			
147	SC028	needle, 18-26g 1.5-3.5in, spinal			1			
148	SC008	catheter, angiographic, pig-tail			1		1	
149	SC010	closed flush system, angiography			1		1	
150	SD140	bag system, 1000ml (for angiography waste fluids)			1			
151	SD136	vascular sheath			1		1	
152	SF007	blade, surgical (Bard-Parker)			1		1	
153	SA071	kit, AccuStick II Introducer System with RO Marker			1		1	
154	SH039	heparin 1,000 units-ml inj			5		10	
155	SD252	guidewire, Amplatz wire 260 cm			1		1	
156	SG074	steri-strip (6 strip uou)			1		1	
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)			1		1	
158	SD207	suture device for vessel closure (Perclose A-T)			1		1	
159	SG037	dressing, 4in x 4.75in (Tegaderm)			0			
160	SM013	disinfectant, surface (Envirocide, Sanizide)			1		1	
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)						
162	SD149	catheter, balloon inflation device			1			
163	SA103	stent, vascular, deployment system, Cordis SMART						
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)			1		1	
165	SD089	guidewire, hydrophilic					1	
166	SD089	guidewire, hydrophilic (UPDATED PRICING)			1			
167	SD147	catheter, (Glide)					1	
168	SD147	catheter, (Glide) (UPDATED PRICING)			1			
169	SD148	catheter, (SIM2F1)			1		1	
170	SD151	catheter, balloon, low profile PTA	1		1		4	

	A	B	BY	BZ	CA	CB	CC	CD
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**TO BE DELETED**	
2			**37272**		**37273**		**37225**	
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 2,933.06**	**$ -**	**$ 17,294.90**	**$ 4.86**	**$ 10,420.31**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**86**	**0**	**335**	**9**	**337**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**86**	**0**	**317**	**0**	**319**	**0**
13		*RN/LPN/MTA*	*11*		*46*		*48*	
14		*Vascular Interventional Technologist*	*43*		*123*		*123*	
15		*Radiologic Technologist*	*32*		*104*		*104*	
16		*RN*	*0*		*45*		*45*	
171	SD154	catheter, microcatheter (selective 3rd order)						
172	SD172	guidewire, cerebral (Bentson)			1		1	
173	SD173	guidewire, low profile (SpartaCore)			1		1	
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]			1		1	
175	SD251	Sheath Shuttle (Cook)						
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)					1	
177	SD253	atherectomy device (UPDATED PRICING)			1			
178	SD254	covered stent (VIABAHN, Gore)						
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)						
180	SD255	Reentry device (Frontier, Outback, Pioneer)					1	
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)			1			
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)					1	
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)						
184	NEW	drug eluting stent, tibial						
185	SD090	guidewire, STIFF					1	
186	SD175	guidewire, steerable (Transcend)			1			
187	NEW	Iliac IVL Catheter						
188	NEW	FemPop IVL Catheter						
189	NEW	Drug coated balloon	1		2			
190	NEW	Drug eluting stent						
191	NEW	Embolic protection for atherectomy			1			
192								
193	SC049	stop cock, 3-way						
194	SC054	syringe 30 ml						
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)						
196	SD299	stent, balloon, implantable						
197	SG079	tape, surgical paper 1in (Micropore)						
198								
199	**Equipment Code**	**EQUIPMENT**						
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 195.47**	**$ -**	**$ 610.28**	**$ -**	**$ 620.39**	**$ -**
201	EQ088	contrast media warmer	43		133		135	
202	EQ032	IV infusion pump			180		180	
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)			180		180	
204	EL011	room, angiography	43		133		135	
205	EF027	table, instrument, mobile			180		180	
206	ED053	Professional PACS Workstation			34		34	
207	ED050	Technologist PACS workstation	43		152		180	
208	ED031	printer, dye sublimation (photo, color)					5	
209	NEW	IVL generator						
210	EF018	stretcher						
211	ED032	printer, laser, paper						
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*						
213								

	A	B	CE	CF	CG	CH	CI	CJ
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**TO BE DELETED**	
2			**37274**		**37275**		**37227**	
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 3,034.91**	**$ -**	**$ 13,593.77**	**$ 4.86**	**$ 13,591.25**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**120**	**0**	**329**	**9**	**351**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**120**	**0**	**311**	**0**	**333**	**0**
13		*RN/LPN/MTA*	*15*		*45*		*49*	
14		*Vascular Interventional Technologist*	*60*		*120*		*130*	
15		*Radiologic Technologist*	*45*		*101*		*109*	
16		*RN*	*0*		*45*		*45*	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**3**	**3**	**3**	**3**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 86.73**	**$ -**	**$ 234.22**	**$ 4.86**	**$ 249.76**	**$ 4.86**
19		**PRE-SERVICE PERIOD**						
20		**Start: Following visit when decision for surgery/procedure made**						
21	CA001	Complete pre-service diagnostic and referral forms			3	3	3	3
22	CA002	Coordinate pre-surgery services (including test results)			3		3	
23	CA003	Schedule space and equipment in facility				3		3
24	CA004	Provide pre-service education/obtain consent						
25	CA005	Complete pre-procedure phone calls and prescription			3		3	
26	CA006	Confirm availability of prior images/studies			6		6	
35		**End: When patient enters office/facility for surgery/procedure**						
36		**SERVICE PERIOD**						
37		**Start: When patient enters office/facility for surgery/procedure:**						
38		**Pre-Service (of service period)**						
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are			3		5	
40	CA010	Obtain vital signs			5		5	
41	CA011	Provide education/obtain consent			5		5	
42	CA012	Review requisition, assess for special needs						
43	CA013	Prepare room, equipment and supplies			7		7	
44	CA013	Prepare room, equipment and supplies						
45	CA014	Confirm order, protocol exam						
46	CA015	Setup scope (nonfacility setting only)						
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			5		5	
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
56		**Intra-service (of service period)**						
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	60		115		125	
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	45		86.25		93.75	
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	15		28.75		31.25	
61	CA021	Perform procedure/service---NOT directly related to physician work						
62	CA020	Assist physician or other qualified healthcare professional---directly						
68		**Post-Service (of service period)**						
69	CA022	Monitor patient following procedure/service, multitasking 1:4			45		45	
70	CA023	Monitor patient following procedure/service, no multitasking						
71	CA024	Clean room/equipment by clinical staff			3		3	
72	CA024	Clean room/equipment by clinical staff						
77	CA029	Check dressings, catheters, wounds			1		3	
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,			5		5	
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
83	CA035	Review home care instructions, coordinate visits/prescriptions			2			
91		**End: Patient leaves office/facility**						
92		**POST-SERVICE PERIOD**						
93		**Start: Patient leaves office/facility**						
94	CA037	Conduct patient communications			3	3	3	3
95	CA038	Coordinate post-procedure services						
109		**End: with last office visit before end of global period**						

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3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 3,034.91**	**$ -**	**$ 13,593.77**	**$ 4.86**	**$ 13,591.25**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**120**	**0**	**329**	**9**	**351**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**120**	**0**	**311**	**0**	**333**	**0**
13		*RN/LPN/MTA*	*15*		*45*		*49*	
14		*Vascular Interventional Technologist*	*60*		*120*		*130*	
15		*Radiologic Technologist*	*45*		*101*		*109*	
16		*RN*	*0*		*45*		*45*	
110	**Supply Code**	**MEDICAL SUPPLIES**						
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 2,675.44**	**$ -**	**$ 12,762.90**	**$ -**	**$ 12,689.28**	**$ -**
112	SA048	pack, minimum multi-specialty visit			1		1	
113	SC001	angiocatheter 14g-24g			0			
114	SC018	iv infusion set			0			
115	SH065	sodium chloride 0.9% flush syringe			2		2	
116	SA019	kit, iv starter			0			
117	SB008	drape, sterile, c-arm, fluoro			1		1	
118	SB044	underpad 2ft x 3ft (Chux)			1		1	
119	SD171	guidewire bowl w-lid, sterile			1		2	
120	SC051	syringe 10-12ml			4		4	
121	SC053	syringe 20ml			4		4	
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)			1		1	
123	SG035	dressing, 3in x 4in (Telfa, Release)			2		2	
124	SG055	gauze, sterile 4in x 4in			20		2	
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)			1		1	
126	SB014	drape, sterile, three-quarter sheet			1			
127	SD120	styrofoam block, high density (3in-12in-12in)			1			
128	SJ079	basin, sterile 500cc			1			
129	SA027	kit, scissors and clamp			1			
130	SL157	cup, sterile, 8 oz			1			
131	SL198	label, vial			9			
132	SA067	tray, shave prep			1		1	
133	SK075	skin marking pen, sterile (Skin Skribe)			1			
134	SB001	cap, surgical			4		4	
135	SB028	gown, surgical, sterile			2		2	
136	SB034	mask, surgical, with face shield			4		4	
137	SB039	shoe covers, surgical			4		4	
138	SB024	gloves, sterile			2		2	
139	SJ041	povidone soln (Betadine)			60		70	
140	SJ009	basin, irrigation			1			
141	SG009	applicator, sponge-tipped			4		4	
142	SB009	drape, sterile, femoral			1		1	
143	SB019	drape-towel, sterile 18in x 26in			4		4	
144	SD208	towel clamp, plastic			1			
145	SH047	lidocaine 1%-2% inj (Xylocaine)			10		10	
146	SC027	needle, 18-19g, filter			1			
147	SC028	needle, 18-26g 1.5-3.5in, spinal			1			
148	SC008	catheter, angiographic, pig-tail			1		1	
149	SC010	closed flush system, angiography			1		1	
150	SD140	bag system, 1000ml (for angiography waste fluids)			1			
151	SD136	vascular sheath			1		1	
152	SF007	blade, surgical (Bard-Parker)			1		1	
153	SA071	kit, AccuStick II Introducer System with RO Marker			1		1	
154	SH039	heparin 1,000 units-ml inj			5		10	
155	SD252	guidewire, Amplatz wire 260 cm			1		1	
156	SG074	steri-strip (6 strip uou)			1		1	
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)			1		1	
158	SD207	suture device for vessel closure (Perclose A-T)			1		1	
159	SG037	dressing, 4in x 4.75in (Tegaderm)			0			
160	SM013	disinfectant, surface (Envirocide, Sanizide)			1		1	
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)						
162	SD149	catheter, balloon inflation device			1			
163	SA103	stent, vascular, deployment system, Cordis SMART						
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)					1	
165	SD089	guidewire, hydrophilic					1	
166	SD089	guidewire, hydrophilic (UPDATED PRICING)			1			
167	SD147	catheter, (Glide)					1	
168	SD147	catheter, (Glide) (UPDATED PRICING)			1			
169	SD148	catheter, (SIM2F1)			1		1	
170	SD151	catheter, balloon, low profile PTA	1		1		4	

	A	B	CE	CF	CG	CH	CI	CJ
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**TO BE DELETED**	
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3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 3,034.91**	**$ -**	**$ 13,593.77**	**$ 4.86**	**$ 13,591.25**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**120**	**0**	**329**	**9**	**351**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**120**	**0**	**311**	**0**	**333**	**0**
13		*RN/LPN/MTA*	*15*		*45*		*49*	
14		*Vascular Interventional Technologist*	*60*		*120*		*130*	
15		*Radiologic Technologist*	*45*		*101*		*109*	
16		*RN*	*0*		*45*		*45*	
171	SD154	catheter, microcatheter (selective 3rd order)						
172	SD172	guidewire, cerebral (Bentson)			1		1	
173	SD173	guidewire, low profile (SpartaCore)			1		1	
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]			1		1	
175	SD251	Sheath Shuttle (Cook)						
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)					1	
177	SD253	atherectomy device (UPDATED PRICING)			1			
178	SD254	covered stent (VIABAHN, Gore)					1	
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)						
180	SD255	Reentry device (Frontier, Outback, Pioneer)					1	
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)						
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)					1	
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)						
184	NEW	drug eluting stent, tibial						
185	SD090	guidewire, STIFF					1	
186	SD175	guidewire, steerable (Transcend)			1			
187	NEW	Iliac IVL Catheter						
188	NEW	FemPop IVL Catheter						
189	NEW	Drug coated balloon	1		1			
190	NEW	Drug eluting stent			1			
191	NEW	Embolic protection for atherectomy			1			
192								
193	SC049	stop cock, 3-way						
194	SC054	syringe 30 ml						
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)						
196	SD299	stent, balloon, implantable						
197	SG079	tape, surgical paper 1in (Micropore)						
198								
199	**Equipment Code**	**EQUIPMENT**						
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 272.74**	**$ -**	**$ 596.65**	**$ -**	**$ 652.21**	**$ -**
201	EQ088	contrast media warmer	60		130		142	
202	EQ032	IV infusion pump			180		180	
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)			180		180	
204	EL011	room, angiography	60		130		142	
205	EF027	table, instrument, mobile			180		180	
206	ED053	Professional PACS Workstation			34		34	
207	ED050	Technologist PACS workstation	60		149		187	
208	ED031	printer, dye sublimation (photo, color)					5	
209	NEW	IVL generator						
210	EF018	stretcher						
211	ED032	printer, laser, paper						
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*						
213								

	A	B	CK	CL	CM	CN	CO	CP
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**TO BE DELETED**	
2			**37276**		**37277**		**37227**	
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4,532.88**	**$ -**	**$ 20,500.54**	**$ 4.86**	**$ 13,591.25**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**90**	**0**	**345**	**9**	**351**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**90**	**0**	**327**	**0**	**333**	**0**
13		*RN/LPN/MTA*	*11*		*47*		*49*	
14		*Vascular Interventional Technologist*	*45*		*128*		*130*	
15		*Radiologic Technologist*	*34*		*107*		*109*	
16		*RN*	*0*		*45*		*45*	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**3**	**3**	**3**	**3**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 65.05**	**$ -**	**$ 245.78**	**$ 4.86**	**$ 249.76**	**$ 4.86**
19		**PRE-SERVICE PERIOD**						
20		**Start: Following visit when decision for surgery/procedure made**						
21	CA001	Complete pre-service diagnostic and referral forms			3	3	3	3
22	CA002	Coordinate pre-surgery services (including test results)			3		3	
23	CA003	Schedule space and equipment in facility				3		3
24	CA004	Provide pre-service education/obtain consent						
25	CA005	Complete pre-procedure phone calls and prescription			3		3	
26	CA006	Confirm availability of prior images/studies			6		6	
35		**End: When patient enters office/facility for surgery/procedure**						
36		**SERVICE PERIOD**						
37		**Start: When patient enters office/facility for surgery/procedure:**						
38		**Pre-Service (of service period)**						
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are			3		5	
40	CA010	Obtain vital signs			5		5	
41	CA011	Provide education/obtain consent			5		5	
42	CA012	Review requisition, assess for special needs						
43	CA013	Prepare room, equipment and supplies			7		7	
44	CA013	Prepare room, equipment and supplies						
45	CA014	Confirm order, protocol exam						
46	CA015	Setup scope (nonfacility setting only)						
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			5		5	
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
56		**Intra-service (of service period)**						
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	45		123		125	
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	33.75		92.25		93.75	
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	11.25		30.75		31.25	
61	CA021	Perform procedure/service---NOT directly related to physician work						
62	CA020	Assist physician or other qualified healthcare professional---directly						
68		**Post-Service (of service period)**						
69	CA022	Monitor patient following procedure/service, multitasking 1:4			45		45	
70	CA023	Monitor patient following procedure/service, no multitasking						
71	CA024	Clean room/equipment by clinical staff			3		3	
72	CA024	Clean room/equipment by clinical staff						
77	CA029	Check dressings, catheters, wounds			1		3	
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,			5		5	
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
83	CA035	Review home care instructions, coordinate visits/prescriptions			2			
91		**End: Patient leaves office/facility**						
92		**POST-SERVICE PERIOD**						
93		**Start: Patient leaves office/facility**						
94	CA037	Conduct patient communications			3	3	3	3
95	CA038	Coordinate post-procedure services						
109		**End: with last office visit before end of global period**						

	A	B	CK	CL	CM	CN	CO	CP
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**TO BE DELETED**	
2			**37276**		**37277**		**37227**	
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4,532.88**	**$ -**	**$ 20,500.54**	**$ 4.86**	**$ 13,591.25**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**90**	**0**	**345**	**9**	**351**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**90**	**0**	**327**	**0**	**333**	**0**
13		*RN/LPN/MTA*	*11*		*47*		*49*	
14		*Vascular Interventional Technologist*	*45*		*128*		*130*	
15		*Radiologic Technologist*	*34*		*107*		*109*	
16		*RN*	*0*		*45*		*45*	
110	**Supply Code**	**MEDICAL SUPPLIES**						
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 4,263.28**	**$ -**	**$ 19,621.74**	**$ -**	**$ 12,689.28**	**$ -**
112	SA048	pack, minimum multi-specialty visit			1		1	
113	SC001	angiocatheter 14g-24g			0			
114	SC018	iv infusion set			0			
115	SH065	sodium chloride 0.9% flush syringe			2		2	
116	SA019	kit, iv starter			0			
117	SB008	drape, sterile, c-arm, fluoro			1		1	
118	SB044	underpad 2ft x 3ft (Chux)			1		1	
119	SD171	guidewire bowl w-lid, sterile			1		2	
120	SC051	syringe 10-12ml			4		4	
121	SC053	syringe 20ml			4		4	
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)			1		1	
123	SG035	dressing, 3in x 4in (Telfa, Release)			2		2	
124	SG055	gauze, sterile 4in x 4in			20		2	
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)			1		1	
126	SB014	drape, sterile, three-quarter sheet			1			
127	SD120	styrofoam block, high density (3in-12in-12in)			1			
128	SJ079	basin, sterile 500cc			1			
129	SA027	kit, scissors and clamp			1			
130	SL157	cup, sterile, 8 oz			1			
131	SL198	label, vial			9			
132	SA067	tray, shave prep			1		1	
133	SK075	skin marking pen, sterile (Skin Skribe)			1			
134	SB001	cap, surgical			4		4	
135	SB028	gown, surgical, sterile			2		2	
136	SB034	mask, surgical, with face shield			4		4	
137	SB039	shoe covers, surgical			4		4	
138	SB024	gloves, sterile			2		2	
139	SJ041	povidone soln (Betadine)			60		70	
140	SJ009	basin, irrigation			1			
141	SG009	applicator, sponge-tipped			4		4	
142	SB009	drape, sterile, femoral			1		1	
143	SB019	drape-towel, sterile 18in x 26in			4		4	
144	SD208	towel clamp, plastic			1			
145	SH047	lidocaine 1%-2% inj (Xylocaine)			10		10	
146	SC027	needle, 18-19g, filter			1			
147	SC028	needle, 18-26g 1.5-3.5in, spinal			1			
148	SC008	catheter, angiographic, pig-tail			1		1	
149	SC010	closed flush system, angiography			1		1	
150	SD140	bag system, 1000ml (for angiography waste fluids)			1			
151	SD136	vascular sheath			1		1	
152	SF007	blade, surgical (Bard-Parker)			1		1	
153	SA071	kit, AccuStick II Introducer System with RO Marker			1		1	
154	SH039	heparin 1,000 units-ml inj			5		10	
155	SD252	guidewire, Amplatz wire 260 cm			1		1	
156	SG074	steri-strip (6 strip uou)			1		1	
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)			1		1	
158	SD207	suture device for vessel closure (Perclose A-T)			1		1	
159	SG037	dressing, 4in x 4.75in (Tegaderm)			0			
160	SM013	disinfectant, surface (Envirocide, Sanizide)			1		1	
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)						
162	SD149	catheter, balloon inflation device			1			
163	SA103	stent, vascular, deployment system, Cordis SMART						
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)			1		1	
165	SD089	guidewire, hydrophilic					1	
166	SD089	guidewire, hydrophilic (UPDATED PRICING)			1			
167	SD147	catheter, (Glide)					1	
168	SD147	catheter, (Glide) (UPDATED PRICING)			1			
169	SD148	catheter, (SIM2F1)			1		1	
170	SD151	catheter, balloon, low profile PTA	1		1		4	

	A	B	CK	CL	CM	CN	CO	CP
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**TO BE DELETED**	
2			**37276**		**37277**		**37227**	
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4,532.88**	**$ -**	**$ 20,500.54**	**$ 4.86**	**$ 13,591.25**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**90**	**0**	**345**	**9**	**351**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	-	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**90**	**0**	**327**	**0**	**333**	**0**
13		*RN/LPN/MTA*	*11*		*47*		*49*	
14		*Vascular Interventional Technologist*	*45*		*128*		*130*	
15		*Radiologic Technologist*	*34*		*107*		*109*	
16		*RN*	*0*		*45*		*45*	
171	SD154	catheter, microcatheter (selective 3rd order)						
172	SD172	guidewire, cerebral (Bentson)			1		1	
173	SD173	guidewire, low profile (SpartaCore)			1		1	
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]			1		1	
175	SD251	Sheath Shuttle (Cook)						
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)					1	
177	SD253	atherectomy device (UPDATED PRICING)			1			
178	SD254	covered stent (VIABAHN, Gore)					1	
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)	1		2			
180	SD255	Reentry device (Frontier, Outback, Pioneer)					1	
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)			1			
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)					1	
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)						
184	NEW	drug eluting stent, tibial						
185	SD090	guidewire, STIFF					1	
186	SD175	guidewire, steerable (Transcend)			1			
187	NEW	Iliac IVL Catheter						
188	NEW	FemPop IVL Catheter						
189	NEW	Drug coated balloon						
190	NEW	Drug eluting stent						
191	NEW	Embolic protection for atherectomy			1			
192								
193	SC049	stop cock, 3-way						
194	SC054	syringe 30 ml						
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)						
196	SD299	stent, balloon, implantable						
197	SG079	tape, surgical paper 1in (Micropore)						
198								
199	**Equipment Code**	**EQUIPMENT**						
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 204.56**	**$ -**	**$ 633.01**	**$ -**	**$ 652.21**	**$ -**
201	EQ088	contrast media warmer	45		138		142	
202	EQ032	IV infusion pump			180		180	
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)			180		180	
204	EL011	room, angiography	45		138		142	
205	EF027	table, instrument, mobile			180		180	
206	ED053	Professional PACS Workstation			34		34	
207	ED050	Technologist PACS workstation	45		157		187	
208	ED031	printer, dye sublimation (photo, color)					5	
209	NEW	IVL generator						
210	EF018	stretcher						
211	ED032	printer, laser, paper						
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*						
213								

	A	B	CQ	CR	CS	CT	CU	CV	CW
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**TO BE DE**
2			**37278**		**37279**		**37280**		**3722**
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel		Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascular endovascula percutaneou peroneal, unilateral, init with transl angiopl~~
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4,994.17**	**$ -**	**$ 4,942.03**	**$ -**	**$ 3,140.68**	**$ 4.86**	**$ 4,711.33**
8		**TOTAL CLINICAL STAFF TIME**	**120**	**0**	**80**	**0**	**279**	**9**	**281**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**15**	**6**	**15**
10		*RN/LPN/MTA*	*-*	*0*	*-*	*0*	*9*	*6*	*9*
11		*Vascular Interventional Technologist*	*0*		*0*		*6*		*6*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**120**	**0**	**80**	**0**	**261**	**0**	**263**
13		*RN/LPN/MTA*	*15*		*10*		*39*		*41*
14		*Vascular Interventional Technologist*	*60*		*40*		*95*		*95*
15		*Radiologic Technologist*	*45*		*30*		*83*		*83*
16		*RN*	*0*		*0*		*45*		*45*
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**3**	**3**	**3**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 86.73**	**$ -**	**$ 57.82**	**$ -**	**$ 198.08**	**$ 4.86**	**$ 199.16**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms					3	3	3
22	CA002	Coordinate pre-surgery services (including test results)					3		3
23	CA003	Schedule space and equipment in facility						3	
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription					3		3
26	CA006	Confirm availability of prior images/studies					6		6
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are					3		5
40	CA010	Obtain vital signs					5		5
41	CA011	Provide education/obtain consent					5		5
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies					7		7
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient					5		5
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	60		40		90		90
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	45		30		67.5		67.5
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	15		10		22.5		22.5
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4					45		45
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff					3		3
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds					1		3
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,					5		5
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions					2		
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications					3	3	3
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

	A	B	CQ	CR	CS	CT	CU	CV	CW
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**TO BE DE**
2			**37278**		**37279**		**37280**		**3722**
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel		Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascular endovascula percutaneou peroneal, unilateral, init with transl angiopl~~
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4,994.17**	**$ -**	**$ 4,942.03**	**$ -**	**$ 3,140.68**	**$ 4.86**	**$ 4,711.33**
8		**TOTAL CLINICAL STAFF TIME**	**120**	**0**	**80**	**0**	**279**	**9**	**281**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**15**	**6**	**15**
10		*RN/LPN/MTA*	*-*	*0*	*-*	*0*	*9*	*6*	*9*
11		*Vascular Interventional Technologist*	*0*		*0*		*6*		*6*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**120**	**0**	**80**	**0**	**261**	**0**	**263**
13		*RN/LPN/MTA*	*15*		*10*		*39*		*41*
14		*Vascular Interventional Technologist*	*60*		*40*		*95*		*95*
15		*Radiologic Technologist*	*45*		*30*		*83*		*83*
16		*RN*	*0*		*0*		*45*		*45*
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 4,634.70**	**$ -**	**$ 4,700.00**	**$ -**	**$ 2,459.59**	**$ -**	**$ 4,019.06**
112	SA048	pack, minimum multi-specialty visit					1		1
113	SC001	angiocatheter 14g-24g					0		
114	SC018	iv infusion set					0		
115	SH065	sodium chloride 0.9% flush syringe					2		2
116	SA019	kit, iv starter					0		
117	SB008	drape, sterile, c-arm, fluoro					1		1
118	SB044	underpad 2ft x 3ft (Chux)					1		1
119	SD171	guidewire bowl w-lid, sterile					1		2
120	SC051	syringe 10-12ml					4		4
121	SC053	syringe 20ml					4		4
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)					1		1
123	SG035	dressing, 3in x 4in (Telfa, Release)					2		2
124	SG055	gauze, sterile 4in x 4in					20		2
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)					1		1
126	SB014	drape, sterile, three-quarter sheet					1		
127	SD120	styrofoam block, high density (3in-12in-12in)					1		
128	SJ079	basin, sterile 500cc					1		
129	SA027	kit, scissors and clamp					1		
130	SL157	cup, sterile, 8 oz					1		
131	SL198	label, vial					9		
132	SA067	tray, shave prep					1		1
133	SK075	skin marking pen, sterile (Skin Skribe)					1		
134	SB001	cap, surgical					4		4
135	SB028	gown, surgical, sterile					2		2
136	SB034	mask, surgical, with face shield					4		4
137	SB039	shoe covers, surgical					4		4
138	SB024	gloves, sterile					2		2
139	SJ041	povidone soln (Betadine)					60		70
140	SJ009	basin, irrigation					1		
141	SG009	applicator, sponge-tipped					4		4
142	SB009	drape, sterile, femoral					1		1
143	SB019	drape-towel, sterile 18in x 26in					4		4
144	SD208	towel clamp, plastic					1		
145	SH047	lidocaine 1%-2% inj (Xylocaine)					10		10
146	SC027	needle, 18-19g, filter					1		
147	SC028	needle, 18-26g 1.5-3.5in, spinal					1		
148	SC008	catheter, angiographic, pig-tail					1		1
149	SC010	closed flush system, angiography					1		1
150	SD140	bag system, 1000ml (for angiography waste fluids)					1		
151	SD136	vascular sheath					1		1
152	SF007	blade, surgical (Bard-Parker)					1		1
153	SA071	kit, AccuStick II Introducer System with RO Marker					1		1
154	SH039	heparin 1,000 units-ml inj					5		5
155	SD252	guidewire, Amplatz wire 260 cm					1		1
156	SG074	steri-strip (6 strip uou)					1		1
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)					1		1
158	SD207	suture device for vessel closure (Perclose A-T)					1		1
159	SG037	dressing, 4in x 4.75in (Tegaderm)					0		
160	SM013	disinfectant, surface (Envirocide, Sanizide)					1		1
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device					1		
163	SA103	stent, vascular, deployment system, Cordis SMART							
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)	1				1		1
165	SD089	guidewire, hydrophilic							1
166	SD089	guidewire, hydrophilic (UPDATED PRICING)					1		
167	SD147	catheter, (Glide)							1
168	SD147	catheter, (Glide) (UPDATED PRICING)					1		
169	SD148	catheter, (SIM2F1)					1		1
170	SD151	catheter, balloon, low profile PTA	1				1		2

	A	B	CQ	CR	CS	CT	CU	CV	CW
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**TO BE DE**
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3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, femoral and popliteal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel		Intravascular lithotripsy(ies), femoral and popliteal vascular territory, including all imaging guidance and radiological supervision and interpretation necessary to perform the intravascular lithotripsy(ies) within the same artery		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascular endovascula percutaneou peroneal, unilateral, init with transl angiopl~~
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4,994.17**	**$ -**	**$ 4,942.03**	**$ -**	**$ 3,140.68**	**$ 4.86**	**$ 4,711.33**
8		**TOTAL CLINICAL STAFF TIME**	**120**	**0**	**80**	**0**	**279**	**9**	**281**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**15**	**6**	**15**
10		*RN/LPN/MTA*	*-*	*0*	*-*	*0*	*9*	*6*	*9*
11		*Vascular Interventional Technologist*	*0*		*0*		*6*		*6*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**120**	**0**	**80**	**0**	**261**	**0**	**263**
13		*RN/LPN/MTA*	*15*		*10*		*39*		*41*
14		*Vascular Interventional Technologist*	*60*		*40*		*95*		*95*
15		*Radiologic Technologist*	*45*		*30*		*83*		*83*
16		*RN*	*0*		*0*		*45*		*45*
171	SD154	catheter, microcatheter (selective 3rd order)							1
172	SD172	guidewire, cerebral (Bentson)					1		1
173	SD173	guidewire, low profile (SpartaCore)					1		2
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]					1		1
175	SD251	Sheath Shuttle (Cook)					1		1
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)							
177	SD253	atherectomy device (UPDATED PRICING)							
178	SD254	covered stent (VIABAHN, Gore)							
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)	1						
180	SD255	Reentry device (Frontier, Outback, Pioneer)							
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)							
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)							1
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)							
184	NEW	drug eluting stent, tibial							
185	SD090	guidewire, STIFF							1
186	SD175	guidewire, steerable (Transcend)	1				1		
187	NEW	Iliac IVL Catheter							
188	NEW	FemPop IVL Catheter			1				
189	NEW	Drug coated balloon							
190	NEW	Drug eluting stent							
191	NEW	Embolic protection for atherectomy							
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 272.74**	**$ -**	**$ 184.21**	**$ -**	**$ 483.00**	**$ -**	**$ 493.11**
201	EQ088	contrast media warmer	60		40		105		107
202	EQ032	IV infusion pump					180		180
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)					180		180
204	EL011	room, angiography	60		40		105		107
205	EF027	table, instrument, mobile					180		180
206	ED053	Professional PACS Workstation					34		34
207	ED050	Technologist PACS workstation	60		40		124		152
208	ED031	printer, dye sublimation (photo, color)							5
209	NEW	IVL generator			40				
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	CX	CY	CZ	DA	DB	DC	DD	DE
1	**RUC Practice Expense Spreadsheet**		**LETED**	**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DE**
2			**8**	**37281**		**37232**		**37282**		**372**
3		***RUC Collaboration Website***	~~ization,~~	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel		~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel		~~Revascula endovascula percutaneo peroneal unilateral, ini with trans angiop~~
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	~~; open or us, tibial, artery, ial vessel; uminal asty~~							
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 818.44**	**$ -**	**$ 801.01**	**$ -**	**$ 7,775.59**	**$ 4.86**	**$ 4,711.33**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**60**	**0**	**82**	**0**	**299**	**9**	**281**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**0**	**0**	**0**	**0**	**15**	**6**	**15**
10		*RN/LPN/MTA*	*6*	*-*	*0*	*-*	*0*	*9*	*6*	*9*
11		*Vascular Interventional Technologist*		*0*		*0*		*6*		*6*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**60**	**0**	**82**	**0**	**281**	**0**	**263**
13		*RN/LPN/MTA*		*8*		*10*		*41*		*41*
14		*Vascular Interventional Technologist*		*30*		*42*		*105*		*95*
15		*Radiologic Technologist*		*23*		*30*		*90*		*83*
16		*RN*		*0*		*0*		*45*		*45*
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**0**	**0**	**0**	**0**	**3**	**3**	**3**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 4.86**	**$ 43.37**	**$ -**	**$ 59.50**	**$ -**	**$ 212.54**	**$ 4.86**	**$ 199.16**
19		**PRE-SERVICE PERIOD**								
20		**Start: Following visit when decision for surgery/procedure made**								
21	CA001	Complete pre-service diagnostic and referral forms	3					3	3	3
22	CA002	Coordinate pre-surgery services (including test results)						3		3
23	CA003	Schedule space and equipment in facility	3						3	
24	CA004	Provide pre-service education/obtain consent								
25	CA005	Complete pre-procedure phone calls and prescription						3		3
26	CA006	Confirm availability of prior images/studies						6		6
35		**End: When patient enters office/facility for surgery/procedure**								
36		**SERVICE PERIOD**								
37		**Start: When patient enters office/facility for surgery/procedure:**								
38		**Pre-Service (of service period)**								
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are						3		5
40	CA010	Obtain vital signs						5		5
41	CA011	Provide education/obtain consent						5		5
42	CA012	Review requisition, assess for special needs								
43	CA013	Prepare room, equipment and supplies						7		7
44	CA013	Prepare room, equipment and supplies								
45	CA014	Confirm order, protocol exam								
46	CA015	Setup scope (nonfacility setting only)								
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						5		5
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient								
56		**Intra-service (of service period)**								
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)		30		40		100		90
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		22.5		30		75		67.5
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		7.5		10		25		22.5
61	CA021	Perform procedure/service---NOT directly related to physician work								
62	CA020	Assist physician or other qualified healthcare professional---directly								
68		**Post-Service (of service period)**								
69	CA022	Monitor patient following procedure/service, multitasking 1:4						45		45
70	CA023	Monitor patient following procedure/service, no multitasking								
71	CA024	Clean room/equipment by clinical staff						3		3
72	CA024	Clean room/equipment by clinical staff								
77	CA029	Check dressings, catheters, wounds						1		3
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,				2		5		5
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to								
83	CA035	Review home care instructions, coordinate visits/prescriptions						2		
91		**End: Patient leaves office/facility**								
92		**POST-SERVICE PERIOD**								
93		**Start: Patient leaves office/facility**								
94	CA037	Conduct patient communications	3					3	3	3
95	CA038	Coordinate post-procedure services								
109		**End: with last office visit before end of global period**								

	A	B	CX	CY	CZ	DA	DB	DC	DD	DE
1	**RUC Practice Expense Spreadsheet**		**LETED**	**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DE**
2			**8**	**37281**		**37232**		**37282**		**372**
3		***RUC Collaboration Website***	~~ization,~~	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel		~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel		~~Revascula endovascula percutaneo peroneal unilateral, ini with trans angiop~~
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	~~, open or us, tibial, artery, ial vessel; uminal asty~~							
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 818.44**	**$ -**	**$ 801.01**	**$ -**	**$ 7,775.59**	**$ 4.86**	**$ 4,711.33**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**60**	**0**	**82**	**0**	**299**	**9**	**281**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**0**	**0**	**0**	**0**	**15**	**6**	**15**
10		*RN/LPN/MTA*	*6*	*-*	*0*	*-*	*0*	*9*	*6*	*9*
11		*Vascular Interventional Technologist*		*0*		*0*		*6*		*6*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**60**	**0**	**82**	**0**	**281**	**0**	**263**
13		*RN/LPN/MTA*		*8*		*10*		*41*		*41*
14		*Vascular Interventional Technologist*		*30*		*42*		*105*		*95*
15		*Radiologic Technologist*		*23*		*30*		*90*		*83*
16		*RN*		*0*		*0*		*45*		*45*
110	**Supply Code**	**MEDICAL SUPPLIES**								
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 638.70**	**$ -**	**$ 559.46**	**$ -**	**$ 7,034.59**	**$ -**	**$ 4,019.06**
112	SA048	pack, minimum multi-specialty visit						1		1
113	SC001	angiocatheter 14g-24g						0		
114	SC018	iv infusion set						0		
115	SH065	sodium chloride 0.9% flush syringe						2		2
116	SA019	kit, iv starter						0		
117	SB008	drape, sterile, c-arm, fluoro						1		1
118	SB044	underpad 2ft x 3ft (Chux)						1		1
119	SD171	guidewire bowl w-lid, sterile						1		2
120	SC051	syringe 10-12ml						4		4
121	SC053	syringe 20ml						4		4
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)						1		1
123	SG035	dressing, 3in x 4in (Telfa, Release)						2		2
124	SG055	gauze, sterile 4in x 4in						20		2
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)						1		1
126	SB014	drape, sterile, three-quarter sheet						1		
127	SD120	styrofoam block, high density (3in-12in-12in)						1		
128	SJ079	basin, sterile 500cc						1		
129	SA027	kit, scissors and clamp						1		
130	SL157	cup, sterile, 8 oz						1		
131	SL198	label, vial						9		
132	SA067	tray, shave prep						1		1
133	SK075	skin marking pen, sterile (Skin Skribe)						1		
134	SB001	cap, surgical						4		4
135	SB028	gown, surgical, sterile						2		2
136	SB034	mask, surgical, with face shield						4		4
137	SB039	shoe covers, surgical						4		4
138	SB024	gloves, sterile						2		2
139	SJ041	povidone soln (Betadine)						60		70
140	SJ009	basin, irrigation						1		
141	SG009	applicator, sponge-tipped						4		4
142	SB009	drape, sterile, femoral						1		1
143	SB019	drape-towel, sterile 18in x 26in						4		4
144	SD208	towel clamp, plastic						1		
145	SH047	lidocaine 1%-2% inj (Xylocaine)						10		10
146	SC027	needle, 18-19g, filter						1		
147	SC028	needle, 18-26g 1.5-3.5in, spinal						1		
148	SC008	catheter, angiographic, pig-tail						1		1
149	SC010	closed flush system, angiography						1		1
150	SD140	bag system, 1000ml (for angiography waste fluids)						1		
151	SD136	vascular sheath						1		1
152	SF007	blade, surgical (Bard-Parker)						1		1
153	SA071	kit, AccuStick II Introducer System with RO Marker						1		1
154	SH039	heparin 1,000 units-ml inj				5		5		5
155	SD252	guidewire, Amplatz wire 260 cm						1		1
156	SG074	steri-strip (6 strip uou)						1		1
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)						1		1
158	SD207	suture device for vessel closure (Perclose A-T)						1		1
159	SG037	dressing, 4in x 4.75in (Tegaderm)						0		
160	SM013	disinfectant, surface (Envirocide, Sanizide)						1		1
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)								
162	SD149	catheter, balloon inflation device						1		
163	SA103	stent, vascular, deployment system, Cordis SMART								
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)						1		1
165	SD089	guidewire, hydrophilic								1
166	SD089	guidewire, hydrophilic (UPDATED PRICING)						1		
167	SD147	catheter, (Glide)								1
168	SD147	catheter, (Glide) (UPDATED PRICING)						1		
169	SD148	catheter, (SIM2F1)						1		1
170	SD151	catheter, balloon, low profile PTA		1		1		1		2

	A	B	CX	CY	CZ	DA	DB	DC	DD	DE
1	**RUC Practice Expense Spreadsheet**		**LETED**	**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DE**
2			**8**	**37281**		**37232**		**37282**		**372**
3		***RUC Collaboration Website***	~~ization,~~	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel		~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel		~~Revascula~~ ~~endovascula~~ ~~percutaneo~~ ~~peroneal~~ ~~unilateral, ini~~ ~~with trans~~ ~~angiop~~
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	~~, open or~~ ~~us, tibial,~~ ~~artery,~~ ~~ial vessel;~~ ~~uminal~~ ~~asty~~							
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 818.44**	**$ -**	**$ 801.01**	**$ -**	**$ 7,775.59**	**$ 4.86**	**$ 4,711.33**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**60**	**0**	**82**	**0**	**299**	**9**	**281**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**0**	**0**	**0**	**0**	**15**	**6**	**15**
10		*RN/LPN/MTA*	*6*	*-*	*0*	*-*	*0*	*9*	*6*	*9*
11		*Vascular Interventional Technologist*		*0*		*0*		*6*		*6*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**60**	**0**	**82**	**0**	**281**	**0**	**263**
13		*RN/LPN/MTA*		*8*		*10*		*41*		*41*
14		*Vascular Interventional Technologist*		*30*		*42*		*105*		*95*
15		*Radiologic Technologist*		*23*		*30*		*90*		*83*
16		*RN*		*0*		*0*		*45*		*45*
171	SD154	catheter, microcatheter (selective 3rd order)						1		1
172	SD172	guidewire, cerebral (Bentson)						1		1
173	SD173	guidewire, low profile (SpartaCore)		1		3		1		2
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]						1		1
175	SD251	Sheath Shuttle (Cook)						1		1
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)								
177	SD253	atherectomy device (UPDATED PRICING)								
178	SD254	covered stent (VIABAHN, Gore)								
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)								
180	SD255	Reentry device (Frontier, Outback, Pioneer)								
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)						1		
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)						1		1
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)								
184	NEW	drug eluting stent, tibial								
185	SD090	guidewire, STIFF								1
186	SD175	guidewire, steerable (Transcend)		1				1		
187	NEW	Iliac IVL Catheter								
188	NEW	FemPop IVL Catheter								
189	NEW	Drug coated balloon								
190	NEW	Drug eluting stent								
191	NEW	Embolic protection for atherectomy								
192										
193	SC049	stop cock, 3-way								
194	SC054	syringe 30 ml								
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)								
196	SD299	stent, balloon, implantable								
197	SG079	tape, surgical paper 1in (Micropore)								
198										
199	**Equipment Code**	**EQUIPMENT**								
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 136.37**	**$ -**	**$ 182.05**	**$ -**	**$ 528.46**	**$ -**	**$ 493.11**
201	EQ088	contrast media warmer		30		40		115		107
202	EQ032	IV infusion pump						180		180
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)						180		180
204	EL011	room, angiography		30		40		115		107
205	EF027	table, instrument, mobile						180		180
206	ED053	Professional PACS Workstation						34		34
207	ED050	Technologist PACS workstation		30		42		134		152
208	ED031	printer, dye sublimation (photo, color)				2				5
209	NEW	IVL generator								
210	EF018	stretcher								
211	ED032	printer, laser, paper								
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*								
213										

	A	B	DF	DG	DH	DI	DJ	DK	DL
1	**RUC Practice Expense Spreadsheet**		**:LETED**	**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**	
2			**28**	**37283**		**37232**		**37284**	
3		***RUC Collaboration Website***	~~rization,~~	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel		~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	~~r, open or us, tibial, artery, tial vessel; luminal lasty~~						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 908.30**	**$ -**	**$ 801.01**	**$ -**	**$ 7,093.48**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**90**	**0**	**82**	**0**	**299**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**0**	**0**	**0**	**0**	**15**	**6**
10		*RN/LPN/MTA*	*6*	*-*	*0*	*-*	*0*	*9*	*6*
11		*Vascular Interventional Technologist*		*0*		*0*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**90**	**0**	**82**	**0**	**281**	**0**
13		*RN/LPN/MTA*		*11*		*10*		*41*	
14		*Vascular Interventional Technologist*		*45*		*42*		*105*	
15		*Radiologic Technologist*		*34*		*30*		*90*	
16		*RN*		*0*		*0*		*45*	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**0**	**0**	**0**	**0**	**3**	**3**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 4.86**	**$ 65.05**	**$ -**	**$ 59.50**	**$ -**	**$ 212.54**	**$ 4.86**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms	3					3	3
22	CA002	Coordinate pre-surgery services (including test results)						3	
23	CA003	Schedule space and equipment in facility	3						3
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription						3	
26	CA006	Confirm availability of prior images/studies						6	
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are						3	
40	CA010	Obtain vital signs						5	
41	CA011	Provide education/obtain consent						5	
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies						7	
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						5	
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)		45		40		100	
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		33.75		30		75	
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		11.25		10		25	
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4						45	
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff						3	
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds						1	
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,				2		5	
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions						2	
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications	3					3	3
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

	A	B	DF	DG	DH	DI	DJ	DK	DL
1	**RUC Practice Expense Spreadsheet**		**:LETED**	**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**	
2			**28**	**37283**		**37232**		**37284**	
3		***RUC Collaboration Website***	~~rization,~~	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel		~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	~~r, open or us, tibial, artery, tial vessel; luminal lasty~~						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 908.30**	**$ -**	**$ 801.01**	**$ -**	**$ 7,093.48**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**90**	**0**	**82**	**0**	**299**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**0**	**0**	**0**	**0**	**15**	**6**
10		*RN/LPN/MTA*	*6*	*-*	*0*	*-*	*0*	*9*	*6*
11		*Vascular Interventional Technologist*		*0*		*0*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**90**	**0**	**82**	**0**	**281**	**0**
13		*RN/LPN/MTA*		*11*		*10*		*41*	
14		*Vascular Interventional Technologist*		*45*		*42*		*105*	
15		*Radiologic Technologist*		*34*		*30*		*90*	
16		*RN*		*0*		*0*		*45*	
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 638.70**	**$ -**	**$ 559.46**	**$ -**	**$ 6,352.48**	**$ -**
112	SA048	pack, minimum multi-specialty visit						1	
113	SC001	angiocatheter 14g-24g						0	
114	SC018	iv infusion set						0	
115	SH065	sodium chloride 0.9% flush syringe						2	
116	SA019	kit, iv starter						0	
117	SB008	drape, sterile, c-arm, fluoro						1	
118	SB044	underpad 2ft x 3ft (Chux)						1	
119	SD171	guidewire bowl w-lid, sterile						1	
120	SC051	syringe 10-12ml						4	
121	SC053	syringe 20ml						4	
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)						1	
123	SG035	dressing, 3in x 4in (Telfa, Release)						2	
124	SG055	gauze, sterile 4in x 4in						20	
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)						1	
126	SB014	drape, sterile, three-quarter sheet						1	
127	SD120	styrofoam block, high density (3in-12in-12in)						1	
128	SJ079	basin, sterile 500cc						1	
129	SA027	kit, scissors and clamp						1	
130	SL157	cup, sterile, 8 oz						1	
131	SL198	label, vial						9	
132	SA067	tray, shave prep						1	
133	SK075	skin marking pen, sterile (Skin Skribe)						1	
134	SB001	cap, surgical						4	
135	SB028	gown, surgical, sterile						2	
136	SB034	mask, surgical, with face shield						4	
137	SB039	shoe covers, surgical						4	
138	SB024	gloves, sterile						2	
139	SJ041	povidone soln (Betadine)						60	
140	SJ009	basin, irrigation						1	
141	SG009	applicator, sponge-tipped						4	
142	SB009	drape, sterile, femoral						1	
143	SB019	drape-towel, sterile 18in x 26in						4	
144	SD208	towel clamp, plastic						1	
145	SH047	lidocaine 1%-2% inj (Xylocaine)						10	
146	SC027	needle, 18-19g, filter						1	
147	SC028	needle, 18-26g 1.5-3.5in, spinal						1	
148	SC008	catheter, angiographic, pig-tail						1	
149	SC010	closed flush system, angiography						1	
150	SD140	bag system, 1000ml (for angiography waste fluids)						1	
151	SD136	vascular sheath						1	
152	SF007	blade, surgical (Bard-Parker)						1	
153	SA071	kit, AccuStick II Introducer System with RO Marker						1	
154	SH039	heparin 1,000 units-ml inj				5		5	
155	SD252	guidewire, Amplatz wire 260 cm						1	
156	SG074	steri-strip (6 strip uou)						1	
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)						1	
158	SD207	suture device for vessel closure (Perclose A-T)						1	
159	SG037	dressing, 4in x 4.75in (Tegaderm)						0	
160	SM013	disinfectant, surface (Envirocide, Sanizide)						1	
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device						1	
163	SA103	stent, vascular, deployment system, Cordis SMART							
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)						1	
165	SD089	guidewire, hydrophilic							
166	SD089	guidewire, hydrophilic (UPDATED PRICING)						1	
167	SD147	catheter, (Glide)							
168	SD147	catheter, (Glide) (UPDATED PRICING)						1	
169	SD148	catheter, (SIM2F1)						1	
170	SD151	catheter, balloon, low profile PTA		1		1		1	

	A	B	DF	DG	DH	DI	DJ	DK	DL
1	**RUC Practice Expense Spreadsheet**		**~~ELETED~~**	**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**	
2			**~~28~~**	**37283**		**37232**		**37284**	
3		***RUC Collaboration Website***	~~rization,~~	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel		~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to code for primary procedure)~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	~~r, open or us, tibial, artery, tial vessel; luminal lasty~~						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 908.30**	**$ -**	**$ 801.01**	**$ -**	**$ 7,093.48**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**90**	**0**	**82**	**0**	**299**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**0**	**0**	**0**	**0**	**15**	**6**
10		*RN/LPN/MTA*	*6*	*-*	*0*	*-*	*0*	*9*	*6*
11		*Vascular Interventional Technologist*		*0*		*0*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**90**	**0**	**82**	**0**	**281**	**0**
13		*RN/LPN/MTA*		*11*		*10*		*41*	
14		*Vascular Interventional Technologist*		*45*		*42*		*105*	
15		*Radiologic Technologist*		*34*		*30*		*90*	
16		*RN*		*0*		*0*		*45*	
171	SD154	catheter, microcatheter (selective 3rd order)							
172	SD172	guidewire, cerebral (Bentson)						1	
173	SD173	guidewire, low profile (SpartaCore)		1		3		1	
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]						1	
175	SD251	Sheath Shuttle (Cook)						1	
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)							
177	SD253	atherectomy device (UPDATED PRICING)							
178	SD254	covered stent (VIABAHN, Gore)							
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)							
180	SD255	Reentry device (Frontier, Outback, Pioneer)							
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)							
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)						1	
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)							
184	NEW	drug eluting stent, tibial						1	
185	SD090	guidewire, STIFF							
186	SD175	guidewire, steerable (Transcend)		1				1	
187	NEW	Iliac IVL Catheter							
188	NEW	FemPop IVL Catheter							
189	NEW	Drug coated balloon							
190	NEW	Drug eluting stent							
191	NEW	Embolic protection for atherectomy							
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 204.56**	**$ -**	**$ 182.05**	**$ -**	**$ 528.46**	**$ -**
201	EQ088	contrast media warmer		45		40		115	
202	EQ032	IV infusion pump						180	
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)						180	
204	EL011	room, angiography		45		40		115	
205	EF027	table, instrument, mobile						180	
206	ED053	Professional PACS Workstation						34	
207	ED050	Technologist PACS workstation		45		42		134	
208	ED031	printer, dye sublimation (photo, color)				2			
209	NEW	IVL generator							
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	DM	DN	DO	DP	DQ	DR	DS
1	**RUC Practice Expense Spreadsheet**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMEI**
2			**37230**		**37285**		**37234**		**37286**
3		***RUC Collaboration Website***	~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel		~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary~~		Revascularization, endo percutaneous, tibial and territory, with translumina including transluminal a performed, including necessary for accessing catheterizing the artery lesion, including all imag radiological supervision necessary to perform the s angioplasty when perfo same artery, unilateral; initial ves
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 10,619.23**	**$ 4.86**	**$ 3,598.39**	**$ -**	**$ 4,230.87**	**$ -**	**$ 13,395.41**
8		**TOTAL CLINICAL STAFF TIME**	**341**	**9**	**70**	**0**	**122**	**0**	**339**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**15**	**6**	**0**	**0**	**0**	**0**	**15**
10		*RN/LPN/MTA*	*9*	*6*	*-*	*0*	*-*	*0*	*9*
11		*Vascular Interventional Technologist*	*6*		*0*		*0*		*6*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**323**	**0**	**70**	**0**	**122**	**0**	**321**
13		*RN/LPN/MTA*	*48*		*9*		*15*		*46*
14		*Vascular Interventional Technologist*	*125*		*35*		*62*		*125*
15		*Radiologic Technologist*	*105*		*26*		*45*		*105*
16		*RN*	*45*		*0*		*0*		*45*
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**3**	**0**	**0**	**0**	**0**	**3**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 242.53**	**$ 4.86**	**$ 50.59**	**$ -**	**$ 88.41**	**$ -**	**$ 241.45**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms	3	3					3
22	CA002	Coordinate pre-surgery services (including test results)	3						3
23	CA003	Schedule space and equipment in facility		3					
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription	3						3
26	CA006	Confirm availability of prior images/studies	6						6
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are	5						3
40	CA010	Obtain vital signs	5						5
41	CA011	Provide education/obtain consent	5						5
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies	7						7
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	5						5
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	120		35		60		120
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	90		26.25		45		90
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	30		8.75		15		30
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4	45						45
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff	3						3
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds	3						1
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,	5				2		5
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions							2
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications	3	3					3
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

	A	B	DM	DN	DO	DP	DQ	DR	DS
1	**RUC Practice Expense Spreadsheet**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMEI**
2			**37230**		**37285**		**37234**		**37286**
3		***RUC Collaboration Website***	~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel		~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary~~		Revascularization, endo percutaneous, tibial and territory, with translumina including transluminal a performed, including necessary for accessing catheterizing the artery lesion, including all imag radiological supervision necessary to perform the s angioplasty when perfo same artery, unilateral; initial ves
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 10,619.23**	**$ 4.86**	**$ 3,598.39**	**$ -**	**$ 4,230.87**	**$ -**	**$ 13,395.41**
8		**TOTAL CLINICAL STAFF TIME**	**341**	**9**	**70**	**0**	**122**	**0**	**339**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**15**	**6**	**0**	**0**	**0**	**0**	**15**
10		*RN/LPN/MTA*	*9*	*6*	*-*	*0*	*-*	*0*	*9*
11		*Vascular Interventional Technologist*	*6*		*0*		*0*		*6*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**323**	**0**	**70**	**0**	**122**	**0**	**321**
13		*RN/LPN/MTA*	*48*		*9*		*15*		*46*
14		*Vascular Interventional Technologist*	*125*		*35*		*62*		*125*
15		*Radiologic Technologist*	*105*		*26*		*45*		*105*
16		*RN*	*45*		*0*		*0*		*45*
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 9,747.22**	**$ -**	**$ 3,388.70**	**$ -**	**$ 3,869.50**	**$ -**	**$ 12,534.59**
112	SA048	pack, minimum multi-specialty visit	1						1
113	SC001	angiocatheter 14g-24g							0
114	SC018	iv infusion set							0
115	SH065	sodium chloride 0.9% flush syringe	2						2
116	SA019	kit, iv starter							0
117	SB008	drape, sterile, c-arm, fluoro	1						1
118	SB044	underpad 2ft x 3ft (Chux)	1						1
119	SD171	guidewire bowl w-lid, sterile	2						1
120	SC051	syringe 10-12ml	4						4
121	SC053	syringe 20ml	4						4
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)	1						1
123	SG035	dressing, 3in x 4in (Telfa, Release)	2						2
124	SG055	gauze, sterile 4in x 4in	2						20
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)	1						1
126	SB014	drape, sterile, three-quarter sheet							1
127	SD120	styrofoam block, high density (3in-12in-12in)							1
128	SJ079	basin, sterile 500cc							1
129	SA027	kit, scissors and clamp							1
130	SL157	cup, sterile, 8 oz							1
131	SL198	label, vial							9
132	SA067	tray, shave prep	1						1
133	SK075	skin marking pen, sterile (Skin Skribe)							1
134	SB001	cap, surgical	4						4
135	SB028	gown, surgical, sterile	2						2
136	SB034	mask, surgical, with face shield	4						4
137	SB039	shoe covers, surgical	4						4
138	SB024	gloves, sterile	2						2
139	SJ041	povidone soln (Betadine)	70						60
140	SJ009	basin, irrigation							1
141	SG009	applicator, sponge-tipped	4						4
142	SB009	drape, sterile, femoral	1						1
143	SB019	drape-towel, sterile 18in x 26in	4						4
144	SD208	towel clamp, plastic							1
145	SH047	lidocaine 1%-2% inj (Xylocaine)	10						10
146	SC027	needle, 18-19g, filter							1
147	SC028	needle, 18-26g 1.5-3.5in, spinal							1
148	SC008	catheter, angiographic, pig-tail	1						1
149	SC010	closed flush system, angiography	1						1
150	SD140	bag system, 1000ml (for angiography waste fluids)							1
151	SD136	vascular sheath	1						1
152	SF007	blade, surgical (Bard-Parker)	1						1
153	SA071	kit, AccuStick II Introducer System with RO Marker	1						1
154	SH039	heparin 1,000 units-ml inj	10				10		5
155	SD252	guidewire, Amplatz wire 260 cm	1						1
156	SG074	steri-strip (6 strip uou)	1						1
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)	1						1
158	SD207	suture device for vessel closure (Perclose A-T)	1						1
159	SG037	dressing, 4in x 4.75in (Tegaderm)							0
160	SM013	disinfectant, surface (Envirocide, Sanizide)	1						1
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device							1
163	SA103	stent, vascular, deployment system, Cordis SMART							
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)	1						1
165	SD089	guidewire, hydrophilic	1						
166	SD089	guidewire, hydrophilic (UPDATED PRICING)							1
167	SD147	catheter, (Glide)	1						
168	SD147	catheter, (Glide) (UPDATED PRICING)							1
169	SD148	catheter, (SIM2F1)	1						1
170	SD151	catheter, balloon, low profile PTA	2		1		1		1

	A	B	DM	DN	DO	DP	DQ	DR	DS
1	**RUC Practice Expense Spreadsheet**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMEI**
2			**37230**		**37285**		**37234**		**37286**
3		***RUC Collaboration Website***	~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel		~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary~~		Revascularization, endo percutaneous, tibial and territory, with translumina including transluminal a performed, including necessary for accessing catheterizing the artery lesion, including all imag radiological supervision necessary to perform the s angioplasty when perfo same artery, unilateral; initial ves
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 10,619.23**	**$ 4.86**	**$ 3,598.39**	**$ -**	**$ 4,230.87**	**$ -**	**$ 13,395.41**
8		**TOTAL CLINICAL STAFF TIME**	**341**	**9**	**70**	**0**	**122**	**0**	**339**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**15**	**6**	**0**	**0**	**0**	**0**	**15**
10		*RN/LPN/MTA*	*9*	*6*	*-*	*0*	*-*	*0*	*9*
11		*Vascular Interventional Technologist*	*6*		*0*		*0*		*6*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**323**	**0**	**70**	**0**	**122**	**0**	**321**
13		*RN/LPN/MTA*	*48*		*9*		*15*		*46*
14		*Vascular Interventional Technologist*	*125*		*35*		*62*		*125*
15		*Radiologic Technologist*	*105*		*26*		*45*		*105*
16		*RN*	*45*		*0*		*0*		*45*
171	SD154	catheter, microcatheter (selective 3rd order)	1						1
172	SD172	guidewire, cerebral (Bentson)	1						1
173	SD173	guidewire, low profile (SpartaCore)	3		1		3		1
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]	1						1
175	SD251	Sheath Shuttle (Cook)	1						1
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)							
177	SD253	atherectomy device (UPDATED PRICING)							
178	SD254	covered stent (VIABAHN, Gore)							
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)							
180	SD255	Reentry device (Frontier, Outback, Pioneer)	1						
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)							1
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)	1						1
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	1				1		
184	NEW	drug eluting stent, tibial			1				2
185	SD090	guidewire, STIFF	1						
186	SD175	guidewire, steerable (Transcend)			1				1
187	NEW	Iliac IVL Catheter							
188	NEW	FemPop IVL Catheter							
189	NEW	Drug coated balloon							
190	NEW	Drug eluting stent							
191	NEW	Embolic protection for atherectomy							
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 629.48**	**$ -**	**$ 159.10**	**$ -**	**$ 272.96**	**$ -**	**$ 619.37**
201	EQ088	contrast media warmer	137		35		60		135
202	EQ032	IV infusion pump	180						180
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	180						180
204	EL011	room, angiography	137		35		60		135
205	EF027	table, instrument, mobile	180						180
206	ED053	Professional PACS Workstation	34						34
207	ED050	Technologist PACS workstation	182		35		62		154
208	ED031	printer, dye sublimation (photo, color)	5				2		
209	NEW	IVL generator							
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	DT	DU	DV	DW	DX	DY	DZ
1	**RUC Practice Expense Spreadsheet**		**NDED**	**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**	
2				**37230**		**37287**		**37234**	
3		***RUC Collaboration Website***	vascular, open or peroneal vascular l stent placement, ngioplasty when all maneuvers and selectively and crossing the ging guidance and and interpretation tent placement and rmed, within the complex lesion, sel	~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel		~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 10,619.23**	**$ 4.86**	**$ 6,438.26**	**$ -**	**$ 4,230.87**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**341**	**9**	**100**	**0**	**122**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**15**	**6**	**0**	**0**	**0**	**0**
10		*RN/LPN/MTA*	*6*	*9*	*6*	*-*	*0*	*-*	*0*
11		*Vascular Interventional Technologist*		*6*		*0*		*0*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**323**	**0**	**100**	**0**	**122**	**0**
13		*RN/LPN/MTA*		*48*		*13*		*15*	
14		*Vascular Interventional Technologist*		*125*		*50*		*62*	
15		*Radiologic Technologist*		*105*		*38*		*45*	
16		*RN*		*45*		*0*		*0*	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**3**	**3**	**0**	**0**	**0**	**0**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 4.86**	**$ 242.53**	**$ 4.86**	**$ 72.28**	**$ -**	**$ 88.41**	**$ -**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms	3	3	3				
22	CA002	Coordinate pre-surgery services (including test results)		3					
23	CA003	Schedule space and equipment in facility	3		3				
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription		3					
26	CA006	Confirm availability of prior images/studies		6					
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are		5					
40	CA010	Obtain vital signs		5					
41	CA011	Provide education/obtain consent		5					
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies		7					
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		5					
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)		120		50		60	
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		90		37.5		45	
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		30		12.5		15	
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4		45					
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff		3					
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds		3					
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,		5				2	
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions							
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications	3	3	3				
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

	A	B	DT	DU	DV	DW	DX	DY	DZ
1	**RUC Practice Expense Spreadsheet**		**NDED**	**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**	
2				**37230**		**37287**		**37234**	
3		***RUC Collaboration Website***	vascular, open or peroneal vascular l stent placement, ngioplasty when all maneuvers and selectively and crossing the ging guidance and and interpretation tent placement and rmed, within the complex lesion, sel	~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel		~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 10,619.23**	**$ 4.86**	**$ 6,438.26**	**$ -**	**$ 4,230.87**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**341**	**9**	**100**	**0**	**122**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**15**	**6**	**0**	**0**	**0**	**0**
10		*RN/LPN/MTA*	*6*	*9*	*6*	*-*	*0*	*-*	*0*
11		*Vascular Interventional Technologist*		*6*		*0*		*0*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**323**	**0**	**100**	**0**	**122**	**0**
13		*RN/LPN/MTA*		*48*		*13*		*15*	
14		*Vascular Interventional Technologist*		*125*		*50*		*62*	
15		*Radiologic Technologist*		*105*		*38*		*45*	
16		*RN*		*45*		*0*		*0*	
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 9,747.22**	**$ -**	**$ 6,138.70**	**$ -**	**$ 3,869.50**	**$ -**
112	SA048	pack, minimum multi-specialty visit		1					
113	SC001	angiocatheter 14g-24g							
114	SC018	iv infusion set							
115	SH065	sodium chloride 0.9% flush syringe		2					
116	SA019	kit, iv starter							
117	SB008	drape, sterile, c-arm, fluoro		1					
118	SB044	underpad 2ft x 3ft (Chux)		1					
119	SD171	guidewire bowl w-lid, sterile		2					
120	SC051	syringe 10-12ml		4					
121	SC053	syringe 20ml		4					
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)		1					
123	SG035	dressing, 3in x 4in (Telfa, Release)		2					
124	SG055	gauze, sterile 4in x 4in		2					
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)		1					
126	SB014	drape, sterile, three-quarter sheet							
127	SD120	styrofoam block, high density (3in-12in-12in)							
128	SJ079	basin, sterile 500cc							
129	SA027	kit, scissors and clamp							
130	SL157	cup, sterile, 8 oz							
131	SL198	label, vial							
132	SA067	tray, shave prep		1					
133	SK075	skin marking pen, sterile (Skin Skribe)							
134	SB001	cap, surgical		4					
135	SB028	gown, surgical, sterile		2					
136	SB034	mask, surgical, with face shield		4					
137	SB039	shoe covers, surgical		4					
138	SB024	gloves, sterile		2					
139	SJ041	povidone soln (Betadine)		70					
140	SJ009	basin, irrigation							
141	SG009	applicator, sponge-tipped		4					
142	SB009	drape, sterile, femoral		1					
143	SB019	drape-towel, sterile 18in x 26in		4					
144	SD208	towel clamp, plastic							
145	SH047	lidocaine 1%-2% inj (Xylocaine)		10					
146	SC027	needle, 18-19g, filter							
147	SC028	needle, 18-26g 1.5-3.5in, spinal							
148	SC008	catheter, angiographic, pig-tail		1					
149	SC010	closed flush system, angiography		1					
150	SD140	bag system, 1000ml (for angiography waste fluids)							
151	SD136	vascular sheath		1					
152	SF007	blade, surgical (Bard-Parker)		1					
153	SA071	kit, AccuStick II Introducer System with RO Marker		1					
154	SH039	heparin 1,000 units-ml inj		10				10	
155	SD252	guidewire, Amplatz wire 260 cm		1					
156	SG074	steri-strip (6 strip uou)		1					
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)		1					
158	SD207	suture device for vessel closure (Perclose A-T)		1					
159	SG037	dressing, 4in x 4.75in (Tegaderm)							
160	SM013	disinfectant, surface (Envirocide, Sanizide)		1					
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device							
163	SA103	stent, vascular, deployment system, Cordis SMART							
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)		1					
165	SD089	guidewire, hydrophilic		1					
166	SD089	guidewire, hydrophilic (UPDATED PRICING)							
167	SD147	catheter, (Glide)		1					
168	SD147	catheter, (Glide) (UPDATED PRICING)							
169	SD148	catheter, (SIM2F1)		1					
170	SD151	catheter, balloon, low profile PTA		2		1		1	

	A	B	DT	DU	DV	DW	DX	DY	DZ
1	**RUC Practice Expense Spreadsheet**		**NDED**	**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**	
2				**37230**		**37287**		**37234**	
3		***RUC Collaboration Website***	vascular, open or peroneal vascular l stent placement, ngioplasty when all maneuvers and selectively and crossing the ging guidance and and interpretation tent placement and rmed, within the complex lesion, sel	~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel		~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty within the same vessel, when performed (List separately in addition to code for primary~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 4.86**	**$ 10,619.23**	**$ 4.86**	**$ 6,438.26**	**$ -**	**$ 4,230.87**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**9**	**341**	**9**	**100**	**0**	**122**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**6**	**15**	**6**	**0**	**0**	**0**	**0**
10		*RN/LPN/MTA*	*6*	*9*	*6*	*-*	*0*	*-*	*0*
11		*Vascular Interventional Technologist*		*6*		*0*		*0*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**323**	**0**	**100**	**0**	**122**	**0**
13		*RN/LPN/MTA*		*48*		*13*		*15*	
14		*Vascular Interventional Technologist*		*125*		*50*		*62*	
15		*Radiologic Technologist*		*105*		*38*		*45*	
16		*RN*		*45*		*0*		*0*	
171	SD154	catheter, microcatheter (selective 3rd order)		1					
172	SD172	guidewire, cerebral (Bentson)		1					
173	SD173	guidewire, low profile (SpartaCore)		3		1		3	
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]		1					
175	SD251	Sheath Shuttle (Cook)		1					
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)							
177	SD253	atherectomy device (UPDATED PRICING)							
178	SD254	covered stent (VIABAHN, Gore)							
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)							
180	SD255	Reentry device (Frontier, Outback, Pioneer)		1					
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)							
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)		1					
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)		1				1	
184	NEW	drug eluting stent, tibial				2			
185	SD090	guidewire, STIFF		1					
186	SD175	guidewire, steerable (Transcend)				1			
187	NEW	Iliac IVL Catheter							
188	NEW	FemPop IVL Catheter							
189	NEW	Drug coated balloon							
190	NEW	Drug eluting stent							
191	NEW	Embolic protection for atherectomy							
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 629.48**	**$ -**	**$ 227.29**	**$ -**	**$ 272.96**	**$ -**
201	EQ088	contrast media warmer		137		50		60	
202	EQ032	IV infusion pump		180					
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)		180					
204	EL011	room, angiography		137		50		60	
205	EF027	table, instrument, mobile		180					
206	ED053	Professional PACS Workstation		34					
207	ED050	Technologist PACS workstation		182		50		62	
208	ED031	printer, dye sublimation (photo, color)		5				2	
209	NEW	IVL generator							
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	EA	EB	EC	ED	EE	EF	EG
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DE**
2			**37288**		**37229**		**37289**		**372**
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel		~~Revascula endovascula percutar tibial/perone unilatera additional ve atherectomy angioplasty same vess performe separately i to code for proced~~
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 9,629.91**	**$ 4.86**	**$ 10,359.87**	**$ 4.86**	**$ 908.30**	**$ -**	**$ 923.18**
8		**TOTAL CLINICAL STAFF TIME**	**339**	**9**	**341**	**9**	**90**	**0**	**122**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**15**	**6**	**15**	**6**	**0**	**0**	**0**
10		*RN/LPN/MTA*	*9*	*6*	*9*	*6*	*-*	*0*	*-*
11		*Vascular Interventional Technologist*	*6*		*6*		*0*		*0*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**321**	**0**	**323**	**0**	**90**	**0**	**122**
13		*RN/LPN/MTA*	*46*		*48*		*11*		*15*
14		*Vascular Interventional Technologist*	*125*		*125*		*45*		*62*
15		*Radiologic Technologist*	*105*		*105*		*34*		*45*
16		*RN*	*45*		*45*		*0*		*0*
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**3**	**3**	**3**	**3**	**0**	**0**	**0**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 241.45**	**$ 4.86**	**$ 242.53**	**$ 4.86**	**$ 65.05**	**$ -**	**$ 88.41**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms	3	3	3	3			
22	CA002	Coordinate pre-surgery services (including test results)	3		3				
23	CA003	Schedule space and equipment in facility		3		3			
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription	3		3				
26	CA006	Confirm availability of prior images/studies	6		6				
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are	3		5				
40	CA010	Obtain vital signs	5		5				
41	CA011	Provide education/obtain consent	5		5				
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies	7		7				
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	5		5				
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	120		120		45		60
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	90		90		33.75		45
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	30		30		11.25		15
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4	45		45				
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff	3		3				
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds	1		3				
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,	5		5				2
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions	2						
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications	3	3	3	3			
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

	A	B	EA	EB	EC	ED	EE	EF	EG
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DE**
2			**37288**		**37229**		**37289**		**372**
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel		~~Revascula endovascula percutar tibial/perone unilatera additional ve atherectomy angioplasty same vess performe separately i to code for proced~~
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 9,629.91**	**$ 4.86**	**$ 10,359.87**	**$ 4.86**	**$ 908.30**	**$ -**	**$ 923.18**
8		**TOTAL CLINICAL STAFF TIME**	**339**	**9**	**341**	**9**	**90**	**0**	**122**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**15**	**6**	**15**	**6**	**0**	**0**	**0**
10		*RN/LPN/MTA*	*9*	*6*	*9*	*6*	*-*	*0*	*-*
11		*Vascular Interventional Technologist*	*6*		*6*		*0*		*0*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**321**	**0**	**323**	**0**	**90**	**0**	**122**
13		*RN/LPN/MTA*	*46*		*48*		*11*		*15*
14		*Vascular Interventional Technologist*	*125*		*125*		*45*		*62*
15		*Radiologic Technologist*	*105*		*105*		*34*		*45*
16		*RN*	*45*		*45*		*0*		*0*
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 8,769.09**	**$ -**	**$ 9,487.86**	**$ -**	**$ 638.70**	**$ -**	**$ 561.81**
112	SA048	pack, minimum multi-specialty visit	1		1				
113	SC001	angiocatheter 14g-24g	0						
114	SC018	iv infusion set	0						
115	SH065	sodium chloride 0.9% flush syringe	2		2				
116	SA019	kit, iv starter	0						
117	SB008	drape, sterile, c-arm, fluoro	1		1				
118	SB044	underpad 2ft x 3ft (Chux)	1		1				
119	SD171	guidewire bowl w-lid, sterile	1		2				
120	SC051	syringe 10-12ml	4		4				
121	SC053	syringe 20ml	4		4				
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)	1		1				
123	SG035	dressing, 3in x 4in (Telfa, Release)	2		2				
124	SG055	gauze, sterile 4in x 4in	20		2				
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)	1		1				
126	SB014	drape, sterile, three-quarter sheet	1						
127	SD120	styrofoam block, high density (3in-12in-12in)	1						
128	SJ079	basin, sterile 500cc	1						
129	SA027	kit, scissors and clamp	1						
130	SL157	cup, sterile, 8 oz	1						
131	SL198	label, vial	9						
132	SA067	tray, shave prep	1		1				
133	SK075	skin marking pen, sterile (Skin Skribe)	1						
134	SB001	cap, surgical	4		4				
135	SB028	gown, surgical, sterile	2		2				
136	SB034	mask, surgical, with face shield	4		4				
137	SB039	shoe covers, surgical	4		4				
138	SB024	gloves, sterile	2		2				
139	SJ041	povidone soln (Betadine)	60		70				
140	SJ009	basin, irrigation	1						
141	SG009	applicator, sponge-tipped	4		4				
142	SB009	drape, sterile, femoral	1		1				
143	SB019	drape-towel, sterile 18in x 26in	4		4				
144	SD208	towel clamp, plastic	1						
145	SH047	lidocaine 1%-2% inj (Xylocaine)	10		10				
146	SC027	needle, 18-19g, filter	1						
147	SC028	needle, 18-26g 1.5-3.5in, spinal	1						
148	SC008	catheter, angiographic, pig-tail	1		1				
149	SC010	closed flush system, angiography	1		1				
150	SD140	bag system, 1000ml (for angiography waste fluids)	1						
151	SD136	vascular sheath	1		1				
152	SF007	blade, surgical (Bard-Parker)	1		1				
153	SA071	kit, AccuStick II Introducer System with RO Marker	1		1				
154	SH039	heparin 1,000 units-ml inj	5		10				10
155	SD252	guidewire, Amplatz wire 260 cm	1		1				
156	SG074	steri-strip (6 strip uou)	1		1				
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)	1		1				
158	SD207	suture device for vessel closure (Perclose A-T)	1		1				
159	SG037	dressing, 4in x 4.75in (Tegaderm)	0						
160	SM013	disinfectant, surface (Envirocide, Sanizide)	1		1				
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device	1						
163	SA103	stent, vascular, deployment system, Cordis SMART							
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)	1		1				
165	SD089	guidewire, hydrophilic			1				
166	SD089	guidewire, hydrophilic (UPDATED PRICING)	1						
167	SD147	catheter, (Glide)			1				
168	SD147	catheter, (Glide) (UPDATED PRICING)	1						
169	SD148	catheter, (SIM2F1)	1		1				
170	SD151	catheter, balloon, low profile PTA	1		2		1		1

	A	B	EA	EB	EC	ED	EE	EF	EG
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DE**
2			**37288**		**37229**		**37289**		**372**
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; straightforward lesion, each additional vessel		~~Revascula endovascula percutar tibial/perone unilatera additional ve atherectomy angioplasty same vess performe separately i to code for proced~~
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 9,629.91**	**$ 4.86**	**$ 10,359.87**	**$ 4.86**	**$ 908.30**	**$ -**	**$ 923.18**
8		**TOTAL CLINICAL STAFF TIME**	**339**	**9**	**341**	**9**	**90**	**0**	**122**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**15**	**6**	**15**	**6**	**0**	**0**	**0**
10		*RN/LPN/MTA*	*9*	*6*	*9*	*6*	*-*	*0*	*-*
11		*Vascular Interventional Technologist*	*6*		*6*		*0*		*0*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**321**	**0**	**323**	**0**	**90**	**0**	**122**
13		*RN/LPN/MTA*	*46*		*48*		*11*		*15*
14		*Vascular Interventional Technologist*	*125*		*125*		*45*		*62*
15		*Radiologic Technologist*	*105*		*105*		*34*		*45*
16		*RN*	*45*		*45*		*0*		*0*
171	SD154	catheter, microcatheter (selective 3rd order)			1				
172	SD172	guidewire, cerebral (Bentson)	1		1				
173	SD173	guidewire, low profile (SpartaCore)	1		3		1		3
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]	1		1				
175	SD251	Sheath Shuttle (Cook)	1		1				
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)			1				
177	SD253	atherectomy device (UPDATED PRICING)	1						
178	SD254	covered stent (VIABAHN, Gore)							
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)							
180	SD255	Reentry device (Frontier, Outback, Pioneer)			1				
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)							
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)			1				
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)							
184	NEW	drug eluting stent, tibial							
185	SD090	guidewire, STIFF			1				
186	SD175	guidewire, steerable (Transcend)	1				1		
187	NEW	Iliac IVL Catheter							
188	NEW	FemPop IVL Catheter							
189	NEW	Drug coated balloon							
190	NEW	Drug eluting stent							
191	NEW	Embolic protection for atherectomy	1						
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 619.37**	**$ -**	**$ 629.48**	**$ -**	**$ 204.56**	**$ -**	**$ 272.96**
201	EQ088	contrast media warmer	135		137		45		60
202	EQ032	IV infusion pump	180		180				
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)	180		180				
204	EL011	room, angiography	135		137		45		60
205	EF027	table, instrument, mobile	180		180				
206	ED053	Professional PACS Workstation	34		34				
207	ED050	Technologist PACS workstation	154		182		45		62
208	ED031	printer, dye sublimation (photo, color)			5				2
209	NEW	IVL generator							
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	EH	EI	EJ	EK	EL	EM	EN
1	**RUC Practice Expense Spreadsheet**		**~~ELETED~~**	**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**	
2			**~~33~~**	**37290**		**37229**		**37291**	
3		***RUC Collaboration Website***	~~rization,~~	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	~~r, open or~~ ~~eous,~~ ~~eal artery,~~ ~~l, each~~ ~~essel; with~~ ~~, includes~~ ~~within the~~ ~~el, when~~ ~~d (List~~ ~~n addition~~ ~~primary~~ ~~ure)~~						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 13,241.76**	**$ 4.86**	**$ 10,359.87**	**$ 4.86**	**$ 998.17**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**399**	**9**	**341**	**9**	**120**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**15**	**6**	**15**	**6**	**0**	**0**
10		*RN/LPN/MTA*	*0*	*9*	*6*	*9*	*6*	*-*	*0*
11		*Vascular Interventional Technologist*		*6*		*6*		*0*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**381**	**0**	**323**	**0**	**120**	**0**
13		*RN/LPN/MTA*		*54*		*48*		*15*	
14		*Vascular Interventional Technologist*		*155*		*125*		*60*	
15		*Radiologic Technologist*		*128*		*105*		*45*	
16		*RN*		*45*		*45*		*0*	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**3**	**3**	**3**	**3**	**0**	**0**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 284.81**	**$ 4.86**	**$ 242.53**	**$ 4.86**	**$ 86.73**	**$ -**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms		3	3	3	3		
22	CA002	Coordinate pre-surgery services (including test results)		3		3			
23	CA003	Schedule space and equipment in facility			3		3		
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription		3		3			
26	CA006	Confirm availability of prior images/studies		6		6			
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are		3		5			
40	CA010	Obtain vital signs		5		5			
41	CA011	Provide education/obtain consent		5		5			
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies		7		7			
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		5		5			
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)		150		120		60	
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		112.5		90		45	
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		37.5		30		15	
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4		45		45			
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff		3		3			
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds		1		3			
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,		5		5			
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions		2					
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications		3	3	3	3		
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

	A	B	EH	EI	EJ	EK	EL	EM	EN
1	**RUC Practice Expense Spreadsheet**		**~~ELETED~~**	**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**	
2			**~~33~~**	**37290**		**37229**		**37291**	
3		***RUC Collaboration Website***	~~rization,~~	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	~~r, open or~~ ~~neous,~~ ~~eal artery,~~ ~~l, each~~ ~~essel; with~~ ~~, includes~~ ~~within the~~ ~~el, when~~ ~~d (List~~ ~~n addition~~ ~~primary~~ ~~lure)~~						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 13,241.76**	**$ 4.86**	**$ 10,359.87**	**$ 4.86**	**$ 998.17**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**399**	**9**	**341**	**9**	**120**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**15**	**6**	**15**	**6**	**0**	**0**
10		*RN/LPN/MTA*	*0*	*9*	*6*	*9*	*6*	*-*	*0*
11		*Vascular Interventional Technologist*		*6*		*6*		*0*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**381**	**0**	**323**	**0**	**120**	**0**
13		*RN/LPN/MTA*		*54*		*48*		*15*	
14		*Vascular Interventional Technologist*		*155*		*125*		*60*	
15		*Radiologic Technologist*		*128*		*105*		*45*	
16		*RN*		*45*		*45*		*0*	
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 12,201.20**	**$ -**	**$ 9,487.86**	**$ -**	**$ 638.70**	**$ -**
112	SA048	pack, minimum multi-specialty visit		1		1			
113	SC001	angiocatheter 14g-24g		0					
114	SC018	iv infusion set		0					
115	SH065	sodium chloride 0.9% flush syringe		2		2			
116	SA019	kit, iv starter		0					
117	SB008	drape, sterile, c-arm, fluoro		1		1			
118	SB044	underpad 2ft x 3ft (Chux)		1		1			
119	SD171	guidewire bowl w-lid, sterile		1		2			
120	SC051	syringe 10-12ml		4		4			
121	SC053	syringe 20ml		4		4			
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)		1		1			
123	SG035	dressing, 3in x 4in (Telfa, Release)		2		2			
124	SG055	gauze, sterile 4in x 4in		20		2			
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)		1		1			
126	SB014	drape, sterile, three-quarter sheet		1					
127	SD120	styrofoam block, high density (3in-12in-12in)		1					
128	SJ079	basin, sterile 500cc		1					
129	SA027	kit, scissors and clamp		1					
130	SL157	cup, sterile, 8 oz		1					
131	SL198	label, vial		9					
132	SA067	tray, shave prep		1		1			
133	SK075	skin marking pen, sterile (Skin Skribe)		1					
134	SB001	cap, surgical		4		4			
135	SB028	gown, surgical, sterile		2		2			
136	SB034	mask, surgical, with face shield		4		4			
137	SB039	shoe covers, surgical		4		4			
138	SB024	gloves, sterile		2		2			
139	SJ041	povidone soln (Betadine)		60		70			
140	SJ009	basin, irrigation		1					
141	SG009	applicator, sponge-tipped		4		4			
142	SB009	drape, sterile, femoral		1		1			
143	SB019	drape-towel, sterile 18in x 26in		4		4			
144	SD208	towel clamp, plastic		1					
145	SH047	lidocaine 1%-2% inj (Xylocaine)		10		10			
146	SC027	needle, 18-19g, filter		1					
147	SC028	needle, 18-26g 1.5-3.5in, spinal		1					
148	SC008	catheter, angiographic, pig-tail		1		1			
149	SC010	closed flush system, angiography		1		1			
150	SD140	bag system, 1000ml (for angiography waste fluids)		1					
151	SD136	vascular sheath		1		1			
152	SF007	blade, surgical (Bard-Parker)		1		1			
153	SA071	kit, AccuStick II Introducer System with RO Marker		1		1			
154	SH039	heparin 1,000 units-ml inj		5		10			
155	SD252	guidewire, Amplatz wire 260 cm		1		1			
156	SG074	steri-strip (6 strip uou)		1		1			
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)		1		1			
158	SD207	suture device for vessel closure (Perclose A-T)		1		1			
159	SG037	dressing, 4in x 4.75in (Tegaderm)		0					
160	SM013	disinfectant, surface (Envirocide, Sanizide)		1		1			
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device		1					
163	SA103	stent, vascular, deployment system, Cordis SMART							
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)		1		1			
165	SD089	guidewire, hydrophilic				1			
166	SD089	guidewire, hydrophilic (UPDATED PRICING)		1					
167	SD147	catheter, (Glide)				1			
168	SD147	catheter, (Glide) (UPDATED PRICING)		1					
169	SD148	catheter, (SIM2F1)		1		1			
170	SD151	catheter, balloon, low profile PTA		1		2		1	

	A	B	EH	EI	EJ	EK	EL	EM	EN
1	**RUC Practice Expense Spreadsheet**		**~~ELETED~~**	**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**	
2			**~~33~~**	**37290**		**37229**		**37291**	
3		***RUC Collaboration Website***	~~rization,~~	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty within the same vessel, when performed~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the atherectomy and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	~~r, open or~~ ~~neous,~~ ~~eal artery,~~ ~~l, each~~ ~~essel; with~~ ~~, includes~~ ~~within the~~ ~~el, when~~ ~~d (List~~ ~~n addition~~ ~~primary~~ ~~lure)~~						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**000**	**000**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 13,241.76**	**$ 4.86**	**$ 10,359.87**	**$ 4.86**	**$ 998.17**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**399**	**9**	**341**	**9**	**120**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**15**	**6**	**15**	**6**	**0**	**0**
10		*RN/LPN/MTA*	*0*	*9*	*6*	*9*	*6*	*-*	*0*
11		*Vascular Interventional Technologist*		*6*		*6*		*0*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**381**	**0**	**323**	**0**	**120**	**0**
13		*RN/LPN/MTA*		*54*		*48*		*15*	
14		*Vascular Interventional Technologist*		*155*		*125*		*60*	
15		*Radiologic Technologist*		*128*		*105*		*45*	
16		*RN*		*45*		*45*		*0*	
171	SD154	catheter, microcatheter (selective 3rd order)		1		1			
172	SD172	guidewire, cerebral (Bentson)		1		1			
173	SD173	guidewire, low profile (SpartaCore)		1		3		1	
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]		1		1			
175	SD251	Sheath Shuttle (Cook)		1		1			
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)				1			
177	SD253	atherectomy device (UPDATED PRICING)		1					
178	SD254	covered stent (VIABAHN, Gore)							
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)							
180	SD255	Reentry device (Frontier, Outback, Pioneer)				1			
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)		1					
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)				1			
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)							
184	NEW	drug eluting stent, tibial							
185	SD090	guidewire, STIFF				1			
186	SD175	guidewire, steerable (Transcend)		1				1	
187	NEW	Iliac IVL Catheter							
188	NEW	FemPop IVL Catheter							
189	NEW	Drug coated balloon							
190	NEW	Drug eluting stent							
191	NEW	Embolic protection for atherectomy		1					
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 755.75**	**$ -**	**$ 629.48**	**$ -**	**$ 272.74**	**$ -**
201	EQ088	contrast media warmer		165		137		60	
202	EQ032	IV infusion pump		180		180			
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)		180		180			
204	EL011	room, angiography		165		137		60	
205	EF027	table, instrument, mobile		180		180			
206	ED053	Professional PACS Workstation		34		34			
207	ED050	Technologist PACS workstation		184		182		60	
208	ED031	printer, dye sublimation (photo, color)				5			
209	NEW	IVL generator							
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	EO	EP	EQ	ER	ES	ET	EU
1	**RUC Practice Expense Spreadsheet**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**		**RECOMME**
2			**37233**		**37292**		**37231**		**37293**
3		***RUC Collaboration Website***	~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed~~		Revascularization, endo percutaneous, tibial and territory, with translumin with transluminal athere transluminal angioplasty including all maneuve accessing and selectively artery and crossing the le imaging guidance and radi and interpretation necess stent placement, atherecto when performed, within unilateral; straightforw additional v
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 923.18**	**$ -**	**$ 12,511.72**	**$ 4.86**	**$ 13,757.43**	**$ 4.86**	**$ 3,748.17**
8		**TOTAL CLINICAL STAFF TIME**	**122**	**0**	**383**	**9**	**371**	**9**	**120**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**	**0**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*	*-*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*		*0*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**122**	**0**	**365**	**0**	**353**	**0**	**120**
13		*RN/LPN/MTA*	*15*		*52*		*52*		*15*
14		*Vascular Interventional Technologist*	*62*		*147*		*140*		*60*
15		*Radiologic Technologist*	*45*		*122*		*116*		*45*
16		*RN*	*0*		*45*		*45*		*0*
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**3**	**3**	**3**	**3**	**0**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 88.41**	**$ -**	**$ 273.25**	**$ 4.86**	**$ 264.21**	**$ 4.86**	**$ 86.73**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms			3	3	3	3	
22	CA002	Coordinate pre-surgery services (including test results)			3		3		
23	CA003	Schedule space and equipment in facility				3		3	
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription			3		3		
26	CA006	Confirm availability of prior images/studies			6		6		
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are			3		5		
40	CA010	Obtain vital signs			5		5		
41	CA011	Provide education/obtain consent			5		5		
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies			7		7		
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			5		5		
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	60		142		135		60
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	45		106.5		101.25		45
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	15		35.5		33.75		15
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4			45		45		
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff			3		3		
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds			1		3		
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,	2		5		5		
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions			2				
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications			3	3	3	3	
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

	A	B	EO	EP	EQ	ER	ES	ET	EU
1	**RUC Practice Expense Spreadsheet**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**		**RECOMME**
2			**37233**		**37292**		**37231**		**37293**
3		***RUC Collaboration Website***	~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed~~		Revascularization, endo percutaneous, tibial and territory, with translumin with transluminal athere transluminal angioplasty including all maneuve accessing and selectively artery and crossing the le imaging guidance and radi and interpretation necess stent placement, atherecto when performed, within unilateral; straightforw additional v
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 923.18**	**$ -**	**$ 12,511.72**	**$ 4.86**	**$ 13,757.43**	**$ 4.86**	**$ 3,748.17**
8		**TOTAL CLINICAL STAFF TIME**	**122**	**0**	**383**	**9**	**371**	**9**	**120**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**	**0**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*	*-*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*		*0*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**122**	**0**	**365**	**0**	**353**	**0**	**120**
13		*RN/LPN/MTA*	*15*		*52*		*52*		*15*
14		*Vascular Interventional Technologist*	*62*		*147*		*140*		*60*
15		*Radiologic Technologist*	*45*		*122*		*116*		*45*
16		*RN*	*0*		*45*		*45*		*0*
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 561.81**	**$ -**	**$ 11,519.09**	**$ -**	**$ 12,795.55**	**$ -**	**$ 3,388.70**
112	SA048	pack, minimum multi-specialty visit			1		1		
113	SC001	angiocatheter 14g-24g			0				
114	SC018	iv infusion set			0				
115	SH065	sodium chloride 0.9% flush syringe			2		2		
116	SA019	kit, iv starter			0				
117	SB008	drape, sterile, c-arm, fluoro			1		1		
118	SB044	underpad 2ft x 3ft (Chux)			1		1		
119	SD171	guidewire bowl w-lid, sterile			1		2		
120	SC051	syringe 10-12ml			4		4		
121	SC053	syringe 20ml			4		4		
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)			1		1		
123	SG035	dressing, 3in x 4in (Telfa, Release)			2		2		
124	SG055	gauze, sterile 4in x 4in			20		2		
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)			1		1		
126	SB014	drape, sterile, three-quarter sheet			1				
127	SD120	styrofoam block, high density (3in-12in-12in)			1				
128	SJ079	basin, sterile 500cc			1				
129	SA027	kit, scissors and clamp			1				
130	SL157	cup, sterile, 8 oz			1				
131	SL198	label, vial			9				
132	SA067	tray, shave prep			1		1		
133	SK075	skin marking pen, sterile (Skin Skribe)			1				
134	SB001	cap, surgical			4		4		
135	SB028	gown, surgical, sterile			2		2		
136	SB034	mask, surgical, with face shield			4		4		
137	SB039	shoe covers, surgical			4		4		
138	SB024	gloves, sterile			2		2		
139	SJ041	povidone soln (Betadine)			60		70		
140	SJ009	basin, irrigation			1				
141	SG009	applicator, sponge-tipped			4		4		
142	SB009	drape, sterile, femoral			1		1		
143	SB019	drape-towel, sterile 18in x 26in			4		4		
144	SD208	towel clamp, plastic			1				
145	SH047	lidocaine 1%-2% inj (Xylocaine)			10		10		
146	SC027	needle, 18-19g, filter			1				
147	SC028	needle, 18-26g 1.5-3.5in, spinal			1				
148	SC008	catheter, angiographic, pig-tail			1		1		
149	SC010	closed flush system, angiography			1		1		
150	SD140	bag system, 1000ml (for angiography waste fluids)			1				
151	SD136	vascular sheath			1		1		
152	SF007	blade, surgical (Bard-Parker)			1		1		
153	SA071	kit, AccuStick II Introducer System with RO Marker			1		1		
154	SH039	heparin 1,000 units-ml inj	10		5		10		
155	SD252	guidewire, Amplatz wire 260 cm			1		1		
156	SG074	steri-strip (6 strip uou)			1		1		
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)			1		1		
158	SD207	suture device for vessel closure (Perclose A-T)			1		1		
159	SG037	dressing, 4in x 4.75in (Tegaderm)			0				
160	SM013	disinfectant, surface (Envirocide, Sanizide)			1		1		
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device			1				
163	SA103	stent, vascular, deployment system, Cordis SMART							
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)			1		1		
165	SD089	guidewire, hydrophilic					1		
166	SD089	guidewire, hydrophilic (UPDATED PRICING)			1				
167	SD147	catheter, (Glide)					1		
168	SD147	catheter, (Glide) (UPDATED PRICING)			1				
169	SD148	catheter, (SIM2F1)			1		1		
170	SD151	catheter, balloon, low profile PTA	1		1		2		1

	A	B	EO	EP	EQ	ER	ES	ET	EU
1	**RUC Practice Expense Spreadsheet**		**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**		**RECOMME**
2			**37233**		**37292**		**37231**		**37293**
3		***RUC Collaboration Website***	~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; straightforward lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed~~		Revascularization, endo percutaneous, tibial and territory, with translumin with transluminal athere transluminal angioplasty including all maneuve accessing and selectively artery and crossing the le imaging guidance and radi and interpretation necess stent placement, atherecto when performed, within unilateral; straightforw additional v
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery							
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 923.18**	**$ -**	**$ 12,511.72**	**$ 4.86**	**$ 13,757.43**	**$ 4.86**	**$ 3,748.17**
8		**TOTAL CLINICAL STAFF TIME**	**122**	**0**	**383**	**9**	**371**	**9**	**120**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**15**	**6**	**0**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*9*	*6*	*-*
11		*Vascular Interventional Technologist*	*0*		*6*		*6*		*0*
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**122**	**0**	**365**	**0**	**353**	**0**	**120**
13		*RN/LPN/MTA*	*15*		*52*		*52*		*15*
14		*Vascular Interventional Technologist*	*62*		*147*		*140*		*60*
15		*Radiologic Technologist*	*45*		*122*		*116*		*45*
16		*RN*	*0*		*45*		*45*		*0*
171	SD154	catheter, microcatheter (selective 3rd order)					1		
172	SD172	guidewire, cerebral (Bentson)			1		1		
173	SD173	guidewire, low profile (SpartaCore)	3		1		3		1
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]			1		1		
175	SD251	Sheath Shuttle (Cook)			1		1		
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)					1		
177	SD253	atherectomy device (UPDATED PRICING)			1				
178	SD254	covered stent (VIABAHN, Gore)							
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)							
180	SD255	Reentry device (Frontier, Outback, Pioneer)					1		
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)							
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)					1		
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)					1		
184	NEW	drug eluting stent, tibial			1				1
185	SD090	guidewire, STIFF					1		
186	SD175	guidewire, steerable (Transcend)			1				1
187	NEW	Iliac IVL Catheter							
188	NEW	FemPop IVL Catheter							
189	NEW	Drug coated balloon							
190	NEW	Drug eluting stent							
191	NEW	Embolic protection for atherectomy			1				
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 272.96**	**$ -**	**$ 719.38**	**$ -**	**$ 697.67**	**$ -**	**$ 272.74**
201	EQ088	contrast media warmer	60		157		152		60
202	EQ032	IV infusion pump			180		180		
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)			180		180		
204	EL011	room, angiography	60		157		152		60
205	EF027	table, instrument, mobile			180		180		
206	ED053	Professional PACS Workstation			34		34		
207	ED050	Technologist PACS workstation	62		176		197		60
208	ED031	printer, dye sublimation (photo, color)	2				5		
209	NEW	IVL generator							
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	EV	EW	EX	EY	EZ	FA	FB
1	**RUC Practice Expense Spreadsheet**		**NDED**	**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**	
2				**37235**		**37294**		**37231**	
3		***RUC Collaboration Website***	vascular, open or	~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	peroneal vascular al stent placement, ctomy, including when performed, rs necessary for catheterizing the sion, including all ological supervision ary to perform the ny, and angioplasty the same artery, ard lesion, each essel						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 4,350.69**	**$ -**	**$ 18,861.58**	**$ 4.86**	**$ 13,757.43**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**162**	**0**	**439**	**9**	**371**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*0*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*		*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**162**	**0**	**421**	**0**	**353**	**0**
13		*RN/LPN/MTA*		*20*		*59*		*52*	
14		*Vascular Interventional Technologist*		*82*		*175*		*140*	
15		*Radiologic Technologist*		*60*		*143*		*116*	
16		*RN*		*0*		*45*		*45*	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**3**	**3**	**3**	**3**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 117.32**	**$ -**	**$ 313.72**	**$ 4.86**	**$ 264.21**	**$ 4.86**
19		**PRE-SERVICE PERIOD**							
20		**Start: Following visit when decision for surgery/procedure made**							
21	CA001	Complete pre-service diagnostic and referral forms				3	3	3	3
22	CA002	Coordinate pre-surgery services (including test results)				3		3	
23	CA003	Schedule space and equipment in facility					3		3
24	CA004	Provide pre-service education/obtain consent							
25	CA005	Complete pre-procedure phone calls and prescription				3		3	
26	CA006	Confirm availability of prior images/studies				6		6	
35		**End: When patient enters office/facility for surgery/procedure**							
36		**SERVICE PERIOD**							
37		**Start: When patient enters office/facility for surgery/procedure:**							
38		**Pre-Service (of service period)**							
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are				3		5	
40	CA010	Obtain vital signs				5		5	
41	CA011	Provide education/obtain consent				5		5	
42	CA012	Review requisition, assess for special needs							
43	CA013	Prepare room, equipment and supplies				7		7	
44	CA013	Prepare room, equipment and supplies							
45	CA014	Confirm order, protocol exam							
46	CA015	Setup scope (nonfacility setting only)							
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient				5		5	
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
56		**Intra-service (of service period)**							
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)		80		170		135	
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		60		127.5		101.25	
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)		20		42.5		33.75	
61	CA021	Perform procedure/service---NOT directly related to physician work							
62	CA020	Assist physician or other qualified healthcare professional---directly							
68		**Post-Service (of service period)**							
69	CA022	Monitor patient following procedure/service, multitasking 1:4				45		45	
70	CA023	Monitor patient following procedure/service, no multitasking							
71	CA024	Clean room/equipment by clinical staff				3		3	
72	CA024	Clean room/equipment by clinical staff							
77	CA029	Check dressings, catheters, wounds				1		3	
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,		2		5		5	
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
83	CA035	Review home care instructions, coordinate visits/prescriptions				2			
91		**End: Patient leaves office/facility**							
92		**POST-SERVICE PERIOD**							
93		**Start: Patient leaves office/facility**							
94	CA037	Conduct patient communications				3	3	3	3
95	CA038	Coordinate post-procedure services							
109		**End: with last office visit before end of global period**							

	A	B	EV	EW	EX	EY	EZ	FA	FB
1	**RUC Practice Expense Spreadsheet**		**NDED**	**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**	
2				**37235**		**37294**		**37231**	
3		***RUC Collaboration Website***	vascular, open or	~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	peroneal vascular al stent placement, ctomy, including when performed, rs necessary for catheterizing the sion, including all ological supervision ary to perform the ny, and angioplasty the same artery, ard lesion, each essel						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 4,350.69**	**$ -**	**$ 18,861.58**	**$ 4.86**	**$ 13,757.43**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**162**	**0**	**439**	**9**	**371**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*0*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*		*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**162**	**0**	**421**	**0**	**353**	**0**
13		*RN/LPN/MTA*		*20*		*59*		*52*	
14		*Vascular Interventional Technologist*		*82*		*175*		*140*	
15		*Radiologic Technologist*		*60*		*143*		*116*	
16		*RN*		*0*		*45*		*45*	
110	**Supply Code**	**MEDICAL SUPPLIES**							
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 3,869.50**	**$ -**	**$ 17,701.20**	**$ -**	**$ 12,795.55**	**$ -**
112	SA048	pack, minimum multi-specialty visit				1		1	
113	SC001	angiocatheter 14g-24g				0			
114	SC018	iv infusion set				0			
115	SH065	sodium chloride 0.9% flush syringe				2		2	
116	SA019	kit, iv starter				0			
117	SB008	drape, sterile, c-arm, fluoro				1		1	
118	SB044	underpad 2ft x 3ft (Chux)				1		1	
119	SD171	guidewire bowl w-lid, sterile				1		2	
120	SC051	syringe 10-12ml				4		4	
121	SC053	syringe 20ml				4		4	
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)				1		1	
123	SG035	dressing, 3in x 4in (Telfa, Release)				2		2	
124	SG055	gauze, sterile 4in x 4in				20		2	
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)				1		1	
126	SB014	drape, sterile, three-quarter sheet				1			
127	SD120	styrofoam block, high density (3in-12in-12in)				1			
128	SJ079	basin, sterile 500cc				1			
129	SA027	kit, scissors and clamp				1			
130	SL157	cup, sterile, 8 oz				1			
131	SL198	label, vial				9			
132	SA067	tray, shave prep				1		1	
133	SK075	skin marking pen, sterile (Skin Skribe)				1			
134	SB001	cap, surgical				4		4	
135	SB028	gown, surgical, sterile				2		2	
136	SB034	mask, surgical, with face shield				4		4	
137	SB039	shoe covers, surgical				4		4	
138	SB024	gloves, sterile				2		2	
139	SJ041	povidone soln (Betadine)				60		70	
140	SJ009	basin, irrigation				1			
141	SG009	applicator, sponge-tipped				4		4	
142	SB009	drape, sterile, femoral				1		1	
143	SB019	drape-towel, sterile 18in x 26in				4		4	
144	SD208	towel clamp, plastic				1			
145	SH047	lidocaine 1%-2% inj (Xylocaine)				10		10	
146	SC027	needle, 18-19g, filter				1			
147	SC028	needle, 18-26g 1.5-3.5in, spinal				1			
148	SC008	catheter, angiographic, pig-tail				1		1	
149	SC010	closed flush system, angiography				1		1	
150	SD140	bag system, 1000ml (for angiography waste fluids)				1			
151	SD136	vascular sheath				1		1	
152	SF007	blade, surgical (Bard-Parker)				1		1	
153	SA071	kit, AccuStick II Introducer System with RO Marker				1		1	
154	SH039	heparin 1,000 units-ml inj		10		5		10	
155	SD252	guidewire, Amplatz wire 260 cm				1		1	
156	SG074	steri-strip (6 strip uou)				1		1	
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)				1		1	
158	SD207	suture device for vessel closure (Perclose A-T)				1		1	
159	SG037	dressing, 4in x 4.75in (Tegaderm)				0			
160	SM013	disinfectant, surface (Envirocide, Sanizide)				1		1	
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)							
162	SD149	catheter, balloon inflation device				1			
163	SA103	stent, vascular, deployment system, Cordis SMART							
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)				1		1	
165	SD089	guidewire, hydrophilic						1	
166	SD089	guidewire, hydrophilic (UPDATED PRICING)				1			
167	SD147	catheter, (Glide)						1	
168	SD147	catheter, (Glide) (UPDATED PRICING)				1			
169	SD148	catheter, (SIM2F1)				1		1	
170	SD151	catheter, balloon, low profile PTA		1		1		2	

	A	B	EV	EW	EX	EY	EZ	FA	FB
1	**RUC Practice Expense Spreadsheet**		**NDED**	**TO BE DELETED**		**RECOMMENDED**		**TO BE DELETED**	
2				**37235**		**37294**		**37231**	
3		***RUC Collaboration Website***	vascular, open or	~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to code for primary~~		Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, initial vessel		~~Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed~~	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery	peroneal vascular al stent placement, ctomy, including when performed, rs necessary for catheterizing the sion, including all ological supervision ary to perform the ny, and angioplasty the same artery, ard lesion, each essel						
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 4,350.69**	**$ -**	**$ 18,861.58**	**$ 4.86**	**$ 13,757.43**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**162**	**0**	**439**	**9**	**371**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**15**	**6**	**15**	**6**
10		*RN/LPN/MTA*	*0*	*-*	*0*	*9*	*6*	*9*	*6*
11		*Vascular Interventional Technologist*		*0*		*6*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**162**	**0**	**421**	**0**	**353**	**0**
13		*RN/LPN/MTA*		*20*		*59*		*52*	
14		*Vascular Interventional Technologist*		*82*		*175*		*140*	
15		*Radiologic Technologist*		*60*		*143*		*116*	
16		*RN*		*0*		*45*		*45*	
171	SD154	catheter, microcatheter (selective 3rd order)				1		1	
172	SD172	guidewire, cerebral (Bentson)				1		1	
173	SD173	guidewire, low profile (SpartaCore)		3		1		3	
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]				1		1	
175	SD251	Sheath Shuttle (Cook)				1		1	
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)						1	
177	SD253	atherectomy device (UPDATED PRICING)				1			
178	SD254	covered stent (VIABAHN, Gore)							
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)							
180	SD255	Reentry device (Frontier, Outback, Pioneer)						1	
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)				1			
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)						1	
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)		1				1	
184	NEW	drug eluting stent, tibial				2			
185	SD090	guidewire, STIFF						1	
186	SD175	guidewire, steerable (Transcend)				1			
187	NEW	Iliac IVL Catheter							
188	NEW	FemPop IVL Catheter							
189	NEW	Drug coated balloon							
190	NEW	Drug eluting stent							
191	NEW	Embolic protection for atherectomy				1			
192									
193	SC049	stop cock, 3-way							
194	SC054	syringe 30 ml							
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)							
196	SD299	stent, balloon, implantable							
197	SG079	tape, surgical paper 1in (Micropore)							
198									
199	**Equipment Code**	**EQUIPMENT**							
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 363.88**	**$ -**	**$ 846.66**	**$ -**	**$ 697.67**	**$ -**
201	EQ088	contrast media warmer		80		185		152	
202	EQ032	IV infusion pump				180		180	
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)				180		180	
204	EL011	room, angiography		80		185		152	
205	EF027	table, instrument, mobile				180		180	
206	ED053	Professional PACS Workstation				34		34	
207	ED050	Technologist PACS workstation		82		204		197	
208	ED031	printer, dye sublimation (photo, color)		2				5	
209	NEW	IVL generator							
210	EF018	stretcher							
211	ED032	printer, laser, paper							
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
213									

	A	B	FC	FD	FE	FF	FG	FH
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**	
2			**37295**		**37235**		**37296**	
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel		~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to~~		Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 6,588.04**	**$ -**	**$ 4,350.69**	**$ -**	**$ 3,532.70**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**150**	**0**	**162**	**0**	**299**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**15**	**6**
10		*RN/LPN/MTA*	*-*	*0*	*-*	*0*	*9*	*6*
11		*Vascular Interventional Technologist*	*0*		*0*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**150**	**0**	**162**	**0**	**281**	**0**
13		*RN/LPN/MTA*	*19*		*20*		*41*	
14		*Vascular Interventional Technologist*	*75*		*82*		*105*	
15		*Radiologic Technologist*	*56*		*60*		*90*	
16		*RN*	*0*		*0*		*45*	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**3**	**3**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 108.41**	**$ -**	**$ 117.32**	**$ -**	**$ 212.54**	**$ 4.86**
19		**PRE-SERVICE PERIOD**						
20		**Start: Following visit when decision for surgery/procedure made**						
21	CA001	Complete pre-service diagnostic and referral forms					3	3
22	CA002	Coordinate pre-surgery services (including test results)					3	
23	CA003	Schedule space and equipment in facility						3
24	CA004	Provide pre-service education/obtain consent						
25	CA005	Complete pre-procedure phone calls and prescription					3	
26	CA006	Confirm availability of prior images/studies					6	
35		**End: When patient enters office/facility for surgery/procedure**						
36		**SERVICE PERIOD**						
37		**Start: When patient enters office/facility for surgery/procedure:**						
38		**Pre-Service (of service period)**						
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are					3	
40	CA010	Obtain vital signs					5	
41	CA011	Provide education/obtain consent					5	
42	CA012	Review requisition, assess for special needs						
43	CA013	Prepare room, equipment and supplies					7	
44	CA013	Prepare room, equipment and supplies						
45	CA014	Confirm order, protocol exam						
46	CA015	Setup scope (nonfacility setting only)						
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient					5	
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
56		**Intra-service (of service period)**						
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	75		80		100	
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	56.25		60		75	
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	18.75		20		25	
61	CA021	Perform procedure/service---NOT directly related to physician work						
62	CA020	Assist physician or other qualified healthcare professional---directly						
68		**Post-Service (of service period)**						
69	CA022	Monitor patient following procedure/service, multitasking 1:4					45	
70	CA023	Monitor patient following procedure/service, no multitasking						
71	CA024	Clean room/equipment by clinical staff					3	
72	CA024	Clean room/equipment by clinical staff						
77	CA029	Check dressings, catheters, wounds					1	
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,			2		5	
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
83	CA035	Review home care instructions, coordinate visits/prescriptions					2	
91		**End: Patient leaves office/facility**						
92		**POST-SERVICE PERIOD**						
93		**Start: Patient leaves office/facility**						
94	CA037	Conduct patient communications					3	3
95	CA038	Coordinate post-procedure services						
109		**End: with last office visit before end of global period**						

	A	B	FC	FD	FE	FF	FG	FH
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**	
2			**37295**		**37235**		**37296**	
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel		~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to~~		Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 6,588.04**	**$ -**	**$ 4,350.69**	**$ -**	**$ 3,532.70**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**150**	**0**	**162**	**0**	**299**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**15**	**6**
10		*RN/LPN/MTA*	*-*	*0*	*-*	*0*	*9*	*6*
11		*Vascular Interventional Technologist*	*0*		*0*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**150**	**0**	**162**	**0**	**281**	**0**
13		*RN/LPN/MTA*	*19*		*20*		*41*	
14		*Vascular Interventional Technologist*	*75*		*82*		*105*	
15		*Radiologic Technologist*	*56*		*60*		*90*	
16		*RN*	*0*		*0*		*45*	
110	**Supply Code**	**MEDICAL SUPPLIES**						
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 6,138.70**	**$ -**	**$ 3,869.50**	**$ -**	**$ 2,791.70**	**$ -**
112	SA048	pack, minimum multi-specialty visit					1	
113	SC001	angiocatheter 14g-24g					0	
114	SC018	iv infusion set					0	
115	SH065	sodium chloride 0.9% flush syringe					2	
116	SA019	kit, iv starter					0	
117	SB008	drape, sterile, c-arm, fluoro					1	
118	SB044	underpad 2ft x 3ft (Chux)					1	
119	SD171	guidewire bowl w-lid, sterile					1	
120	SC051	syringe 10-12ml					4	
121	SC053	syringe 20ml					4	
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)					1	
123	SG035	dressing, 3in x 4in (Telfa, Release)					2	
124	SG055	gauze, sterile 4in x 4in					20	
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)					1	
126	SB014	drape, sterile, three-quarter sheet					1	
127	SD120	styrofoam block, high density (3in-12in-12in)					1	
128	SJ079	basin, sterile 500cc					1	
129	SA027	kit, scissors and clamp					1	
130	SL157	cup, sterile, 8 oz					1	
131	SL198	label, vial					9	
132	SA067	tray, shave prep					1	
133	SK075	skin marking pen, sterile (Skin Skribe)					1	
134	SB001	cap, surgical					4	
135	SB028	gown, surgical, sterile					2	
136	SB034	mask, surgical, with face shield					4	
137	SB039	shoe covers, surgical					4	
138	SB024	gloves, sterile					2	
139	SJ041	povidone soln (Betadine)					60	
140	SJ009	basin, irrigation					1	
141	SG009	applicator, sponge-tipped					4	
142	SB009	drape, sterile, femoral					1	
143	SB019	drape-towel, sterile 18in x 26in					4	
144	SD208	towel clamp, plastic					1	
145	SH047	lidocaine 1%-2% inj (Xylocaine)					10	
146	SC027	needle, 18-19g, filter					1	
147	SC028	needle, 18-26g 1.5-3.5in, spinal					1	
148	SC008	catheter, angiographic, pig-tail					1	
149	SC010	closed flush system, angiography					1	
150	SD140	bag system, 1000ml (for angiography waste fluids)					1	
151	SD136	vascular sheath					1	
152	SF007	blade, surgical (Bard-Parker)					1	
153	SA071	kit, AccuStick II Introducer System with RO Marker					1	
154	SH039	heparin 1,000 units-ml inj			10		5	
155	SD252	guidewire, Amplatz wire 260 cm					1	
156	SG074	steri-strip (6 strip uou)					1	
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)					1	
158	SD207	suture device for vessel closure (Perclose A-T)					1	
159	SG037	dressing, 4in x 4.75in (Tegaderm)					0	
160	SM013	disinfectant, surface (Envirocide, Sanizide)					1	
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)						
162	SD149	catheter, balloon inflation device					1	
163	SA103	stent, vascular, deployment system, Cordis SMART						
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)					1	
165	SD089	guidewire, hydrophilic						
166	SD089	guidewire, hydrophilic (UPDATED PRICING)					1	
167	SD147	catheter, (Glide)						
168	SD147	catheter, (Glide) (UPDATED PRICING)					1	
169	SD148	catheter, (SIM2F1)					1	
170	SD151	catheter, balloon, low profile PTA	1		1		1	

	A	B	FC	FD	FE	FF	FG	FH
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**TO BE DELETED**		**RECOMMENDED**	
2			**37295**		**37235**		**37296**	
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, tibial and peroneal vascular territory, with transluminal stent placement, with transluminal atherectomy, including transluminal angioplasty when performed, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the stent placement, atherectomy, and angioplasty when performed, within the same artery, unilateral; complex lesion, each additional vessel		~~Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, includes angioplasty within the same vessel, when performed (List separately in addition to~~		Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, initial vessel	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 6,588.04**	**$ -**	**$ 4,350.69**	**$ -**	**$ 3,532.70**	**$ 4.86**
8		**TOTAL CLINICAL STAFF TIME**	**150**	**0**	**162**	**0**	**299**	**9**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**15**	**6**
10		*RN/LPN/MTA*	*-*	*0*	*-*	*0*	*9*	*6*
11		*Vascular Interventional Technologist*	*0*		*0*		*6*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**150**	**0**	**162**	**0**	**281**	**0**
13		*RN/LPN/MTA*	*19*		*20*		*41*	
14		*Vascular Interventional Technologist*	*75*		*82*		*105*	
15		*Radiologic Technologist*	*56*		*60*		*90*	
16		*RN*	*0*		*0*		*45*	
171	SD154	catheter, microcatheter (selective 3rd order)					1	
172	SD172	guidewire, cerebral (Bentson)					1	
173	SD173	guidewire, low profile (SpartaCore)	1		3		1	
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]					1	
175	SD251	Sheath Shuttle (Cook)					1	
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)						
177	SD253	atherectomy device (UPDATED PRICING)						
178	SD254	covered stent (VIABAHN, Gore)						
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)						
180	SD255	Reentry device (Frontier, Outback, Pioneer)						
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)						
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)						
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)			1			
184	NEW	drug eluting stent, tibial	2					
185	SD090	guidewire, STIFF						
186	SD175	guidewire, steerable (Transcend)	1				1	
187	NEW	Iliac IVL Catheter						
188	NEW	FemPop IVL Catheter						
189	NEW	Drug coated balloon						
190	NEW	Drug eluting stent						
191	NEW	Embolic protection for atherectomy						
192								
193	SC049	stop cock, 3-way						
194	SC054	syringe 30 ml						
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)						
196	SD299	stent, balloon, implantable						
197	SG079	tape, surgical paper 1in (Micropore)						
198								
199	**Equipment Code**	**EQUIPMENT**						
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 340.93**	**$ -**	**$ 363.88**	**$ -**	**$ 528.46**	**$ -**
201	EQ088	contrast media warmer	75		80		115	
202	EQ032	IV infusion pump					180	
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)					180	
204	EL011	room, angiography	75		80		115	
205	EF027	table, instrument, mobile					180	
206	ED053	Professional PACS Workstation					34	
207	ED050	Technologist PACS workstation	75		82		134	
208	ED031	printer, dye sublimation (photo, color)			2			
209	NEW	IVL generator						
210	EF018	stretcher						
211	ED032	printer, laser, paper						
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*						
213								

	A	B	FI	FJ	FK	FL	FM	FN
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
2			**37297**		**37298**		**37299**	
3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel		Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 878.35**	**$ -**	**$ 3,884.11**	**$ 4.86**	**$ 908.30**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**80**	**0**	**339**	**9**	**90**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**0**	**0**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*-*	*0*
11		*Vascular Interventional Technologist*	*0*		*6*		*0*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**80**	**0**	**321**	**0**	**90**	**0**
13		*RN/LPN/MTA*	*10*		*46*		*11*	
14		*Vascular Interventional Technologist*	*40*		*125*		*45*	
15		*Radiologic Technologist*	*30*		*105*		*34*	
16		*RN*	*0*		*45*		*0*	
17		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**3**	**3**	**0**	**0**
18		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 57.82**	**$ -**	**$ 241.45**	**$ 4.86**	**$ 65.05**	**$ -**
19		**PRE-SERVICE PERIOD**						
20		**Start: Following visit when decision for surgery/procedure made**						
21	CA001	Complete pre-service diagnostic and referral forms			3	3		
22	CA002	Coordinate pre-surgery services (including test results)			3			
23	CA003	Schedule space and equipment in facility				3		
24	CA004	Provide pre-service education/obtain consent						
25	CA005	Complete pre-procedure phone calls and prescription			3			
26	CA006	Confirm availability of prior images/studies			6			
35		**End: When patient enters office/facility for surgery/procedure**						
36		**SERVICE PERIOD**						
37		**Start: When patient enters office/facility for surgery/procedure:**						
38		**Pre-Service (of service period)**						
39	CA009	Greet patient, provide gowning, ensure appropriate medical records are			3			
40	CA010	Obtain vital signs			5			
41	CA011	Provide education/obtain consent			5			
42	CA012	Review requisition, assess for special needs						
43	CA013	Prepare room, equipment and supplies			7			
44	CA013	Prepare room, equipment and supplies						
45	CA014	Confirm order, protocol exam						
46	CA015	Setup scope (nonfacility setting only)						
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			5			
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
56		**Intra-service (of service period)**						
57	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	40		120		45	
59	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	30		90		33.75	
60	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time (other%)	10		30		11.25	
61	CA021	Perform procedure/service---NOT directly related to physician work						
62	CA020	Assist physician or other qualified healthcare professional---directly						
68		**Post-Service (of service period)**						
69	CA022	Monitor patient following procedure/service, multitasking 1:4			45			
70	CA023	Monitor patient following procedure/service, no multitasking						
71	CA024	Clean room/equipment by clinical staff			3			
72	CA024	Clean room/equipment by clinical staff						
77	CA029	Check dressings, catheters, wounds			1			
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,			5			
80	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
83	CA035	Review home care instructions, coordinate visits/prescriptions			2			
91		**End: Patient leaves office/facility**						
92		**POST-SERVICE PERIOD**						
93		**Start: Patient leaves office/facility**						
94	CA037	Conduct patient communications			3	3		
95	CA038	Coordinate post-procedure services						
109		**End: with last office visit before end of global period**						

	A	B	FI	FJ	FK	FL	FM	FN
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
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4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 6 Lower Extremity Revascularization (LER) **Specialty:** Cardiology/Interventional Cardiology, General Surgery, Radiology/Interventional Radiology, Vascular Surgery						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 878.35**	**$ -**	**$ 3,884.11**	**$ 4.86**	**$ 908.30**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**80**	**0**	**339**	**9**	**90**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**0**	**0**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*-*	*0*
11		*Vascular Interventional Technologist*	*0*		*6*		*0*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**80**	**0**	**321**	**0**	**90**	**0**
13		*RN/LPN/MTA*	*10*		*46*		*11*	
14		*Vascular Interventional Technologist*	*40*		*125*		*45*	
15		*Radiologic Technologist*	*30*		*105*		*34*	
16		*RN*	*0*		*45*		*0*	
110	**Supply Code**	**MEDICAL SUPPLIES**						
111		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 638.70**	**$ -**	**$ 3,023.29**	**$ -**	**$ 638.70**	**$ -**
112	SA048	pack, minimum multi-specialty visit			1			
113	SC001	angiocatheter 14g-24g			0			
114	SC018	iv infusion set			0			
115	SH065	sodium chloride 0.9% flush syringe			2			
116	SA019	kit, iv starter			0			
117	SB008	drape, sterile, c-arm, fluoro			1			
118	SB044	underpad 2ft x 3ft (Chux)			1			
119	SD171	guidewire bowl w-lid, sterile			1			
120	SC051	syringe 10-12ml			4			
121	SC053	syringe 20ml			4			
122	SD249	Sterile Radio-opaque ruler (le Maitre, documentation available)			1			
123	SG035	dressing, 3in x 4in (Telfa, Release)			2			
124	SG055	gauze, sterile 4in x 4in			20			
125	SH096	nitroglycerin injection USP 5 mg/mL (10ml uou vial)			1			
126	SB014	drape, sterile, three-quarter sheet			1			
127	SD120	styrofoam block, high density (3in-12in-12in)			1			
128	SJ079	basin, sterile 500cc			1			
129	SA027	kit, scissors and clamp			1			
130	SL157	cup, sterile, 8 oz			1			
131	SL198	label, vial			9			
132	SA067	tray, shave prep			1			
133	SK075	skin marking pen, sterile (Skin Skribe)			1			
134	SB001	cap, surgical			4			
135	SB028	gown, surgical, sterile			2			
136	SB034	mask, surgical, with face shield			4			
137	SB039	shoe covers, surgical			4			
138	SB024	gloves, sterile			2			
139	SJ041	povidone soln (Betadine)			60			
140	SJ009	basin, irrigation			1			
141	SG009	applicator, sponge-tipped			4			
142	SB009	drape, sterile, femoral			1			
143	SB019	drape-towel, sterile 18in x 26in			4			
144	SD208	towel clamp, plastic			1			
145	SH047	lidocaine 1%-2% inj (Xylocaine)			10			
146	SC027	needle, 18-19g, filter			1			
147	SC028	needle, 18-26g 1.5-3.5in, spinal			1			
148	SC008	catheter, angiographic, pig-tail			1			
149	SC010	closed flush system, angiography			1			
150	SD140	bag system, 1000ml (for angiography waste fluids)			1			
151	SD136	vascular sheath			1			
152	SF007	blade, surgical (Bard-Parker)			1			
153	SA071	kit, AccuStick II Introducer System with RO Marker			1			
154	SH039	heparin 1,000 units-ml inj			5			
155	SD252	guidewire, Amplatz wire 260 cm			1			
156	SG074	steri-strip (6 strip uou)			1			
157	SH095	protamine sulfate 10 mg/ml (5ml uou vial)			1			
158	SD207	suture device for vessel closure (Perclose A-T)			1			
159	SG037	dressing, 4in x 4.75in (Tegaderm)			0			
160	SM013	disinfectant, surface (Envirocide, Sanizide)			1			
161	NEW	pack, angio pack (contains existing supplies as noted in PE SOR)						
162	SD149	catheter, balloon inflation device			1			
163	SA103	stent, vascular, deployment system, Cordis SMART						
164	SC096	Quick Cross Catheter (Sprectranetics, documentation available)			1			
165	SD089	guidewire, hydrophilic						
166	SD089	guidewire, hydrophilic (UPDATED PRICING)			1			
167	SD147	catheter, (Glide)						
168	SD147	catheter, (Glide) (UPDATED PRICING)			1			
169	SD148	catheter, (SIM2F1)			1			
170	SD151	catheter, balloon, low profile PTA	1		1		1	

	A	B	FI	FJ	FK	FL	FM	FN
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**	
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3		***RUC Collaboration Website***	Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; straightforward lesion, each additional vessel		Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, initial vessel		Revascularization, endovascular, open or percutaneous, inframalleolar vascular territory, with transluminal angioplasty, including all maneuvers necessary for accessing and selectively catheterizing the artery and crossing the lesion, including all imaging guidance and radiological supervision and interpretation necessary to perform the angioplasty within the same artery, unilateral; complex lesion, each additional vessel	
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6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**000**	**000**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 878.35**	**$ -**	**$ 3,884.11**	**$ 4.86**	**$ 908.30**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**80**	**0**	**339**	**9**	**90**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**15**	**6**	**0**	**0**
10		*RN/LPN/MTA*	*-*	*0*	*9*	*6*	*-*	*0*
11		*Vascular Interventional Technologist*	*0*		*6*		*0*	
12		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**80**	**0**	**321**	**0**	**90**	**0**
13		*RN/LPN/MTA*	*10*		*46*		*11*	
14		*Vascular Interventional Technologist*	*40*		*125*		*45*	
15		*Radiologic Technologist*	*30*		*105*		*34*	
16		*RN*	*0*		*45*		*0*	
171	SD154	catheter, microcatheter (selective 3rd order)			1			
172	SD172	guidewire, cerebral (Bentson)			1			
173	SD173	guidewire, low profile (SpartaCore)	1		1		1	
174	SD250	introducer sheath, Ansel [45 cm 6 Fr Ansel]			1			
175	SD251	Sheath Shuttle (Cook)			1			
176	SD253	atherectomy device (Spectronetics laser or Fox Hollow)						
177	SD253	atherectomy device (UPDATED PRICING)						
178	SD254	covered stent (VIABAHN, Gore)						
179	SD254	covered stent (VIABAHN) (UPDATED PRICING)						
180	SD255	Reentry device (Frontier, Outback, Pioneer)						
181	SD255	Reentry device (Frontier, Outback, Pioneer) (UPDATED PRICING)						
182	SD256	Embolic Protection Device Spider FX (EV3, documentation available)						
183	SD266	stent, self expanding 2-5 mm XPERT (Abbott)						
184	NEW	drug eluting stent, tibial						
185	SD090	guidewire, STIFF						
186	SD175	guidewire, steerable (Transcend)	1		2		1	
187	NEW	Iliac IVL Catheter						
188	NEW	FemPop IVL Catheter						
189	NEW	Drug coated balloon						
190	NEW	Drug eluting stent						
191	NEW	Embolic protection for atherectomy						
192								
193	SC049	stop cock, 3-way						
194	SC054	syringe 30 ml						
195	SC058	syringe w-needle, OSHA compliant (SafetyGlide)						
196	SD299	stent, balloon, implantable						
197	SG079	tape, surgical paper 1in (Micropore)						
198								
199	**Equipment Code**	**EQUIPMENT**						
200		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 181.83**	**$ -**	**$ 619.37**	**$ -**	**$ 204.56**	**$ -**
201	EQ088	contrast media warmer	40		135		45	
202	EQ032	IV infusion pump			180			
203	EQ011	ECG, 3-channel (with SpO2, NIBP, temp, resp)			180			
204	EL011	room, angiography	40		135		45	
205	EF027	table, instrument, mobile			180			
206	ED053	Professional PACS Workstation			34			
207	ED050	Technologist PACS workstation	40		154		45	
208	ED031	printer, dye sublimation (photo, color)						
209	NEW	IVL generator						
210	EF018	stretcher						
211	ED032	printer, laser, paper						
212		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*						
213								

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2025

Endoscopic Sleeve Gastroplasty – Tab 07

In September 2024, the CPT Editorial Panel approved the addition of a new Category I code to report transoral gastric restrictive procedures through an endosurgical approach. The specialties surveyed Endoscopic Sleeve Gastroplasty (ESG) for the January 2025 RUC meeting.

43889 ***Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed***
The RUC reviewed the survey results from 107 gastroenterologists, bariatric surgeons, and gastrointestinal and endoscopic surgeons and concurred that the survey respondents overstated the physician work involved in performing this service. The RUC determined that a direct work RVU crosswalk to CPT code 36832 *Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)* (work RVU = 13.50, 90 minutes intra-service time and 276 minutes total time) falls below the survey 25th percentile and appropriately accounts for the physician work involved in this service. The crosswalk code was surveyed in 2013 and has identical intra-service time as 43889 and similar total time and intensity.

The RUC recommends the following physician time components: 40 minutes pre-service evaluation, 3 minutes pre-service positioning, 10 minutes pre-service scrub/dress/wait time, 90 minutes intra-service time, and 43 minutes immediate post-service time, 0.5-99238 discharge visit and 3-99213 office visits for 274 minutes total time, as supported by the survey. Pre-time package 4 was selected with adjustments to the evaluation and positioning times. For the post-operative office visits, the RUC recommends the survey median response of three level-3 office visits. Patients undergoing ESG typically have three follow-up-visits occurring at weeks 1, 5, and 12 post ESG. The RUC discussed the components of the post-op visits in detail and concurred with the recommendation.

The RUC discussed the CMS 23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy as it relates to the post-service time for the surveyed code. CMS labels surgical services that are typically performed in the outpatient setting and require an overnight hospital stay of less than 24 hours as 23-hour stay outpatient services. In the CY2011 Final Rule, CMS finalized a policy to no longer allow these codes to bundle subsequent hospital visits (e.g., 99231-99233) into the surgical global period. Instead, the Agency permits the allocation of the intra-service portion of the typically performed subsequent hospital visit to the immediate post-service time of the procedure. Per the CMS policy, the intra-service time is reallocated from the same-day E/M code 99232 to the immediate post-service time of the outpatient service (adding 20 minutes of intra-service time from 99232). Though the median survey immediate post-service time was 23 minutes, the CMS 23-hour stay policy was applied resulting in 43 minutes. The RUC recommends post-service time package 9B and, following the CMS 23-hour policy, the E/M same day visit is not shown and instead, the intra-service time of 20 minutes has been added to the median survey post time of 23 minutes (total = 43 minutes).

To justify a work RVU of 13.50, the RUC compared CPT code 43889 to the top key reference service code 43771 *Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only* (work RVU = 20.79, 120 minutes intra-service time and 377 minutes total time) and noted that the intra-service time and total time is much greater than the surveyed code and the reference code is also much

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more intense, justifying the higher work value. The RUC also compared CPT code 43889 to the second key reference service code 43180 *Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed* (work RVU = 9.03, 60 minutes intra-service time and 201 minutes total time) and noted that the reference service has less intra-service and total time and is appropriately valued lower than 43889. The RUC noted that the crosswalk value is appropriately bracketed by the two key reference service codes.

For additional support, the RUC compared CPT code 43889 to MPC code 19303 *Mastectomy, simple, complete* (work RVU = 15.00, 90 minutes intra-service time and 283 minutes total time) and noted that the surveyed code has identical intra-service time and slightly less total time. Mastectomy is an open surgical dissection that requires skill to ensure complete tissue removal and manage postoperative risks. ESG, on the other hand, requires advanced endoscopic techniques and surgery with an endoscope to avoid complications like gastric perforation or suture failure and massive or overt intraluminal or extraluminal hemorrhage. Thus, the comparison code is slightly more intense, justifying the higher work value. The RUC also offered CPT code 37218 *Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation* (work RVU = 14.75, 90 minutes intra-service time and 255 minutes total time) for comparison. Both services are minimally invasive procedures where 37218 requires vascular access, stent placement, and the use of advanced imaging for guidance. ESG requires endoscopic access and modification of stomach structure through suturing without image guidance. The RUC noted, similarly, that the surveyed code has identical intra-service time, yet the comparator code is more intense, justifying the higher work value. The RUC further compared 43889 to CPT code 50080 *Percutaneous nephrolithotomy or pyelolithotomy, lithotripsy, stone extraction, antegrade ureteroscopy, antegrade stent placement and nephrostomy tube placement, when performed, including imaging guidance; simple (eg, stone[s] up to 2 cm in single location of kidney or renal pelvis, nonbranching stones)* (work RVU = 12.41, 90 minutes intra-service time and 244 minutes total time) and noted that the surveyed code has identical intra-service time, yet more total time. CPT code 50080 is performed to remove obstructions in the urinary tract, utilizing energy to fragment and remove. ESG is performed entirely endoscopically and is reliant on internal suturing with no external incisions. ESG is clinically more complex to perform and manage complications when compared to the more standardized and image-supported approaches of PCNL/lithotripsy, therefore 50080 is appropriately valued lower than 43889. The RUC noted that the crosswalk value is appropriately bracketed by these comparison codes.

The RUC concluded that CPT code 43889 should be valued based on a direct work RVU crosswalk to CPT code 36832, noting that both services involve an identical amount of intra-service time and similar total time, and agreed the crosswalk value below the survey 25th percentile is appropriate. **The RUC recommends a work RVU of 13.50 for CPT code 43889.**

Practice Expense

The Practice Expense Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

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New Technology
CPT code 43889 will be placed on the New Technology list and will be re-reviewed by the RUC in three years.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Digestive System** **Stomach** **Other Procedures**				
●43889	Q1	Gastric restrictive procedure, transoral, endoscopic sleeve gastroplasty (ESG), including argon plasma coagulation, when performed (Do not report 43889 in conjunction with 43191, 43197, 43200, 43235)	090	13.50
43999 Unlisted procedure, stomach				

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:43889 Tracking Number Q1 Original Specialty Recommended RVU: **16.82**
Presented Recommended RVU: **15.00**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **13.50**

CPT Descriptor: Gastric restrictive procedure, transoral, sleeve gastroplasty (ie, endoscopic sleeve gastroplasty [ESG]), including argon plasma coagulation, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: a 67-year-old female presents with history of obesity and diet history that confirms class ii obesity (bmi 35-39.9) and confirmed diagnosis of type 2 diabetes mellitus and hypertension.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 73% , In the ASC 25%, In the office 1%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 47% , Overnight stay-less than 24 hours 40% , Overnight stay-more than 24 hours 13%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 95%

Description of Pre-Service Work: Review history, physical and preadmission work-up, paying particular attention to past abdominal surgery, which could make ESG more difficult to perform. Reexamine patient to make sure that physical findings have not changed and update H&P. Review any available imaging reports (endoscopy exams , radiology tests), relevant diagnostic tests (ECG) and laboratory studies, especially as they relate to coagulation status, CBC, H. pylori status, and basic metabolic panel. Review the patient's allergies and medications noting use of antiplatelets or anticoagulants. Determine the need for timing of preprocedure anti-nausea medication and antibiotics. Perform a preprocedural examination, including vitals, body mass index (BMI), airway assessment, cardiopulmonary assessment, and abdominal examination. Counsel the patient regarding typical procedure length, intraprocedure and post procedure adverse events and typical outcomes and follow-up. Document preprocedural history and physical. Review the logistics of the planned procedure and the postoperative management. Document informed consent. Review the length and type of anesthesia with the anesthesiologist and discuss the need for aspiration precaution measures. Plan the technical aspects of the procedure. Verify that all required instruments and supplies are available, including endoscopic tools. Assist in transfer of patient from gurney to operating table. Monitor and assist in positioning of patient. Position the endoscopic, imaging, electrocautery, and monitoring equipment to provide access for the procedure. Apply appropriate protective attire and shielding to all in the suite, including the patient. Perform a pre-procedure time out.

Description of Intra-Service Work: Under general anesthesia, place a bite-block in the patient's mouth. Confirm with anesthesiology that an adequate level of anesthesia is in place to begin intubation of the esophagus. Insert a flexible upper endoscope through the mouth into the oropharynx and into the esophagus to assess for esophageal anatomy. Advance the endoscope through the lower esophageal sphincter into the proximal stomach. Insufflate the stomach with CO2. Perform an examination of the entire stomach in the forward and retroflexed position. Advance the endoscope through the pylorus into the duodenal bulb. Perform circumferential inspection of the duodenum after insufflation. Once initial examination confirms that there are no contraindications to proceeding, The endoscopic is pulled back into the stomach and the stomach is again distended by carbon dioxide insufflation. An electrosurgical coagulation device or argon plasma may be used to mark mucosa of the stomach denoting the anterior and posterior limits of the suture line. After completion of the marks, the endoscope is withdrawn. An esophageal overtube may be placed to ease the passage of the endoscopic suturing device into the distal esophagus and stomach. The suturing device is attached to the endoscope and its function assured. The

suturing device is inserted into the esophagus and passed into the stomach. Beginning distal to the incisura, full thickness gastric bites are taken with retraction of the tissue into the suture device with the tissue helix. The tissue helix is a corkscrew-like device is inserted into the muscularis mucosa and then retracted into the device to bring the full thickness stomach tissue into the suturing system. A U-shaped suturing pattern is performed starting by placing full thickness bites at the anterior wall, through the greater curvature, to the posterior wall then back through the greater curvature to finish at the anterior wall just proximal to the initial bite. The U pattern requires 6-10 bites of stomach wall with the suturing device. This pattern is followed by an interrupted reinforcing suture with 2-3 bites. The (U shaped + reinforcing) is repeated 4-7 times. Then the anchor is dropped, the suture is tightened, the cinch is secured and the suture is cut. The pattern is followed an additional 4-7 times until the desired tubular shape and foreshortening of the stomach is achieved. The upper fundus is spared from plication. Upon completion of the gastroplasty, the stomach lumen is reduced approximately 70-80%. Following completion of the procedure, a second endoscopy (not separately reportable) is carried out to ensure the final tubular configuration of the gastroplasty is present, to examine any defects requiring supplemental closure, and to rule out potential bleeding.

Description of Post-Service Work: Hospital: Monitor the patient during reversal of anesthesia, paying particular attention to hypercapnia issues and aspiration risk. Monitor the transport of the patient from the operating area to the recovery room. Complete post procedure orders. Discuss the patient's postoperative recovery with the anesthesia and nursing staff. Discuss the procedure and outcome with the patient's family. Dictate post-op report. Dictate procedure outcome and expected recovery letter for primary care physician and / or insurance company. Examine patient and check wounds and patient progress. Review nursing/staff chart notes. Answer patient and family questions. Answer nursing/staff questions. Write and summarize orders for floor nurse. Check fluid and electrolyte status. Write orders for following labs, films, medications, diet, and patient activity. A confirmatory contrast upper gastrointestinal radiograph is ordered and reviewed to exclude gastric prolapse, perforation, or obstruction. When the contrast study and patient's status are acceptable, a clear liquid diet is instituted and the patient is discharged. Home restrictions (ie, diet, activity, bathing, return visits) are discussed with the patient, nutritionist and family members. All appropriate medical records are completed, including day of discharge progress notes, discharge summary, and discharge instructions, prescriptions, and insurance forms. Post-procedure work in-office: The patient is evaluated and vital signs are assessed including blood pressure, heart rate, weight and a physical examination of the heart, lungs, abdomen and extremities are performed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Robert Bruce Cameron, MD; ACG RUC Advisor Patricia Garcia, MD; AGA RUC Advisor Seth A. Gross, MD; ASGE RUC Advisor Shelby Sullivan, MD; ASGE Guest Matthew Brengman, MD; ASMBS RUC Advisor Ketan Sheth, MD; SAGES RUC Advisor
Specialty Society(ies):	American College of Gastroenterology, American Gastroenterolgical Association, American Society for Gastrointestinal Endoscopy, American Society for Metabolic & Bariatric Surgery and Society of American Gastrointestinal and Endoscopic Surgeons
CPT Code:	43889
Sample Size: 2911	**Resp N:** 107
Description of Sample:	Random Sample of Applicable Subsets of ACG, AGA, ASGE, ASMBS and SAGES members plus targeted sample using vendor-provided list of all trained US providers. Vendor provided list = 339 ACG, AGA, ASGE = 1,197 ASMBS = 433 SAGES = 942

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	20.00	100.00
Survey RVW:	1.00	16.82	**20.00**	24.00	50.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**15.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	1.00	63.00	**90.00**	120.00	220.00

Immediate Post Service-Time:	**23.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**85.00**	99211x **0.00** 12x **1.00** 13x **3.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code: 43889	**Recommended Physician Work RVU: 13.50**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:	**3.00**	**3.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**10.00**	**20.00**	**0.00**
Intra-Service Time:	**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**43.00**	**33.00**	**10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43771	090	20.79	**RUC Time**

CPT Descriptor Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
43180	090	9.03	**RUC Time**

CPT Descriptor Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	15.00	**RUC Time**	22,922

CPT Descriptor 1 Mastectomy, simple, complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	17.75	**RUC Time**	14,382

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

Other Reference CPT Code	Global	Work RVU	Time Source

0.00

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 77 **% of respondents:** 71.9 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 12.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 43889	**Top Key Reference CPT Code:** 43771	**2nd Key Reference CPT Code:** **43180**
Median Pre-Service Time	53.00	80.00	60.00
Median Intra-Service Time	90.00	120.00	60.00
Median Immediate Post-service Time	43.00	30.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	40.00	0.00
Median Discharge Day Management Time	19.0	38.00	38.00
Median Office Visit Time	69.0	69.00	23.00
Median Total Time	**274.00**	**377.00**	**201.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	1%	42%	31%	26%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	58%	35%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	25%	73%
Physical effort required	8%	17%	75%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	36%	51%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	15%	31%	38%	16%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	46%	46%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	45%	47%
Physical effort required	0%	62%	38%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	46%	46%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The ACG, AGA, ASGE, ASMBS and SAGES conducted a survey of new CPT code 43889 (*Gastric restrictive procedure, transoral, sleeve gastroplasty (ie, endoscopic sleeve gastroplasty [ESG]), including argon plasma coagulation, when performed* for the January 2025 RUC meeting. Our multi-specialty consensus panel reviewed the survey data for code 43889, comparing the data and work RVUs (wRVUs) to the current data for similar 90-day global codes that were recently approved by the RUC. The consensus panel agreed with the overall survey data.

43889 – Discussion and Recommendation

Code 43889 is a new code approved by the CPT Editorial Panel at its September 2024 CPT meeting.
For this survey, ACG, AGA, ASGE, ASMBS and SAGES collected responses from both an industry provided list (approved by the research subcommittee) and random society sampling.

We recommend assigning a work wRVU of 15.00. This proposed value falls below the 25th percentile of the combined survey data, providing a conservative yet equitable assessment for the procedure in question. The wRVU value of 15.00 is benchmarked through a crosswalk to CPT code 19303, which corresponds to a simple, complete mastectomy.

Additionally, this value is situated within a logical range when compared to related CPT codes. Specifically, it is bracketed by CPT code 37218, which involves the transcatheter placement of intravascular stent(s) in the intrathoracic common carotid artery or innominate artery using an open or percutaneous antegrade approach, including angioplasty (when performed) and radiological supervision and interpretation, and CPT code 19303. This alignment ensures the proposed value is consistent with the intensity, complexity, and physician work required for comparable procedures.

Pre-time Package 4 (*Difficult Patient/Difficult Procedure*) is appropriate for 43889 with a reduction of 5 minutes of evaluation time from 45 minutes in survey to the 40 minutes in the package. Additionally, a reduction of 12 minutes of positioning time to reflect the Package 4 positioning time of 3 minutes rather than the survey time of 15 minutes and there is a 5-minute decrease from the package time, which represents the scrub dress and wait time from the survey.

Pre-service evaluation time: 40 minutes
Pre-service positioning time: 3 minutes
Pre-service scrub, dress, wait time: 10 minutes

Post-time Package 9B (*General Anesthesia or Complex Regional Block/Complex Procedure*) of 33 minutes minus 10 minutes based on the survey time of 23 minutes.

Key Reference Services

There were 107 surveys completed by a combined industry provided list and random sample of members from ACG, AGA, ASGE, ASMBS and SAGES. Two reference services were selected more often than others:

> 43771- Laparoscopy, surgical, gastric restrictive procedure in their intensity/complexity comparison, the; revision of adjustable gastric restrictive device component only (77 selected /107 respondents)
>
> 43180-Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with cricopharyngeal myotomy, includes use of telescope or operating microscope and repair, when performed (13 of 107 respondents).

Survey respondents indicated that the survey code was similar or somewhat more complex than 43771 for most of the intensity/complexity measures. For the second KRS code 43180 survey respondents indicated that the survey code was more or somewhat more complex for all of the intensity/complexity measures.

Discussion of Intra-service Time

The survey data for code 43889 (Gastric restrictive procedure, transoral, sleeve gastroplasty [e.g., endoscopic sleeve gastroplasty (ESG)], including argon plasma coagulation, when performed) indicates a median intra-operative time of 90 minutes. The Expert Panel concluded that the survey accurately reflects the global services and discharge day management requirements. Additionally, the survey supports four routine office visits after patient discharge, occurring at 1 week, 3 weeks, 6 weeks, and 3 months.

The Expert Panel recommends a crosswalk work RVU (wRVU) of 15.00, which is below the survey's 25th percentile wRVU of 16.82 for this code. This recommendation places the proposed wRVU between the wRVUs of the first (20.79) and second (9.03) Key Reference Services (KRS) codes.

For code 43889, the panel suggests a crosswalk to CPT code 19303 – Mastectomy, simple, complete. In addition, several time input adjustments have been made based on feedback from the AMA pre-facilitation discussion:

- **23-Hour Outpatient Stay:** Reflecting the nature of this procedure, CPT code 99232 (subsequent hospital inpatient or observation care) has been removed.
- **Immediate Post-Service Time:** An additional 20 minutes has been added to account for the removal of CPT code 99232, resulting in a total immediate post-service time of 43 minutes (23 minutes from the survey plus 20 minutes).
- **Pre-Service Time:** Pre-time package 4 was selected, with adjustments to the evaluation and positioning times, yielding a total pre-service time of 53 minutes.
- **Total Time:** The revised time inputs result in a median intra-service time of 90 minutes and a total service time of 309 minutes.

These modifications support the recommendation of a work RVU of 15.00, ensuring consistency with procedural complexity, time requirements, and related physician work.

Comparison to Other RUC-Reviewed Codes with Similar Time and Post-Operative Visits:

CPT Code	Long Desc	Global	Work RVU	Total Time	Pre	Intra	Imm Post	Office Post-op Visit Count	IWPUT
37218	Transcatheter placement of intravascular stent(s), intrathoracic common carotid artery or innominate artery, open or percutaneous antegrade approach, including angioplasty, when performed, and radiological supervision and interpretation	090	14.75	255	33	90	28	2	0.1053
4XX04	Gastric restrictive procedure, transoral, sleeve gastroplasty (ie, endoscopic sleeve gastroplasty [ESG]), including argon plasma coagulation, when performed	090	15.00	309	53	90	43	3	0.092
19303	Mastectomy, simple, complete	090	15.00	283	58	90	30	3	0.1018
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	090	15.00	241	56	90	30	2	0.119

Discussion of Post Op Visits

Discharge Management Review nursing notes; discuss status and progress with nursing staff. Review case manager discharge plan notes; discuss status and progress with case management. Review notes from other physicians and discuss as appropriate. Review vital signs, I/O, labs and other related data. Interview patient and obtain interval history. Assess pain control and response to current medications. Assess gastrointestinal and urinary function. Examine site; changing dressing as needed. Write prescriptions for medications and devices / equipment check narcotic prescription registries. Complete medication reconciliation. Write order for discharge. Coordinate postoperative appointment with patient and/or family and office staff.

Post discharge, patients undergoing ESG typically have three follow up visits. The visits occur at weeks 1, 5, and 12 post ESG. At the week one follow-up visit the provider looks for signs of complications, such as infection. This is determined by history and physical. Patients are asked about any symptoms, such as nausea, abdominal pain, or abdominal cramping. Patients are also asked about their diet and at this point should be on a liquid diet. Diet non-compliance places patients at risk for perigastric fluid collections, which can become infected. Adequate protein intake is also calculated by the provider, since if inadequate patients experience fatigue. Adequate fluid intake is also discussed to prevent dehydration. Discuss with patients about continuing their proton pump inhibitor to allow gastric wall healing at the sites of the sutures creating the sleeve and managing acid reflux. For patients on anti-hypertensive medications or diabetes medications that were held at the time of the procedure, an assessment is made in conjunction with the patient's primary care provider to determine if these medications need to be restarted Lastly, patient will have a weight check to see if there is any weight loss.

The second follow up visit is at post procedure week 5. There is still a chance for patients to develop infection at this point, so detailed history and physical are done to rule out any signs of infection. Determine if patient is having any symptoms, such as abdominal pian, nausea, or acid reflux. If no reflux symptoms can start to wean proton pump inhibitor, which would be complete at the end of week 6 post ESG. Diet advancement is discussed stressing the importance of eating slowly to prevent abdominal pain. Protein intake is calculated to make adequate intake is occurring to minimize fatigue. Making sure the patient had adequate fluid intake to prevent dehydration. Unlike surgical sleeve gastrectomy, ESG caused delayed gastric emptying. A weight check is done, since the expectation is a 5%-7% of total body weight loss (TBWL) is an early predictor of ESG success. If the patient has not lost this amount of weight the provider may order an upper GI series to make sure there are no signs of suture failure. Reinforce the importance of healthy diet choices and exercise. For patients on anti-hypertensive medications or diabetes medications that were held at the time of the procedure, an assessment is made in conjunction with the patient's primary care provider to determine if these medications need to be restarted.

The third follow up visit is at week twelve post ESG. At this point patient should be on a regular, low caloriediet. Again, protein intake is calculated to make sure adequate levels are in the patient's diet. The importance of exercise is again emphasized to the patient. A weight check is done to see if the patient has >10% TBWL. If the patient is not on target an upper GI series is ordered to assess ESG. A discussion about starting obesity weight loss medicines are discussed if weight loss goals are not achieved, and stressing importance of diet and exercise. For patients on anti-hypertensive medications or diabetes medications that were held at the time of the procedure, an assessment is made in conjunction with the patient's primary care provider to determine if these medications need to be restarted.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 43499

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Gastroenterology How often? Sometimes

Specialty Bariatric Surgery How often? Sometimes

Specialty Gastrointestinal Surgery How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 4587
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Feedback from both Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database and Boston Scientific (manufacturer

Specialty Gastroenterology Frequency 2294 Percentage 50.01 %

Specialty Bariatric Surgery Frequency 1147 Percentage 25.00 %

Specialty Gastrointestinal Surgery Frequency 1146 Percentage 24.98 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,376
If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty. Please explain the rationale for this estimate. SG is performed more commonly in the non-Medicare population. Per the CCA, it is estimates that it is performed 70% in the commercial patient population (3,211) and 30% in the Medicare population (1,376)

Specialty Gastroenterology Frequency 688 Percentage %

Specialty Bariatric Surger Frequency 344 Percentage 25.00 %

Specialty Gastrointestinal Surgery Frequency 344 Percentage 25.00 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:

BETOS Sub-classification Level II:

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 43497

SS Rec Summary

ISSUE: Endoscopic Sleeve Gastroplasty

TAB: 7

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric restrictive device component only	90	2005	77	0.107	0.055			20.79			377	45	25	10			120			30				1		1				3							
2nd REF	43180	Esophagoscopy, rigid, transoral with diverticulectomy of hypopharynx or cervical esophagus (eg, Zenker's diverticulum), with	90	2014	13	0.086	0.045			9.03			201	40	10	10			60			20						1.0				1							
CURRENT						-	-						0																									
SVY	43889	Gastric restrictive procedure, transoral, sleeve gastroplasty (ie, endoscopic sleeve gastroplasty [ESG]), including argon plasma	90		107	0.133	0.058	1.00	16.82	20.00	24.00	50.00	346	45	15	10	1	63	90	12	220	23				1		1.0				3	1		0	2	5	20	100
Targeted Survey	43889	Gastric restrictive procedure, transoral, sleeve gastroplasty (ie, endoscopic sleeve gastroplasty	90		51	0.154	0.061	9.03	19.55	23.25	24.75	50.00	383	60	20	15	1	75	95	120	180	30				1		1.0				3	1		1	2	30	32	100
Random Survey	43889	Gastric restrictive procedure, transoral, sleeve gastroplasty (ie, endoscopic sleeve gastroplasty	90		56	0.115	0.053	9.74	12.40	17.00	21.90	31.00	322	35	15	8	25	56	81	103	107	20				1		1.0				3	1		0	1	6	9	31
XWALK	36832	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate	90	2013		0.092	0.049			13.50			276	50	10	15			90			30						0.5				2	1						
REC	43889	Gastric restrictive procedure, transoral, sleeve gastroplasty (ie, endoscopic sleeve gastroplasty [ESG]), including argon plasma coagulation, when performed	90			0.088	0.049			13.50			274	40	3	10			90			43						0.5				3							

FACILITY DIRECT PE INPUTS **CPT CODE(S): 43889**

SPECIALTY SOCIETY(IES): ACG, AGA, ASGE, ASMBS, SAGES

PRESENTER(S): R. Bruce Cameron, MD, ACG RUC Advisor; Patricia Garcia, MD, AGA RUC Advisor; Seth A. Gross, MD, ASGE RUC Advisor; Shelby Sullivan, MD, ASGE subject matter expert; Matthew Brengman, MD, ASMBS RUC Advisor; Ketan Sheth, MD, SAGES RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
43889	Gastric restrictive procedure, transoral, sleeve gastroplasty (ie, endoscopic sleeve gastroplasty [ESG]), including argon plasma coagulation, when performed	90

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
43889	A 67-year-old female presents with history of obesity and diet history that confirms class ii obesity (bmi 35-39.9) and confirmed diagnosis of type 2 diabetes mellitus and hypertension

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The ACG, AGA, ASGE, ASMBS and SAGES convened an RVS expert panel of the surveying specialty societies to review practice expense data for code 43889. The panel included both sub-specialists and generalists from within the specialties of a variety of settings across the United States. They also received input from practice managers and clinical staff familiar with the direct expense inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   We selected 43497 (*Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])*) as the comparison code because it has similar clinical staff activities.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   No. This is a new surgical procedure that will not be reported with an E/M service.

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   Not applicable

   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Not applicable. We are not recommending more minutes than the PE Subcommittee standards for clinical activities.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

Not applicable

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Complete pre-service diagnostic and referral forms = 5 minutes (CA001) Coordinate pre-surgery services (including test results) = 20 minutes (CA002) Schedule space and equipment in facility = 8 minutes (CA003) Provide pre-service education/obtain consent = 20 minutes (CA004) Complete pre-procedure phone calls and prescription = 7 minutes (CA005)

   b. Service period (includes pre, intra and post):

None

   c. Post-service period:

Discharge day management = 6 minutes (CA036)

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

Not applicable

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

Not applicable

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

14. Are you recommending a PE supply pack for this recommendation? **Yes** or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?
We recommend SA048 (pack, minimum multi-specialty visit).

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

Unit price = $5.02 per pack

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

Not applicable

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Not applicable

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

Not applicable

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment please explain here:

EF023 (table, exam) Office Visits formula
EQ168 (light, exam) Office Visits formula

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

Not applicable

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Not applicable

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

FACILITY DIRECT PE INPUTS **CPT CODE(S): 43889**

SPECIALTY SOCIETY(IES): ACG, AGA, ASGE, ASMBS, SAGES

PRESENTER(S): R. Bruce Cameron, MD, ACG RUC Advisor; Patricia Garcia, MD, AGA RUC Advisor; Seth A. Gross, MD, ASGE RUC Advisor; Shelby Sullivan, MD, ASGE subject matter expert; Matthew Brengman, MD, ASMBS RUC Advisor; Ketan Sheth, MD, SAGES RUC Advisor

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**43497**		**43889**	
3		***RUC Collaboration Website***				Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])		Gastric restrictive procedure, transoral, endoscopic sleevegastroplasty (ESG), including argon plasma coagulation, when performed	
4	**Clinical Activity Code**	**Meeting Date: 01-2025** **Revision Date (if applicable):** **Tab: 7** **Specialty: ACG, AGA, ASGE, ASMBS, SAGES**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 85.55**	**$ -**	**$ 110.51**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**138.0**	**0.0**	**174.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**72.0**	**0.0**	**108.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 74.52**	**$ -**	**$ 93.96**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7		7
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54				
23			L037D	RN/LPN/MTA	0.54				
24			L037D	RN/LPN/MTA	0.54				
25			L037D	RN/LPN/MTA	0.54				
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54				
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54				
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54				
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54				
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54				
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54				
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54				
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54				
42			L037D	RN/LPN/MTA	0.54				
43			L037D	RN/LPN/MTA	0.54				
44			L037D	RN/LPN/MTA	0.54				
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54				
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54				
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54				
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54				
53			L037D	RN/LPN/MTA	0.54				
54			L037D	RN/LPN/MTA	0.54				
55			L037D	RN/LPN/MTA	0.54				
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
59		**Post-Service (of service period)**							
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54				
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54				
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54				
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54				
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54				
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54				
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54				
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54				
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54				
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**	**6**	**n/a**	**6**
75			L037D	RN/LPN/MTA	0.54				
76			L037D	RN/LPN/MTA	0.54				
77			L037D	RN/LPN/MTA	0.54				
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
81		**End: Patient leaves office/facility**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54				
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54				
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16						
88		99212 27 minutes	27						0
89		99213 36 minutes	36				2		3
90		99214 53 minutes	53						

	A	B	D	E	F	G	H	K	L
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2						**43497**		**43889**	
3		***RUC Collaboration Website***				Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])		Gastric restrictive procedure, transoral, endoscopic sleevegastroplasty (ESG), including argon plasma coagulation, when performed	
4	**Clinical Activity Code**	**Meeting Date: 01-2025** **Revision Date (if applicable):** **Tab: 7** **Specialty: ACG, AGA, ASGE, ASMBS, SAGES**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 85.55**	**$ -**	**$ 110.51**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**138.0**	**0.0**	**174.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**72.0**	**0.0**	**108.0**
91		99215 63 minutes	63						
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**72.0**	**0.0**	**108.0**
93			L037D	RN/LPN/MTA	0.54				
94			L037D	RN/LPN/MTA	0.54				
95			L037D	RN/LPN/MTA	0.54				
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
99		**End: with last office visit before end of global period**							

	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**43497**		**43889**	
3		***RUC Collaboration Website***				Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])		Gastric restrictive procedure, transoral, endoscopic sleevegastroplasty (ESG), including argon plasma coagulation, when performed	
4	**Clinical Activity Code**	**Meeting Date: 01-2025** **Revision Date (if applicable):** **Tab: 7** **Specialty: ACG, AGA, ASGE, ASMBS, SAGES**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 85.55**	**$ -**	**$ 110.51**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**138.0**	**0.0**	**174.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**72.0**	**0.0**	**108.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 10.04**	**$ -**	**$ 15.06**
102	SA048	pack, minimum multi-specialty visit	5.02	pack			2		3
103									
104									
105									
106									
107									
108									
109									
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 0.99**	**$ -**	**$ 1.49**
112	EF023	table, exam	4737.727	Office Visits	0.010538571		72		108
113	EQ168	light, exam	1232.887	Office Visits	0.003271745		72		108
114									
115									
116									
117									
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
119									

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2025

Irreversible Electroporation of Tumors – Tab 08

In September 2024, the CPT Editorial Panel approved the addition of two new Category I codes to report percutaneous irreversible electroporation ablation of one or more tumors in the liver and prostate respectively, and the revision of a Category III code to specify ablation in organs other than the liver or prostate.

47384 ***Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous***
The RUC reviewed the survey results from 36 radiologists and interventional radiologists and determined that the survey 25th percentile work RVU of 9.41 appropriately accounts for the physician work typically required to perform this service. The RUC recommends 40 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 90 minutes intra-service time, and 30 minutes immediate post-service time for 190 minutes total time as supported by the survey. The RUC noted that surgical oncologists or hepatologists typically provide the patient's follow-up care.

The RUC recommends pre-service time package 4 (Facility, Difficult Patient/Difficult Procedure) with the following adjustments:

> Evaluation: Pre-service evaluation time of 40 minutes is recommended, which is 10 minutes less than the median survey time, but matches the package time. As a difficult patient, typically the patient has cirrhosis, portal hypertension, is not a surgical candidate and may have thrombocytopenia and coagulopathies, 40 minutes is appropriate to complete this work.
>
> Positioning: The median survey time of 15 minutes, which is 12 minutes more than the package time is recommended. This is warranted due to set up of monitoring devices, lines, tubes and anesthesia equipment within a CT room and ensuring that all devices attached to the patient are able to clear and slide in and out of the CT gantry to maintain sterility and procedural success.
>
> Scrub, dress, and wait: The median survey time of 15 minutes, which is 5 minutes less than the package time and supported by the survey data is recommended.

To justify a work RVU of 9.41, the RUC compared the surveyed code to the top key reference service code 32994 *Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation* (work RVU = 9.03, 90 minutes intra-service time and 168 minutes total time) and noted that the intra-service time is identical, yet total time is slightly higher for the surveyed code, justifying a slightly higher value. Moreover, over 80% of the survey respondents who selected the first key reference service rated 47384 as overall more intense and complex relative to the reference code. The RUC also compared the surveyed code to the second key reference service code 20982 *Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including*

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imaging guidance when performed; radiofrequency (work RVU = 7.02, 80 minutes intra-service time and 148 minutes total time) and noted that the reference service has less intra-service and total time, thus, is appropriately valued less than 47384.

For additional support, the RUC compared CPT code 47384 to MPC code 36905 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty* (work RVU = 9.00, 75 minutes intra-service time and 126 minutes total time) and noted that the surveyed code has more intra-service time and is therefore appropriately valued higher than the comparator code. The RUC also compared 47384 to MPC code 36906 *Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit* (work RVU = 10.42, 90 minutes intra-service time and 141 minutes total time) and noted that the intra-service time is identical, yet the reference code is more intense and is therefore appropriately valued higher than the surveyed code. The RUC noted that the survey 25th percentile value is appropriately bracketed by the two MPC codes.

The RUC concluded that CPT code 47384 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 9.41 for CPT code 47384.**

55877 ***Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous***
The RUC reviewed the survey results from 33 urologists and concurred that the survey respondents overstated the physician work involved in performing this service. The RUC determined that a direct work RVU crosswalk to CPT code 15730 *Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)* (work RVU = 13.50, 90 minutes intra-service time and 255.5 minutes total time), which falls below the survey 25th percentile and has identical intra-service time, appropriately accounts for the physician work involved in this service. The RUC recommends 45 minutes pre-service evaluation time, 10 minutes pre-service positioning time, 7 minutes of pre-service scrub/dress/wait time, 90 minutes intra-service time, 20 minutes immediate post-service time, 0.5-99238 discharge visit, and 1-99213 and 1-99214 office visits for 254 minutes total time as supported by the survey. The RUC noted that the urologist performing the procedure typically provides the patient's follow-up care.

CPT code 55877 is a complex procedure to focally ablate a prostate tumor. The probes must be carefully positioned to avoid damage to surrounding structures including the bladder, rectum, urethra, external urethral sphincter, and neurovascular bundles. Throughout the ablation procedure, the physician is carefully monitoring the electroporation process to ensure appropriate tissue destruction takes place. Given that the procedure is being done for cancer treatment, confirming adequate ablation is imperative throughout the treatment.

To justify a work RVU of 13.50, the RUC compared CPT code 55877 to the top key reference service code 55880 *Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance* (work RVU = 17.73, 180 minutes intra-service time and 373 minutes total time) and noted that the intra-service time of the key reference service is twice as much as the surveyed code,

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justifying the higher work value for the reference service. The RUC also compared CPT code 55877 to the second key reference service code 50250 *Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed* (work RVU = 22.22, 145 minutes intra-service time and 541 minutes total time) and noted that the reference service has more intra-service and total time and is appropriately valued higher than 55877.

For additional support, the RUC noted a strong comparison for CPT code 47384 with MPC code 53440 *Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)* (work RVU = 13.36, 90 minutes intra-service time and 248 minutes total time) which is a urology code with identical intra-service time and similar total time.

The RUC concluded that CPT code 55877 should be valued based on a direct work RVU crosswalk to MPC code 15730, noting that both services involve an identical amount of intra-service time and nearly identical total time, and agreed the crosswalk value below the survey 25th percentile was appropriate. **The RUC recommends a work RVU of 13.50 for CPT code 55877.**

Practice Expense
For CPT code 47384, the Practice Expense Subcommittee reviewed the direct practice expense inputs and acknowledged that the pre-service clinical activity time for 000- and 010-day global codes is presumed to be zero. The Subcommittee agreed with the specialties' argument that the pre-service time of setting up the procedure is equivalent to a 090-day global code and the site of service would be in the facility setting only. The PE Subcommittee made no modifications to the standard inputs and agreed with the specialties' use of the pre-service time package for "Comprehensive Use of Clinical Staff" in the facility for a 000-day global code. For CPT code 55877, the PE Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

New Technology/New Services
CPT code 55877 will be placed on the New Technology list and will be re-reviewed by the RUC in three years. However, CPT code 47384, the procedure for irreversible electroporation of the liver, is not considered new technology.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Digestive System **Liver** **Other Procedures**				
47383		*Ablation, 1 or more liver tumor(s), percutaneous, cryoablation* *(For imaging guidance and monitoring, see 76940, 77013, 77022)*		

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●47384	R1	Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous (Do not report 47384 in conjunction with 76940, 77002, 77013, 77022) (For percutaneous irreversible electroporation of organ other than liver or prostate, use 0600T)	000	9.41
Prostate **Other Procedures** *55873 Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)*				
●55877	R2	Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous (Do not report 55877 in conjunction with 76940, 77002, 77013, 77022) (For percutaneous irreversible electroporation of organ other than liver or prostate, use 0600T)	090	13.50

Radiology
Diagnostic Ultrasound
Ultrasonic Guidance Procedures

76940 *Ultrasound guidance for, and monitoring of, parenchymal tissue ablation*

(Do not report 76940 in conjunction with 20982, 20983, 32994, 32998, 47384, 50250, 50542, 55877, 76942, 76998, 0582T, 0600T, 0601T)

(For ablation, see 47370-47382, 47383, 50592, 50593)

Radiologic Guidance
Computed Tomography Guidance

77013 *Computed tomography guidance for, and monitoring of, parenchymal tissue ablation*

(Do not report 77013 in conjunction with 20982, 20983, 32994, 32998, 47384, 55877, 0600T, 0601T)

Magnetic Resonance Imaging Guidance

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77022 *Magnetic resonance imaging guidance for, and monitoring of, parenchymal tissue ablation*

(Do not report 77022 in conjunction with 20982, 20983, 32994, 32998, 47384, 55877, 0071T, 0072T, 0600T, 0601T)

(For percutaneous ablation, see 47382, 47383, 50592, 50593)

(For focused ultrasound ablation treatment of uterine leiomyomata, see Category III codes 0071T, 0072T)

(To report stereotactic localization guidance for breast biopsy or for placement of breast localization device[s], see 19081, 19283)

(To report mammographic guidance for placement of breast localization device[s], use 19281)

Category III Codes

▲0600T Ablation, irreversible electroporation; 1 or more tumors per organ other than liver or prostate, including imaging guidance, when performed, percutaneous

Sunset January ~~2026~~ 2031

(For ablation, irreversible electroporation, liver, one or more tumors, including imaging guidance, percutaneous, use 47384)

(For ablation, irreversible electroporation, prostate, one or more tumors, including imaging guidance, percutaneous, use 55877)

(Do not report 0600T in conjunction with 76940, 77002, 77013, 77022)

0601T *1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open*

Sunset January 2026

(Do not report 0601T in conjunction with 76940, 77002)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:47384 Tracking Number R1 Original Specialty Recommended RVU: **10.00**
Presented Recommended RVU: **9.41**
Global Period: 000 Current Work RVU: RUC Recommended RVU: **9.41**

CPT Descriptor: Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old male presents with hepatic lesions confirmed by imaging as AJCC (American Joint Committee on Cancer) stage 2 that are near or adjacent to the main portal vein, hepatic artery, hepatic veins, common bile or cystic ducts, gall bladder, stomach or colon.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 97% , In the ASC 3%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 49% , Overnight stay-less than 24 hours 51% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 50%

Description of Pre-Service Work: Pre-service activities include obtaining and reviewing pertinent lab results and imaging studies with the patient along with answering questions regarding the expected outcomes, risks, benefits, and alternatives of the procedure with the patient. The patient is given an opportunity to ask questions and discuss concerns. Informed written consent is obtained after questions have been answered. On the day of the procedure, the operative approach and clinical plan is discussed with all members of the care team including nursing staff and imaging technologists. Equipment supplies and instruments are checked for safety and accuracy. The patient is prepped and draped in sterile fashion, additional care made to ensure the multiple tubes and cables are positioned appropriately to allow and account for the movement of the patient in and out of the CT scanner.

Description of Intra-Service Work: Scout images with skin markers are obtained, after which the plan for skin entry and angles of approach for the IRE probes is determined. The lesion is then localized and confirmed with imaging. Local anesthesia is administered at the planned probe entry sites and small incisions are made for IRE probe insertion. Using iterative imaging feedback, the IRE probes are placed around the lesion. Once positioning is confirmed, a pre-determined number of pulses are administered per electrode pair. Maximum and minimum voltages are recorded and after satisfactory necrosis, the probes are sequentially removed. Additional images are obtained throughout the ablation procedure as necessary for monitoring and review for any necessary repositioning of the ablation probes. When applicable, contrast enhanced scans are obtained to confirm adequate coverage of the lesion by the ablation zone. Hemoststsis at access site is achieved and dry dressing applied. The patient is then sent to the post-procedural care unit under continuous nurse monitoring.

Description of Post-Service Work: The physician discusses results and any complications with the family members of the patient and oversees recovery to baseline. The procedure is reviewed and dictated, and the report is finalized as part of the electronic medical record.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Minhajuddin Khaja, MD, Robert Kennedy, MD, Michael Booker, MD, Cindy Yuan, MD					
Specialty Society(ies):	SIR and ACR					
CPT Code:	47384					
Sample Size:	3849	**Resp N:**	36			
Description of Sample:	SIR random 1,949 and ACR random 1,500 and random IR subcategory 900					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**2.00**	4.00	20.00	
Survey RVW:	8.00	9.41	**11.26**	13.20	18.00	
Pre-Service Evaluation Time:			**50.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	45.00	75.00	**90.00**	120.00	180.00	
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	47384	**Recommended Physician Work RVU: 9.41**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
32994	000	9.03	**RUC Time**

CPT Descriptor Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
20982	000	7.02	**RUC Time**

CPT Descriptor Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36905	000	9.00	**RUC Time**	22,013

CPT Descriptor 1 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36906	000	10.42	**RUC Time**	8,498

CPT Descriptor 2 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 21 **% of respondents:** 58.3 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 11.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 47384	Top Key Reference CPT Code: 32994	2nd Key Reference CPT Code: **20982**
Median Pre-Service Time	70.00	48.00	38.00
Median Intra-Service Time	90.00	90.00	80.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**190.00**	**168.00**	**148.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	5%	14%	62%	19%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	29%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	19%	76%

Physical effort required	0%	38%	62%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	24%	62%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	25%	50%	25%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	50%	50%
Physical effort required	0%	50%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	0%	100%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

Based on data per SEER and the American Cancer Society, the annual prevalence of disease such as liver cancer, early stage, near critical structures for which IRE may be a treatment option is n=13,322. At September 2024 CPT Editorial Panel meeting a request by the vendor, AngioDynamics, to delete percutaneous irreversible electroporation ablation Category III code 0600T and establish Category I code 47384 for reporting percutaneous multiprobe irreversible electroporation ablation was presented.

CPT code (47384) was approved. A request was made to the Research Subcommittee by the societies, SIR and ACR, to approve the surgical global period of 090 days approved at the recent CPT meeting be adjusted to 000 day global, this was approved.

CPT 47384 represents the Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous. The procedure for irreversible electroporation, liver is not considered new technology and site of service would be in the facility setting only.

Methodology

A multi-disciplinary survey conducted by ACR and SIR was distributed to randomly selected members of the representative societies. The results within the summary file and within this SOR reflect the outcomes of the total survey responses (36).

Work RVU Recommendation for 47384

We are recommending a value of 9.41 work RVUs, which represents the 25th percentile of the survey responses.

Pre- and Post-Service Time Packages

The specialties have selected pre-package 4 (Facility, Difficult Patient/Difficult Procedure) with a pre-service evaluation of 40 minutes, pre-service positioning time of 3 minutes, and pre-service scrub, dress, wait time of 20 minutes. We also selected a post-service package 9B (General Anes or Complex Regional Blk/Cmplx Proc) with a time of 33 minutes.

The specialties recommend the following times

1. Evaluation: We recommend a pre-service evaluation time of 40 minutes, which is 10 minutes less than median survey time, but matches the package time. We believe as a difficult patient, typically the patient has cirrhosis, portal hypertension, is not a surgical candidate and may have thrombocytopenia and coagulopathies, 40 minutes is appropriate to complete this work.

2. Positioning: We recommend the median survey time of 15 minutes, which is 12 minutes more than the package time. We believe this is warranted due to set up of monitoring devices, lines, tubes, anesthesia equipment within a CT room and ensuring that all devices attached to the patient are able to clear and slide in and out of the CT gantry in order to maintain sterility and procedural success.

3. Scrub, dress, and wait: We recommend the median survey time of 15 minutes, which is 5 minutes less than the package time and supported by the survey data.

4. Post: We recommend a median survey time of 30 minutes, which is 3 minutes less than the post package time.

Comparison with Key Reference Services

We are recommending a value of 9.41 work RVUs, which represents the 25th percentile of the survey responses. This results in 47384 matching KRS 1 in IWPUT. As a difficult patient/difficult procedure, we believe this is appropriately supported.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	POST
47384	Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous	9.41	0.082	190	40	15	15	90	30
KRS 1 32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging guidance when performed, unilateral; cryoablation	9.03	0.082	168	33	10	5	90	30
KRS 2 20982	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, including imaging guidance when performed; radiofrequency	7.02	0.070	148	13	15	10	80	30

Comparison to MPC codes

The surveyed code compares well and is bracketed by 2 MPC codes, 36905 and 36906 with the recommended work RVUs of 9.41. We are recommending a value of 9.41 work RVUs, which represents the 25th percentile of the survey responses.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	POST
MPC 36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty	9.00	0.1057	126	22	4	5	75	20
47384	Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous	9.41	0.082	190	40	15	15	90	30
MPC 36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter	10.42	0.1039	141	22	4	5	90	20

	placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis circuit								

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0600T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiology How often? Commonly

Specialty Interventional Radiology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Current billing is Category III code 0600T, 2022 data supports a volume of 60, but there is no indication of diagnosis. Code 0600T is used to report IRE for multiple anatomical areas and the sales data from the vendor included in the CPT CCA does not differentiate between diagnoses for which the probes may have been purcahsed. Vendor data suggests this is widely performed in 30 states, with active services in 41 states. Additonal data post pandemic indicates sales data of 1,750, 1400 in last 2 years and 800 in last 3 years. Based on ultilzation data of 60 cases in 2022 and accounting for prostate IRE which is the other code represented by AUA in this tab, we believe our estimate is fair for code 47384.

Specialty Radiology Frequency 100 Percentage 25.00 %

Specialty Interventional Radiology Frequency 300 Percentage 75.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 300
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current billing is Category III code 0600T, 2022 data supports a volume of 60, but there is no indication of diagnosis. Code 0600T is used to report IRE for multiple anatomical areas and the sales data from the vendor included in the CPT CCA does not differentiate between diagnoses for which the probes may have been purcahsed. Vendor data suggests this is widely performed in 30 states, with active services in 41 states. Additonal data post pandemic indicates sales data of 1,750, 1400 in last 2 years and 800 in last 3 years. Based on ultilzation data of 60 cases in 2022 and accounting for prostate IRE which is the other code represented by AUA in this tab, we believe our estimate is fair for code 47384.

Specialty Radiology Frequency 75 Percentage 25.00 %

Specialty Interventional Radiology Frequency 225 Percentage 75.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 38200

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:55877 Tracking Number R2 Original Specialty Recommended RVU: **15.00**
Presented Recommended RVU: **13.50**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **13.50**

CPT Descriptor: Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 58-year-old male presents with intermediate/gleason 7 or radiorecurrent disease with lesions confirmed by biopsy or imaging, that are near or adjacent to the urethra, the neurovascular bundle, external urinary sphincter or rectum.

Percentage of Survey Respondents who found Vignette to be Typical: 81%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 60% , In the ASC 39.39%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 80% , Overnight stay-less than 24 hours 20% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review results of preadmission testing including laboratory tests and imaging. Review and update H&P. Write orders for preoperative medications including antibiotics and prophylactic deep vein thrombosis (DVT) medication. Meet with anesthesiologist, radiology technician, and other qualified health care professionals to review planned procedure. Meet with patient and family to review procedure and postoperative management. Review and complete informed consent with patient. Verify all required equipment, instruments and supplies are available. Wait for the anesthesiologist to complete the induction of general anesthesia. Position the patient in dorsal lithotomy. Position the MRI fusion adapter over the patient. Prepare genitalia in standard fashion. Scrub and gown. Perform time-out with operating surgical team.

Description of Intra-Service Work: A foley catheter is inserted. An ultrasound probe is placed per rectum and complete transrectal ultrasound is performed in the sagittal and transverse planes to ensure that treatment would be technically feasible (eg, the anterior gland is accessible and there is no acoustic shadowing). Ultrasound sweep is performed to obtain images suitable for fusion with MRI fusion software. The target lesion is identified on ultrasound using MRI fusion. Under ultrasound gudiance, five irreversible electroporation (IRE) probes are placed to bracket intended ablation area. Probes are placed parallel to each other at least 1cm apart, with attention to urethra, the neurovascular bundle, urinary sphincter and rectum. Following proble placement, ultrasound imaging is again utilized to verify appropriate probe placement and verifying the safety of the urethra, sphincter, neurovascular bundles, and rectum. Electroporation is then initiated with energy cycling between the probe pairs until 90 pulses per probe pair are achieved. During the ablation, the physician monitors the resistance changes between probesand real time imaging of the ablation zone to confirm appropriate tissue destruction. Following completion of 90 pulses per probe pair the probes are removed. Surgical site dressings are placed.

Description of Post-Service Work: Remove surgical drapes and return the patient to the supine position. Wait for the anesthesiologist to awaken the patient. Transfer the patient from the OR table to a stretcher. Review the procedure and expected care with recovery room nursing staff. Discuss the procedure with the patient in the recovery room when awake. Conduct a postoperative pain assessment and ensure proper drainage of the catheter. Prepare postoperative orders and brief operative notes. Prior to discharge, examine the patient. Conduct postoperative pain assessment and irrigate the catheter by

hand to remove any accumulated blood clots. Review patient medical record notes, such as nursing, pharmacy, and discharge planning. Answer patient and family questions. Give a postoperative handout to both the patient and care provider that includes catheter care, precautions related to bowel movements, and side-effect management. Dictate an operative report and record the procedure in the patient record. Send a note to the referring physician regarding the outcome of the procedure.

During the initial post-operative office visit, examine the patient. Check vital signs and inspect the perineal incisions. Remove the urinary catheter. Review usage of pain medications, including discontinuance of any narcotic analgesic medications and focus discussion on utilization of non-narcotic analgesic medications as additional options for any persistent discomfort. Discuss expectations for the return of bladder control following the removal of the catheter and proper performance of Kegel exercises. Discuss penile rehabilitation therapy, including timing, options of oral therapies, injections, and vacuum pump, and write prescriptions for chosen medications, inclusive of phosphodiesterase 5 (PDE5) inhibitors. Answer questions from the patient and/or family. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form. Dictate patient progress notes for the office medical record and a letter to the referring physician.

At the second post-operative office visit, review bladder control and continence. Review bladder control exercises and additional therapies. Review erectile function and determine if additional alterations should be made to the previously prescribed therapies; consider changing PDE5 inhibitor prescription medication and/or dosage. Discuss utility of obtaining PSA blood tests in monitoring the prostate cancer disease state. Schedule the next office visit. Mark the appropriate diagnosis and CPT code on the encounter form. Dictate patient progress notes for the office medical record and a letter to the referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Dr. Seth Cohen, Dr. Jonathan Kiechle					
Specialty Society(ies):	AUA					
CPT Code:	55877					
Sample Size:	3399	**Resp N:**	33			
Description of Sample:	AUA surveyed 3300 of it's memebership and 99 experts from the vendor approved list.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	3.00	**6.00**	12.00	100.00
Survey RVW:	12.50	18.00	**19.00**	20.00	30.00
Pre-Service Evaluation Time:			**45.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**7.00**		
Intra-Service Time:	20.00	60.00	**90.00**	90.00	208.00

Immediate Post Service-Time:	**20.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	55877	**Recommended Physician Work RVU: 13.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**45.00**	**33.00**	**12.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**7.00**	**15.00**	**-8.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9A General Anes or Complex Reg Blk/Strghtforw Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**20.00**	**30.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	63.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
55880	090	17.73	**RUC Time**

CPT Descriptor Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
50250	090	22.22	**RUC Time**

CPT Descriptor Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22633	090	26.80	**RUC Time**	34,486

CPT Descriptor 1 Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar;

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
		0.00		

CPT Descriptor 2

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 22 **% of respondents:** 66.6 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 21.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 55877	Top Key Reference CPT Code: 55880	2nd Key Reference CPT Code: **50250**
Median Pre-Service Time	62.00	58.00	55.50
Median Intra-Service Time	90.00	180.00	145.00
Median Immediate Post-service Time	20.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	19.00	233.00
Median Discharge Day Management Time	19.0	0.00	0.00
Median Office Visit Time	63.0	86.00	78.00
Median Total Time	**254.00**	**373.00**	**541.50**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	41%	55%	4%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	67%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	5%	18%	77%
Physical effort required	5%	36%	59%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	500%	55%	40%

- Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	29%	14%	57%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	43%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	29%	71%
Physical effort required	29%	43%	28%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	43%	57%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
Irreversible electroporation is a novel technology utilizing pulsatile electrical current to ablate tissue. The technology has been used in the treatment of prostate cancer for patients who are candidates for focal therapy. The service was previously reported with the category III CPT code 0600T. A code change application was accepted to create a new category I CPT code for irreversible electroporation of the prostate, 55877. 55877 was surveyed as a 90 day global code, consistent with how this service is provided by urologists.

Recommendation:
We recommend a crosswalk to 15730 with an RVW of 13.50 below the survey 25th percentile recommendation of 18.00. We had a strong survey with 33 respondents. Median survey experience was 6, with a maximum procedure number of 100. The most common KRS selected was 55880.

Median intraservice time from the survey was 90 minutes, a total time of 254 minutes. The 90 day global period includes one half discharge day 99238, one level four office visit, and one level three office visit.

A RUC database search (RUC review yes, RUC review >/= to 2014, Global=90, Intaservice time =90, Total time between 230 and 260) is included below.

CPT	DESC	GLOBAL	WORK RVU	TIME SOURCE	PRE TIME	INTRA TIME	POST TIME	TOTAL TIME	IWPUT	RUC DATE	MPC	UTILIZATION
58571	TLH W/T/O 250 G OR LESS	090	15.00	RUC	56	90	95	241	0.1190	2014-04		22,155
37218	STENT PLACEMT ANTE CAROTID	090	14.75	RUC	33	90	132	255	0.1053	2014-04		170
15730	MDFC FLAP W/PRSRV VASC PEDCL	090	13.50	RUC	58	90	107.5	255.5	0.0997	2017-01	Yes	1,593
58570	TLH UTERUS 250 G OR LESS	090	13.36	RUC	56	90	95	241	0.1008	2014-04		403
57260	CMBN ANT PST COLPRHY	090	13.25	RUC	56	90	95	241	0.0995	2017-01		8,276
50080	PERQ NL/PL LITHOTRP SMPL<2CM	090	12.41	RUC	49	90	105	244	0.0887	2022-01		2,029
57283	COLPOPEXY INTRAPERITONEAL	090	11.66	RUC	51	90	90	231	0.0836	2020-01		4,959
33270	INS/REP SUBQ DEFIBRILLATOR	090	9.10	RUC	39	90	103	232	0.0551	2014-04		865

55877 is a complex procedure to focally ablate a prostate tumor. The probes must be carefully positioned to avoid damage to surrounding structures including the bladder, rectum, urethra, external urethral sphincter, and neurovascular bundles. Throughout the ablation procedure the physician is carefully monitoring the electroporation process to ensure appropriate tissue destruction takes place. Given that the procedure is being done for cancer treatment, confirming adequate ablation is imperative throughout the treatment. Given our strong survey results with a recommended 25th percentile RVW of 18.00 we feel a crosswalk to 58571 with an RVW of 15.00, the same intraservice time and a total time 13 minutes less than the proposed code is well supported by both the fee schedule and our survey results.

Pre-time package 3 and Post-time package 9A are selected with times adjusted based on survey results. Pre-service evaluation time is increased based on survey results. During the pre-service time, the physician evaluates the previously obtained MRI to confirm the location of the tumor and suitability for treatment with irreversible electroporation. PSA values are reviewed. Previously obtained biopsy results are reviewed to confirm that no prostate cancer has been identified on prior biopsy outside of the area planned for focal therapy. Urine culture results are reviewed to confirm the appropriateness of proceeding with the procedure. Positioning time is increased to match survey results. The patient is positioned in dorsal lithotomy and following dorsal lithotomy positioning the MRI adapter must be appropriately position over the patient's perineum prior to prepping the patient. Scrub, dress, wait and post-service time are decreased based on survey results.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0600T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on claims for 55880.

Specialty Urology Frequency 1000 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate based on claims for 55880.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 55880

SS Rec Summary

ISSUE: Irreversible Electroporation of Tumors (4001X, 5XX11)

TAB: 8

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	32994	Ablation therapy for reduction or eradication of 1 or more	000	2017	21	0.082	0.054			9.03			168	33	10	5			90			30																
2nd REF	20982	Ablation therapy for reduction or eradication of 1 or more bone	000	2014	4	0.070	0.047			7.02			148	13	15	10			80			30																
CURRENT	0600T	Ablation, irreversible electroporation; 1 or more	YYY			-	-						0																									
SVY	47384	**Ablation, irreversible electroporation, liver, 1 or more**	000		36	0.100	0.056	8.00	9.41	11.26	13.20	18.00	200	50	15	15	45	75	90	120	180	30													0	0	2	4	20
w/Experience	47384	Ablation, irreversible electroporation, liver, 1 or more	000		24	0.105	0.057	8.00	10.00	11.87	13.19	18.00	208	58	15	15	60	74	90	120	180	30													1	2	3	5	20
w/o Experience	47384	Ablation, irreversible electroporation, liver, 1 or more	000		12	0.084	0.050	8.00	8.75	9.58	13.29	15.25	190	33	16	18	45	79	90	120	240	33													0	0	0	0	0
REC	47384	**Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous**	000			0.082	0.050			9.41			190	40	15	15			90			30																

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	55880	Ablation of malignant prostate tissue, transrectal, with high	090	2019	22	0.066	0.048			17.73			373	33	15	10			180			30						0.5			1	2							
2nd REF	50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical,	090	2019	7	0.064	0.041			22.22			542	17.5	20	18			145			30			1	2	3	1.0				2	2						
CURRENT						-	-						0																									
SVY	55877	**Ablation, irreversible electroporation, prostate, 1 or**	090		33	0.164	0.081	12.50	18.00	19.00	20.00	30.00	235	45	10	7	20	60	90	90	208	20									1	1			0	3	6	12	100
RANDOM	55877	Ablation, irreversible electroporation, prostate, 1 or more	090		21	0.169	0.084	12.50	18.00	19.00	20.00	26.50	225	50	12	7	20	60	90	105	208	20									2				0	2	6	20	100
TARGET	55877	Ablation, irreversible electroporation, prostate, 1 or more	090		12	0.168	0.077	17.80	18.00	18.75	22.64	30.00	245	43	10	9	45	60	83	90	120	18						0.5			1	1			1	3	7	10	12
XWALK	15730	**Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)**	090			0.100	0.053			13.50			256	40	3	15			90			17.5						0.5				1	3						
REC	55877	**Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous**	090			0.096	0.053			13.50			254	45	10	7			90			20						0.5			1	1						

FACILITY DIRECT PE INPUTS **CPT CODE(S):_47384__**
SPECIALTY SOCIETY(IES):_SIR, ACR__
PRESENTER(S): Minhajuddin Khaja, MD, Robert Kennedy, MD, Andrew Moriarity, MD, Cindy Yuan, MD.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 1/2025

CPT Code	Long Descriptor	Global Period
47384	Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance, percutaneous	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
47384	A 58-year-old male presents with hepatic lesions confirmed by imaging as AJCC (American Joint Committee on Cancer) stage 2 that are near or adjacent to the main portal vein, hepatic artery, hepatic veins, common bile or cystic ducts, gall bladder, stomach or colon.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   ACR and SIR convened a panel of experts familiar with these services to evaluate the direct practice expense inputs for the new code for liver irreversible electroporation (IRE).

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   The existing code 0600T is Category 3 and does not have any assigned value. The societies selected 000-day global code 33361, which has a similar clinical activity for the pre-service period and mirrors the same work as part of the other code in Tab 08, 55877 presented by AUA, which is also recommending the same pre-service clinical times.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   No
   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   N/A
   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure).

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No, new CPT codes

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

- Complete pre-service diagnostic and referral forms (5) - During this time the RN/LPN/MTA is collecting and coordinating the request from the referring physician and ensuring all appropriate preoperative imaging has been performed.
- Coordinate pre-surgery services (including test results) (20) - During this portion the RN/LPN/MTA is coordinating the multiple specialists who are involved in the procedure, arranging any additional testing necessary prior to the procedure and the necessary preoperative medical clearance and ensuring all of the necessary results and tests have been completed prior to the procedure.
- Schedule space and equipment in facility (8) – RN/LPN/MTA will ensure the surgical suite is available, including the specialized room and equipment and schedule the necessary time for the ablation procedure
- Provide pre-service education/obtain consent (20) – RN/LPN/MTA will review with the patient and their family education about the procedure, the necessary care and limitations post ablation procedure, and obtaining any consent not yet completed. This time is also used for any question the patient or family has.
- Complete pre-procedure phone calls and prescription (7) - RN/LPN/MTA coordinate with the patient regarding any information related to scheduling of procedure along with reminder of the prep for the procedure. Prescribe preoperative lab work if any is missing.

   b. Service period (includes pre, intra and post):

N/A

   c. Post-service period:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):
   N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:
    N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?
    No

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
    N/A

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
    N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:
    N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

N/A

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

CPT 47384 is one code assigned to this tab. The other for prostate, 55877, was surveyed and recommendations compiled by AUA. These 2 codes are part of Tab 08, but each was prepared independently and presented independently for the meeting.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

FACILITY DIRECT PE INPUTS **CPT CODE(S): 55877**

SPECIALTY SOCIETY(IES): American Urological Association

PRESENTER(S): Dr. Seth Cohen, Dr. Jonathan Kiechle

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
55877	Ablation, irreversible electroporation, prostate, 1 or more tumors, including imaging guidance, percutaneous	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
55877	A 58-year-old male presents with intermediate/gleason 7 or radiorecurrent disease with lesions confirmed by biopsy or imaging, that are near or adjacent to the urethra, the neurovascular bundle, external urinary sphincter or rectum.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The expert panel considered current inputs for prostate cancer procedures and discussed the new code 55877 to determine appropriate PE inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   55880

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   No

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   No

   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Activity	Clinical Staff Work
Complete pre-service diagnostic and referral forms	Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of imaging/lab results, patient specific information and other relevant patient information for a surgical procedure including conducting requisite pre-surgery assessment with anesthesiologist. Enter and record all clinical updates in EHR.
Schedule space and equipment in facility	Staff interacts with facility to schedule space, supplies, equipment, and review checklists.
Provide pre-service education/obtain consent	Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions.
Complete pre-procedure phone calls and prescription	Staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status and answers final pre-admission questions.

   b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to patient/family questions about home activity restrictions. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon's office medical record, including medication list, correspondence and imaging or lab results pending at discharge

   c. Post-service period:

The clinical staff work includes the standard activities involved in any E/M visit including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, cleaning of the room, and home instruction.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

SA048	pack, minimum multi-specialty visit	5.02	pack

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

SA048	pack, minimum multi-specialty visit
	paper, exam table
	gloves, non-sterile
	gown, patient
	pillow case
	cover, thermometer probe

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

EQ168	light, exam	1232.887	Office Visits
EF031	table, power	5906.76	Office Visits

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

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The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2						**33361**		**0600T**		**47384**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: 1/2025 Revision Date (if applicable): Tab: 08 IRE CPT 4001X Specialty: SIR, ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral		Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging		Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance,	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**YYY**	**YYY**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 32.40**	**$ -**	**$ -**	**$ -**	**$ 32.40**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54		**60.0**	**0.0**	**0.0**		**60.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54		**60.0**	**0.0**	**0.0**		**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54		**0.0**	**0.0**	**0.0**		**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54		**0.0**	**0.0**	**0.0**		**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 32.40**	**$ -**	**$ -**	**$ -**	**$ 32.40**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5				5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20				20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8				8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20				20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7				7
20	CA006	Confirm availability of prior images/studies									
21	CA007	Review patient clinical extant information and questionnaire									
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)									
23											
24											
25											
26		*Other activity: please include short clinical description here and type*									
27		*Other activity: please include short clinical description here and type*									
28		*Other activity: please include short clinical description here and type*									
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are									
34	CA010	Obtain vital signs									
35	CA011	Provide education/obtain consent									
36	CA012	Review requisition, assess for special needs									
37	CA013	Prepare room, equipment and supplies									
38	CA014	Confirm order, protocol exam									
39	CA015	Setup scope (nonfacility setting only)									
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient									
41	CA017	Sedate/apply anesthesia									
42											
43											
44											
45		*Other activity: please include short clinical description here and type*									
46		*Other activity: please include short clinical description here and type*									
47		*Other activity: please include short clinical description here and type*									
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly									
50	CA019	Assist physician or other qualified healthcare professional---directly									
51	CA020	Assist physician or other qualified healthcare professional---directly									
52	CA021	Perform procedure/service---NOT directly related to physician work time									
53											
54											
55											
56		*Other activity: please include short clinical description here and type*									
57		*Other activity: please include short clinical description here and type*									
58		*Other activity: please include short clinical description here and type*									
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4									
61	CA023	Monitor patient following procedure/service, no multitasking									
62	CA024	Clean room/equipment by clinical staff									
63	CA025	Clean scope									
64	CA026	Clean surgical instrument package									
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions									
66	CA028	Review/read post-procedure x-ray, lab and pathology reports									
67	CA029	Check dressings, catheters, wounds									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2						**33361**		**0600T**		**47384**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: 1/2025** **Revision Date (if applicable):** **Tab: 08 IRE CPT 4001X** **Specialty: SIR, ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral		Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging		Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance,	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**YYY**	**YYY**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 32.40**	**$ -**	**$ -**	**$ -**	**$ 32.40**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54		**60.0**	**0.0**	**0.0**		**60.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54		**60.0**	**0.0**	**0.0**		**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54		**0.0**	**0.0**	**0.0**		**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54		**0.0**	**0.0**	**0.0**		**0.0**
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,									
69	CA031	Review examination with interpreting MD/DO									
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to									
71	CA033	Perform regulatory mandated quality assurance activity (service period)									
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry									
73	CA035	Review home care instructions, coordinate visits/prescriptions									
74	CA036	Discharge day management				**n/a**		**n/a**		**n/a**	
75											
76											
77											
78		*Other activity: please include short clinical description here and type*									
79		*Other activity: please include short clinical description here and type*									
80		*Other activity: please include short clinical description here and type*									
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications									
85	CA038	Coordinate post-procedure services									
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								
88		99212 27 minutes	27								
89		99213 36 minutes	36								
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.54						
94			L037D	RN/LPN/MTA	0.54						
95			L037D	RN/LPN/MTA	0.54						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2						**33361**		**0600T**		**47384**	
3		***RUC Collaboration Website***				Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral		Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging		Ablation, irreversible electroporation, liver, 1 or more tumors, including imaging guidance,	
4	**Clinical Activity Code**	**Meeting Date: 1/2025 Revision Date (if applicable): Tab: 08 IRE CPT 4001X Specialty: SIR, ACR**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**YYY**	**YYY**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 32.40**	**$ -**	**$ -**	**$ -**	**$ 32.40**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54		**60.0**	**0.0**	**0.0**		**60.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54		**60.0**	**0.0**	**0.0**		**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54		**0.0**	**0.0**	**0.0**		**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54		**0.0**	**0.0**	**0.0**		**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
102											
103											
104											
105											
106											
107											
108											
109											
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
112											
113											
114											
115		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									
116											

	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**55880**		**55877**	
3		***RUC Collaboration Website***							
4	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable):** **Tab: 08 IRE CPT 5XX11** **Specialty: AUA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Ablation of malignant prostate tissue, transrectal, with high intensity-focused		Ablation, irreversible electroporation, prostate, 1 or more tumors, including	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$121.50**	**$ -**	**$ 96.36**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**191.0**	**0.0**	**155.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**125.0**	**0.0**	**89.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 103.14**	**$ -**	**$ 83.70**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5		5
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20		20
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8		8
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20		20
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7		7
20	CA006	Confirm availability of prior images/studies							
21	CA007	Review patient clinical extant information and questionnaire							
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)							
23									
24									
25									
26		*Other activity: please include short clinical description here and type*							
27		*Other activity: please include short clinical description here and type*							
28		*Other activity: please include short clinical description here and type*							
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are							
34	CA010	Obtain vital signs							
35	CA011	Provide education/obtain consent							
36	CA012	Review requisition, assess for special needs							
37	CA013	Prepare room, equipment and supplies							
38	CA014	Confirm order, protocol exam							
39	CA015	Setup scope (nonfacility setting only)							
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
41	CA017	Sedate/apply anesthesia							
42									
43									
44									
45		*Other activity: please include short clinical description here and type*							
46		*Other activity: please include short clinical description here and type*							
47		*Other activity: please include short clinical description here and type*							
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly							
50	CA019	Assist physician or other qualified healthcare professional---directly							
51	CA020	Assist physician or other qualified healthcare professional---directly							
52	CA021	Perform procedure/service---NOT directly related to physician work time							
53									
54									
55									
56		*Other activity: please include short clinical description here and type*							
57		*Other activity: please include short clinical description here and type*							
58		*Other activity: please include short clinical description here and type*							
59		**Post-Service (of service period)**							
60	CA022	Monitor patient following procedure/service, multitasking 1:4							
61	CA023	Monitor patient following procedure/service, no multitasking							
62	CA024	Clean room/equipment by clinical staff							
63	CA025	Clean scope							
64	CA026	Clean surgical instrument package							
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions							
66	CA028	Review/read post-procedure x-ray, lab and pathology reports							
67	CA029	Check dressings, catheters, wounds							
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,							
69	CA031	Review examination with interpreting MD/DO							
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
71	CA033	Perform regulatory mandated quality assurance activity (service period)							
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry							
73	CA035	Review home care instructions, coordinate visits/prescriptions							
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**	**6**	**n/a**	**6**
75									
76									
77									
78		*Other activity: please include short clinical description here and type*							
79		*Other activity: please include short clinical description here and type*							
80		*Other activity: please include short clinical description here and type*							
81		**End: Patient leaves office/facility**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037	Conduct patient communications							
85	CA038	Coordinate post-procedure services							
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16						
88		99212 27 minutes	27						
89		99213 36 minutes	36						1
90		99214 53 minutes	53						1
91		99215 63 minutes	63						
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**125.0**	**0.0**	**89.0**
93									

	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**55880**		**55877**	
3		***RUC Collaboration Website***							
4	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable):** **Tab: 08 IRE CPT 5XX11** **Specialty: AUA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Ablation of malignant prostate tissue, transrectal, with high intensity-focused		Ablation, irreversible electroporation, prostate, 1 or more tumors, including	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$121.50**	**$ -**	**$ 96.36**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**191.0**	**0.0**	**155.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**125.0**	**0.0**	**89.0**
94									
95									
96		*Other activity: please include short clinical description here and type*							
97		*Other activity: please include short clinical description here and type*							
98		*Other activity: please include short clinical description here and type*							
99		**End: with last office visit before end of global period**							

	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**55880**		**55877**	
3		***RUC Collaboration Website***							
4	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable):** **Tab: 08 IRE CPT 5XX11** **Specialty: AUA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Ablation of malignant prostate tissue, transrectal, with high intensity-focused		Ablation, irreversible electroporation, prostate, 1 or more tumors, including	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$121.50**	**$ -**	**$ 96.36**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**191.0**	**0.0**	**155.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**125.0**	**0.0**	**89.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 15.99**	**$ -**	**$ 10.97**
102	SA048	pack, minimum multi-specialty visit	5.02	pack			3		2
103		paper, exam table		7					
104		gloves, non-sterile		2					
105		gown, patient		1					
106		pillow case		1					
107		cover, thermometer probe		1					
108	SC051	syringe 10-12ml	0.21	item			1		1
109	SK054	pad, urinary incontinence (Depends)	0.509	item			1		1
110	SM021	sanitizing cloth-wipe (patient)	0.07	item			3		3
111									
112									
113									
114									
115	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
116		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 2.37**	**$ -**	**$ 1.69**
117	EQ168	light, exam	1232.887	Office Visits	0.003271745		125		89.0
118	EF031	table, power	5906.76	Office Visits	0.015674926		125		89.0
119									
120									
121									
122									
123		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
124									

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2025

Cystourethroscopy – Tab 9

In September 2019, the CPT Editorial Panel created a new Category III code, 0619T, for reporting placement of a medication-coated balloon to deliver medication to the prostate following the completion of an anterior commissurotomy. In September 2024, a CPT code change application (CCA) was submitted to the CPT Editorial Panel to delete Category III code 0619T and create a new Category I code, CPT code 52443, to describe this procedure. CPT code 52443 was surveyed for the January 2025 RUC Meeting.

52443 ***Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a nondrug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, including transrectal ultrasound and fluoroscopy, when performed***

The RUC reviewed survey results from 47 urologists and recommends the survey 25th percentile work RVU of 3.62, which appropriately accounts for the physician work typically required to perform this service. The RUC recommends 30 minutes pre-service evaluation time, 8 minutes pre-service positioning time, 9 minutes scrub/dress/wait time, 30 minutes intra-service time and 15 minutes immediate post-service time, which equals 92 minutes of total time. The specialty society selected pre-service package time *3-FAC Straightforward Patient/Difficult Procedure* and post-service time package *8A IV Sedation/Simple Procedure*, which were modified to reflect pre-service and post-service time more accurately.

This cystourethroscopy code describes an endoscopic procedure for the management of benign prostatic enlargement that entails using both a non-medication-coated and a medication-coated balloon to open the prostatic urethra. The physician begins by performing a transrectal ultrasound to evaluate and measure the prostate and determine the appropriately sized drug-coated balloon for prostatic treatment. Following measurements, the cystoscope is introduced, and the initial non-medication coated balloon is introduced and appropriately placed under both direct cystoscopic and fluoroscopic visualization to confirm proper placement. . The initial balloon is then inflated to create an anterior commissurotomy to split the anterior prostate, separate the lateral lobes, and allow for drug delivery with the secondary balloon in this area that is split apart. The initial dilation balloon is removed, and the drug-coated double-lobed balloon of appropriate length is then placed again under both cystoscopic and fluoroscopic guidance. The initial dilation typically leads to significant bleeding, making appropriate placement of the medication-coated balloon challenging.

Avoiding damage to the external urethral sphincter and trigone of the bladder is important. Improper placement can cause urinary incontinence and urethral damage, necessitating prolonged catheter drainage leading to significant procedural intensity. The medication-coated balloon is left in place within the prostatic channel for one minute to allow hydration of the drug coating and is then inflated for at least five minutes to allow the drug to penetrate the interstitium of the prostate. After the drug delivery is complete, the cystoscope and catheter are withdrawn, and a catheter is placed into the bladder as the catheter balloon is filled. Overall, this procedure is relatively more intense than many other balloon dilation procedures.

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To support the recommended work RVU of 3.62, the RUC compared the surveyed code to top key reference code 52334 *Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde* (work RVU = 3.37, 30 minutes intra-service time, 75 minutes total time) and second key reference code 37248 *Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein* (work RVU = 6.00, 60 minutes intra-service time, 119 minutes total time). The RUC recognizes that the two key reference services bracket the survey 25th percentile work RVU and total time. The surveyed code has identical intra-service time compared to code 52334 and the physician work required has nearly identical intensity and complexity when compared to both key reference services.

For additional support, the RUC referenced CPT code 58558 *Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C* (work RVU = 4.17, 60 minutes intra-service time, 106 minutes total time), based on identical intra-service time. Moreover, CPT code 58558 has greater total time and slightly higher intensity than CPT code 52443, thus making it appropriate that it also has a higher work RVU. The RUC also referenced CPT code 52214 *Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands* (work RVU = 3.50, 30 minutes intra-service time, 79 minutes total time), which requires identical intra-service time and slightly less total time, which is appropriate considering the surveyed code has a slightly higher work RVU. **The RUC recommends a work RVU of 3.62 for CPT code 52443.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs for CPT code 52443 and made a single modification to remove EL018 *room, mobile c-ARM* and include only ER031 *fluoroscopic system, mobile C-Arm*, not both equipment items. The portable c-ARM fluoroscopy system utilizes low-dose radiation and requires the operator to be shielded but not a shielded room, while the shielded room has a high-energy C-Arm fluoroscopy system that requires the entire room to be shielded. The specialty society agreed that a urology practice would be using the low-dose portable C-Arm fluoroscopy system, not the C-Arm fluoroscopy room, and agreed that EL018 should be removed. The PE Subcommittee also acknowledged that the pre-service clinical staff time for 000- and 10-day global codes is presumed to be zero and agreed with the specialty's use of the pre-service time package for "Use of Clinical Staff for Endoscopy".

The PE Subcommittee acknowledged the new high-cost supply input, *Optilume BPH Prostatic Dilation Kit*, as recommended for CPT code 52443. The RUC continues to call on CMS to separately identify and pay for high-cost disposable supplies using appropriate HCPCS codes. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

New Technology
CPT code 52443 will be placed on the New Technology list to be reviewed by the RUC in three years.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Urinary System** **Bladder** **Endoscopy Cystoscopy, Urethroscopy, Cystourethroscopy**				
52000		*Cystourethroscopy (separate procedure)* (Do not report 52000 in conjunction with 52001, 52320, 52325, 52327, 52330, 52332, 52334, 52341, 52342, 52343, 52356, 57240, 57260, 57265, XX41T, 52443) *(Do not report 52000 in conjunction with 57240, 57260, 57265)*		
Transurethral Surgery **Urethra and Bladder**				
52284		*Cystourethroscopy, with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, including fluoroscopy, when performed* (Do not report 52284 in conjunction with 51610, 52000, 52281, 52283, 52443, 74450, 76000) (For cystourethroscopy with initial transurethral anterior prostate commissurotomy with a nondrug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, use 52443)		
Vesical Neck and Prostate				
52441		*Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant*		
✚*52442*		*each additional permanent adjustable transprostatic implant (List separately in addition to code for primary procedure)* *(Use 52442 in conjunction with 52441)* *(To report removal of implant[s], use 52310)* *(For insertion of a permanent urethral stent, use 52282. For insertion of a temporary prostatic urethral stent, use 53855. For insertion of prostatic urethral scaffold, use XX45T)*		

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●52443	S1	Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a nondrug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, including transrectal ultrasound and fluoroscopy, when performed (Do not report 52443 in conjunction with 52000, 52282, 52284, 52441, 52442, 52450, 52500, 52601, 52630, 52640, 52648, 52649, 53850, 53852, 53854, 53855, 76872, 76000) (For cystourethroscopy with mechanical urethral dilation and urethral therapeutic drug delivery by drug-coated balloon catheter for urethral stricture or stenosis, male, use 52284)	000	3.62

Radiology
Diagnostic Ultrasound
Genitalia

76872 *Ultrasound, transrectal*

(Do not report 76872 in conjunction with 45341, 45342, 45391, 45392, 46948, 55707, 55708, 55709, 55710, 55711, 55712, 52597, 52443, 55705, 55706, ~~0421T, 0619T~~)

76873 *prostate volume study for brachytherapy treatment planning (separate procedure)*

Category III Codes

~~0619T~~ ~~Cystourethroscopy with transurethral anterior prostate commissurotomy and drug delivery, including transrectal ultrasound and fluoroscopy, when performed~~

~~(Do not report 0619T in conjunction with 52000, 52441, 52442, 52450, 52500, 52601, 52630, 52640, 52647, 52648, 52649, 53850, 53852, 53854, 76872)~~

(0619T has been deleted)

(For cystourethroscopy with initial transurethral anterior prostate commissurotomy with a nondrug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, use 52443)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:52443 Tracking Number S1 Original Specialty Recommended RVU: **4.50**
Presented Recommended RVU: **4.50**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **3.62**

CPT Descriptor: Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a non-drug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, including transrectal ultrasound and fluoroscopy, when performed.

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 75-year-old male presents with a three-year history of increasing lower urinary tract symptoms with an International Prostate Symptom Score of 28. He is refractory to maximum medication therapy with a 40-gram prostate, lateral lobe hyperplasia and no median lobe obstruction. The patient elects to undergo a minimally invasive mechanical dilation with therapeutic drug delivery into the prostate.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 48% , In the ASC 44%, In the office 6%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 73% , Overnight stay-less than 24 hours 26.09% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Review laboratory and imaging studies. Confirm the availability of ultrasound equipment and cystoscopy equipment. Verify appropriate prophylactic antibiotics were ordered. Confirm the patient is not taking anticoagulants and nonsteroidal anti-inflammatory medications. Discuss the planned procedure and postoperative management with the patient. Review and obtain informed consent. Review the length and type of anesthesia with the anesthesiologist. Anesthesia is induced. Provide assistance in placing the patient in dorsal-lithotomy position. Place padding at elbows, knees, and ankles. Prep and drape the penis and perineal area. Scrub and gown. Perform a surgical time-out.

Description of Intra-Service Work: An ultrasound proble is placed per rectum. A transrectal ultrasound is performed to measure prostatic length, height and volume and the corresponding sized balloon diameter and length is selected. A non-drug-coated pre-dilation catheter is passed transurethrally and tracked with fluoroscopy until it is positioned in the prostatic urethra. A cystoscope is then passed next to the catheter and the balloon is adjusted so that it is seen proximal to the external sphincter. The prostatic urethra is then dilated using an inflation device to approximately one atmosphere pressure per 30 seconds while maintaining traction to seal the balloon at the bladder neck. Inflation is continued until the anterior commissure is separated. After pre-dilation, the non-drug-coated balloon is removed and cystoscopy is performed to confirm adequate anterior commissurotomy. Once verified, the appropriate sized drug eluting balloon catheter is passed into the prostatic channel. The balloon in left in place for one minute to allow hydration of the drug coating. The drug-coated balloon catheter is then inflated for at least five minutes to allow the drug to penetrate into the interstitium of the prostate. After drug delivery is complete, the cystoscope and catheter are withdrawn. A catheter is placed into the bladder and the catheter balloon is filled.

Description of Post-Service Work: Assist the patient in transfer from the procedural table. Review recovery area care and medication with clinical staff. Check postprocedure vital signs and manage any immediate complications. Write a brief operative note. The procedure, expected outcome, signs and symptoms to watch for in subsequent days, and planned

postoperative care are discussed with the patient and family. Assess postoperative pain. Write post-operative orders including discharge instructions and discharge medications. Dictate a full operative note and send a letter to the refering phsyician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Dr. Seth Cohen and Dr. Jonathan Kiechle					
Specialty Society(ies):	AUA					
CPT Code:	52443					
Sample Size:	3300	**Resp N:**	47			
Description of Sample:	AUA surveyed 3,300 of it's members.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**0.00**	4.00	150.00	
Survey RVW:	2.05	3.62	**5.40**	7.00	18.55	
Pre-Service Evaluation Time:			**30.00**			
Pre-Service Positioning Time:			**8.00**			
Pre-Service Scrub, Dress, Wait Time:			**9.00**			
Intra-Service Time:	3.00	21.00	**30.00**	41.00	90.00	
Immediate Post Service-Time:	**15.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	52443	**Recommended Physician Work RVU: 3.62**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**30.00**	**33.00**	**-3.00**
Pre-Service Positioning Time:		**8.00**	**3.00**	**5.00**
Pre-Service Scrub, Dress, Wait Time:		**9.00**	**15.00**	**-6.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**25.00**	**-10.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52334	000	3.37	**RUC Time**

CPT Descriptor Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
37248	000	6.00	**RUC Time**

CPT Descriptor Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same vein; initial vein

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36475	000	5.30	**RUC Time**	83,381

CPT Descriptor 1 Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
31600	000	5.56	**RUC Time**	19,723

CPT Descriptor 2 Tracheostomy, planned (separate procedure);

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 **% of respondents:** 17.02 **%**

Number of respondents who choose 2nd Key Reference Code: 6 **% of respondents:** 12.77 **%**

TIME ESTIMATES (Median)

	CPT Code: 52443	Top Key Reference CPT Code: 52334	2nd Key Reference CPT Code: **37248**
Median Pre-Service Time	42.00	30.00	31.00
Median Intra-Service Time	30.00	30.00	60.00
Median Immediate Post-service Time	15.00	15.00	28.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**87.00**	**75.00**	**119.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	25%	62%	13%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	38%	62%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	25%	13%	62%
Physical effort required	25%	50%	25%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	13%	38%	49%

• Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	33%	50%	17%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	33%	17%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	83%	0%
Physical effort required	17%	83%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	83%	0%	17%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
52443 describes a procedure in which a medication coated balloon is used to deliver medication to the prostate following completion of an anterior commissurotomy. This procedure was previously reported with the Category III code 0619T. A code change application was submitted through the CPT process to transition the service to a category I code.

Recommendation:
We recommend an RVW of 4.50, at the 25th percentile of the survey respondents with procedural experience. We received 47 survey responses with 23 responses coming from providers with procedural experience. The overall median performance rate was 0 but the median rate was 4 among providers with procedural experience. The 25th percentile RVW and pre-service evaluation time were both significantly higher among survey respondents with experience. This procedure requires initial transrectal ultrasound to appropriately determine prostatic urethral length. An appropriately

sized balloon must then be selected and deployed, first to create an anterior commissurotomy and ultimately to deliver paclitaxel to the prostate. This is more intense than other balloon dilation procedures which do not typically involved bilobed balloons in the prostate.

Pre-service package 3 and post-service package 8A are selected. Positioning time is increased from the package to account for positioning in dorsal lithotomy. Other times are adjusted based on survey medians.

Results of a RUC database search are included below. The parameters were RUC review yes, RUC review >/= to 2014, global 000, Intraservice time = 30 minutes, total time between 75 and 110 minutes.

CPT	DESC	GLOBAL	WORK RVU	TIME SOURCE	PRE TIME	INTRA TIME	POST TIME	TOTAL TIME	IWPUT	RUC DATE	MPC	UTILIZATION
31603	INCISION OF WINDPIPE	000	6.00	RUC	45	30	30	105	0.1488	2016-04		587
33018	PRCRD DRG 0-5YR OR W/ANOMLY	000	5.40	RUC	56	30	20	106	0.1294	2019-01		5
33017	PRCRD DRG 6YR+ W/O CGEN CAR	000	4.62	RUC	25	30	22	77	0.1218	2019-01		3,497
58563	HYSTEROSCOPY ABLATION	000	4.47	RUC	56	30	20	106	0.0994	2016-01		1,475
33016	PERICARDIOCENTESIS W/IMAGING	000	4.40	RUC	25	30	20	75	0.1159	2019-01		4,118
69706	NPS SURG DILAT EUST TUBE BI	000	4.27	RUC	43	30	15	88	0.1038	2020-01		2,362
31254	NSL/SINS NDSC W/PRTL ETHMDCT	000	4.27	RUC	33	30	20	83	0.1075	2017-01		10,594
58558	HYSTEROSCOPY BIOPSY	000	4.17	RUC	56	30	20	106	0.0894	2016-01		42,979
36215	PLACE CATHETER IN ARTERY	000	4.17	RUC	25	30	20	75	0.1078	2016-04		29,794
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	000	3.50	RUC	31	30	15	76	0.0871	2017-01		2,698
31287	NASAL/SINUS ENDOSCOPY SURG	000	3.50	RUC	36	30	20	86	0.0810	2017-01		2,236
28825	PARTIAL AMPUTATION OF TOE	000	3.41	RUC	58	30	20	108	0.0626	2019-04		12,537
52334	CREATE PASSAGE TO KIDNEY	000	3.37	RUC	30	30	15	75	0.0816	2018-01		234
43290	EGD FLX TRNSORL DPLMNT BALO	000	3.11	RUC	26	30	20	76	0.0717	2021-04		
31256	EXPLORATION MAXILLARY SINUS	000	3.11	RUC	33	30	20	83	0.0689	2017-01		10,541

33997	RMVL PERQ RIGHT HEART VAD	000	3.00	RUC	25	30	20	75	0.0693	2019-10		73
28002	TREATMENT OF FOOT INFECTION	000	2.79	RUC	50	30	20	100	0.0479	2020-10		5,285
36511	APHERESIS WBC	000	2.00	RUC	40	30	15	85	0.0256	2017-01		333
46020	PLACEMENT OF SETON	000	1.86	RUC	50	30	20	100	0.0145	2020-10		1,274

52443 would be within the top quartile of these 19 codes with the recommended 25th percentile value of 4.50. The anterior commissurotomy can lead to significant bleeding making placement of the drug coated balloon very challenging even with cystoscopic and fluoroscopic assistance. The balloon must be carefully placed to avoid damage to the external urethral sphincter and trigone of the bladder. Improper placement can cause urinary incontinence and ureteral damage increasing the procedural intensity of 52443. We recommend an RVW of 4.50, at the 25th percentile of the survey respondents with procedural experience.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0619T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1500

If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. based on current utilization

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 750
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. based on current utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States?

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 52284

SS Rec Summary

ISSUE: Cystourethroscopy

TAB: 9

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	52334	Cystourethroscopy with insertion of ureteral guide wire	000	2018	8	0.082	0.045			3.37			75	18	6	6			30			15															
2nd REF	37248	Transluminal balloon angioplasty (except dialysis	000	2016	6	0.079	0.050			6.00			119	23	3	5			60			28															
CURRENT						-	-			N/A																											
SVY	52443	Cystourethroscopy with initial transurethral anterior prostate	000		47	0.138	0.059	2.05	3.62	5.40	7.00	18.55	92	30	8	9	3	21	30	41	90	15												0	0	0	4	150
SVY - Exp	52443	Cystourethroscopy with initial transurethral anterior prostate	000		23	0.150	0.058	2.50	4.50	6.00	7.50	18.55	103	40	9	9	5	25	30	38	90	15												2	3	4	9	150
SVY - No Exp	52443	Cystourethroscopy with initial transurethral anterior prostate	000		24	0.097	0.048	2.05	3.34	4.00	6.06	12.00	84	24	7	8	3	20	30	41	60	15												0	0	0	0	0
REC	52443	Cystourethroscopy with initial transurethral anterior prostate	000			0.079	0.039	3.62					92	30	8	9			30			15															

FACILITY DIRECT PE INPUTS **CPT CODE(S): 52443**
SPECIALTY SOCIETY(IES): American Urological Association
PRESENTER(S): Dr. Seth Cohen, Dr. Jonathan Kiechle

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
52443	Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a non-drug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, including transrectal ultrasound and fluoroscopy, when performed	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
52443	A 75-year-old male presents with a three-year history of increasing lower urinary tract symptoms with an International Prostate Symptom Score of 28. He is refractory to maximum medication therapy with a 40-gram prostate, lateral lobe hyperplasia and no median lobe obstruction. The patient elects to undergo a minimally invasive mechanical dilation with therapeutic drug delivery into the prostate.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The AUA's RUC Expert Panel discussed the new code 52443 to determine appropriate inputs for PE.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   52441
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   No
   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   No
   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure).

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Clinical staff complete pre-service forms and coordinate pre-surgery services, schedule space in the facility to perform the procedure, provide pre-procedural education, and complete pre-procedure phone calls and prescriptions.

   b. Service period (includes pre, intra and post):

N/A

   c. Post-service period:

Clinical staff call the patient to assess the patient post-operatively and answer patient questions.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
    N/A

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
    N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:
    N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?
    N/A

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:
    N/A

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?
    N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:
    N/A

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:
    N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 52443**
SPECIALTY SOCIETY(IES): American Urological Association
PRESENTER(S): Dr. Seth Cohen, Dr. Jonathan Kiechle

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
52443X	Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a non-drug-coated balloon catheter followed by therapeutic drug delivery into the prostate by a drug-coated balloon catheter, including transrectal ultrasound and fluoroscopy, when performed	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
52443	A 75-year-old male presents with a three-year history of increasing lower urinary tract symptoms with an International Prostate Symptom Score of 28. He is refractory to maximum medication therapy with a 40-gram prostate, lateral lobe hyperplasia and no median lobe obstruction. The patient elects to undergo a minimally invasive mechanical dilation with therapeutic drug delivery into the prostate.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The AUA's RUC Expert Panel discussed the new code 52443 to determine appropriate inputs for PE.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   52441
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Urology, 6%
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

Yes

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

5 minutes. This procedure is complex with risks of post-operative bleeding and sepsis. A complete set of vital signs including heart rate, temperature, respiratory rate, blood pressure, and oxygen saturation is necessary prior to beginning the procedure.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Staff complete pre-service diagnostic and referral forms, coordinate pre-surgery services, ensure availability of equipment and space. Clinical staff also provide pre-service education on procedure, obtain consent and complete pre-procedure phone calls and prescriptions.

    b. Service period (includes pre, intra and post):

Staff provide gown for patient, ensure appropriate medical records are available, obtain vital signs and provide education on procedure and obtain consent. Staff prepare room with equipment and appropriate supplies, setup scope, position and sedate patient. Staff assist physician or QHP.

c. Post-service period:

Clinical staff monitor patient while cleaning room and equipment, including scope. Staff also reviews examination with MD/DO, scans documents into PACS. Technologist reviews images in PACS. Staff reviews home care instructions and coordinates future visits and prescriptions.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

The staff assists the performing provider throughout the procedure. Equipment is handed to the provider maintaining appropriate sterility throughout. The dilating balloons and balloon inflation device are prepared. The staff also acts as a chaperone throughout the intra-service period and must be present for the entirety of the procedure.

The radiology technologist assists the provider with the utilization of radiologic imaging equipment throughout the procedure. Ultrasound imaging is required to determine appropriate prostatic urethral length at the beginning of the intraservice period. During balloon inflation with both the dilating balloon and the drug coated balloon fluoroscopy is used to ensure appropriate placement of the balloon.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

Optilume BPH Catheter System

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes

SA042	pack, cleaning and disinfecting, endoscope	22.4	pack
SA048	pack, minimum multi-specialty visit	5.02	pack
SA058	pack, urology cystoscopy visit	94.68	pack
SA063	tray, catheter insertion (w-o catheter)	1.27	tray

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

pack, cleaning and disinfecting, endoscope	**SA042**	**pack**	
ortho-phthalaldehyde 0.55% (eg, Cidex OPA)	SM030	oz	32
ortho-phthalaldehyde test strips	SM031	item	1
gloves, non-sterile		pair	4
gown, staff, impervious		item	1
mask, surgical, with face shield		item	1
biohazard specimen transport bag		item	1
gauze, sterile 4in x 4in (10 pack uou)		item	1
alcohol isopropyl 70%		ml	60
cleaning brush, endoscope		item	1
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1
pack, urology cystoscopy visit	**SA058**	**pack**	
drape-pack, cystoscopy	SA045	pack	1
povidone soln (Betadine)		ml	10
tubing, irrigation (cysto)		item	1
gloves, non-sterile		pair	1
gloves, sterile		pair	1
lidocaine 2% jelly, topical (Xylocaine)		ml	10

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

sanitizing cloth-wipe (patient)		item	5
sodium chloride 0.9% irrigation (500-1000ml uou)		item	1

tray, catheter insertion (w-o catheter)	**SA063**	**tray**	**1**
CSR wrap , Anatomically shaped basin, 1200cc , Water-resistant absorbent underpad , One pair latex exam gloves , Fenestrated drape , Prepping balls ,Plastic forceps , 10% povidone-iodine solution, 1 oz. , Lubricating jelly, 2.7g , Sterile specimen container			

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

ES031	scope video system (monitor, processor, digital capture, cart, printer, LED light)	Default
ES018	fiberscope, flexible, cystoscopy	Default
ED050	Technologist PACS workstation	PACS
EQ250	ultrasound unit, portable	Default
EF031	table, power	Default
EF027	table, instrument, mobile	Default
EF014	light, surgical	Default
ER031	fluoroscopic system, mobile C-Arm	Default

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?

(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

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The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Removed EL018 *room, mobile c-ARM* from the PE spreadsheet and included only ER031 fluoroscopic system, mobile C-Arm, not both equipment items.

The portable C-arm fluoro is low dose radiation and requires the operator to be shielded but not a shielded room, while the shielded room has a high energy C-arm fluoro that requires the entire room be shielded. The advisors agreed that a urology practice would be using the low dose portable C-arm fluoro and not the C-arm fluoro room.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**52441**		**52443**	
3		***RUC Collaboration Website***							
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 09 Cystourethroscopy** **Specialty: American Urological Association**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant		Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a non-drug-coated	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 1,157.89**	**$ 11.88**	**$ 6,268.53**	**$ 11.88**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**105.5**	**22.0**	**160.5**	**22.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**6.0**	**19.0**	**9.0**	**19.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**96.5**	**0.0**	**148.5**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**3.0**	**3.0**	**3.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 56.97**	**$ 11.88**	**$ 89.37**	**$ 11.88**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54	3	3	3	3
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54	0	5	3	5
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54	0	3	0	3
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54	0	5	0	5
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54	3	3	3	3
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54				
23			L037D	RN/LPN/MTA	0.54				
24			L037D	RN/LPN/MTA	0.54				
25			L037D	RN/LPN/MTA	0.54				
26		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.54				
27		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.54				
28		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.54				
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.54	3	0	3	0
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54	3	0	5	0
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54	3	0	3	0
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54			0	0
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54	2	0	2	0
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54				
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54	5	0	5	0
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54	5	0	5	0
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54	7	0	7	0
42			L037D	RN/LPN/MTA	0.54				
43			L037D	RN/LPN/MTA	0.54				
44			L037D	RN/LPN/MTA	0.54				
45		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.54				
46		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.54				
47		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.54				
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time	L041B	Radiologic	0.63			30	
50	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time	L037D	RN/LPN/MTA	0.54	25	0	30	0
51	CA019	Assist physician or other qualified healthcare professional---directly related to physician work time (67%)	L037D	RN/LPN/MTA	0.54				
52	CA020	Assist physician or other qualified healthcare professional---directly related to physician work time	L037D	RN/LPN/MTA	0.54				
53	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54				
54			L037D	RN/LPN/MTA	0.54				
55			L037D	RN/LPN/MTA	0.54				
56			L037D	RN/LPN/MTA	0.54				
57		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.54				
58		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.54				
59		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.54				
60		**Post-Service (of service period)**							
61	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54	2.5	0	2.5	0
62	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54	5	0	5	0
63	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	3	0	3	0
64	CA025	Clean scope	L037D	RN/LPN/MTA	0.54	30	0	40	0
65	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54				
66	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54				
67	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54				
68	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54	1	0	1	0

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6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**
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10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**96.5**	**0.0**	**148.5**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**3.0**	**3.0**	**3.0**
69	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA	0.54			2	0
70	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54			2	0
71	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L037D	RN/LPN/MTA	0.54			1	0
72	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54				
73	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L037D	RN/LPN/MTA	0.54				
74	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54	2	0	2	0
75	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**	
76			L037D	RN/LPN/MTA	0.54				
77			L037D	RN/LPN/MTA	0.54				
78			L037D	RN/LPN/MTA	0.54				
79		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.54				
80		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.54				
81		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.54				
82		**End: Patient leaves office/facility**							
83		**POST-SERVICE PERIOD**							
84		**Start: Patient leaves office/facility**							
85	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54	3	3	3	3
86	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54				
87		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
88		99211 16 minutes	16						
89		99212 27 minutes	27						
90		99213 36 minutes	36						
91		99214 53 minutes	53						
92		99215 63 minutes	63						
93	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**
94			L037D	RN/LPN/MTA	0.54				
95			L037D	RN/LPN/MTA	0.54				
96			L037D	RN/LPN/MTA	0.54				
97		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.54				
98		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.54				
99		*Other activity: please include short clinical description here and type new in column A*	L037D	RN/LPN/MTA	0.54				
100		**End: with last office visit before end of global period**							

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2						**52441**		**52443**	
3		***RUC Collaboration Website***							
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 09 Cystourethroscopy** **Specialty: American Urological Association**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant		Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a non-drug-coated	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 1,157.89**	**$ 11.88**	**$ 6,268.53**	**$ 11.88**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**105.5**	**22.0**	**160.5**	**22.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**6.0**	**19.0**	**9.0**	**19.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**96.5**	**0.0**	**148.5**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**3.0**	**3.0**	**3.0**
101	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
102		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 1,079.00**	**$ -**	**$ 6,120.33**	**$ -**
103	SA042	pack, cleaning and disinfecting, endoscope	22.4	pack		1	0	1	0
104	SA027	kit, scissors and clamp	0.82	kit		1	0		
105	SA048	pack, minimum multi-specialty visit	5.02	pack		1	0	1	0
106	SA058	pack, urology cystoscopy visit	94.68	pack		1	0	1	0
107	SA063	tray, catheter insertion (w-o catheter)	1.27	tray		2	0	1	0
108	SB001	cap, surgical	1.14	item		2	0	2	0
109	SB005	cover-condom, transducer or ultrasound probe	4.46	item		0	0	1	0
110	SB006	drape, non-sterile, sheet 40in x 60in	0.13	item		0	0		
111	SB008	drape, sterile, c-arm, fluoro	5.38	item				1	0
112	SB012	drape, sterile, for Mayo stand	1.07	item		1	0	1	0
113	SB019	drape-towel, sterile 18in x 26in	0.47	item		2	0	2	0
114	SB022	gloves, non-sterile	0.3	pair		0	0	2	0
115	SB024	gloves, sterile	0.91	pair		1	0	1	0
116	SB027	gown, staff, impervious	1.186	item		1	0	2	0
117	SB034	mask, surgical, with face shield	3.4	item		1	0	2	0
118	SB039	shoe covers, surgical	0.1	pair		2	0	2	0
119	SB044	underpad 2ft x 3ft (Chux)	0.32	item		0	0		
120	SC028	needle, 18-26g 1.5-3.5in, spinal	9.96	item		1	0	1	0
121	SC029	needle, 18-27g	0.04	item		1	0	1	0
122	SC053	syringe 20ml	0.83	item		1	0	1	0
123	SC062	syringe, Toomey	3.35	item		1	0	1	0
124	SD024	catheter, Foley	10.85	item		1	0	1	0
125	SD030	catheter, straight	2.76	item		1	0	1	0
126	SD291	Urolift Implant and implantation device	875	item		1	0		
127	SH047	lidocaine 1%-2% inj (Xylocaine)	0.06	ml		20	0	20	0
128	SH048	lidocaine 2% jelly, topical (Xylocaine)	1.04	ml		30	0	30	0
129	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	3.34	item		1	0	1	0
130	SJ031	leg or urinary drainage bag	4.16	item		1	0	1	0
131	SJ032	lubricating jelly (K-Y) (5gm uou)	0.54	item		1	0	1	0
132	SJ053	swab-pad, alcohol	0.04	item		1	0		
133	SJ081	swab, patient prep, 1.5 ml (chloraprep)	1.09	item				1	0
134	SJ089	ultrasound transmission gel, sterile (single use)	2.28	item		0	0	1	0
135	SM021	sanitizing cloth-wipe (patient)	0.07	item				1	0
136	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item		4	0	4	0
137	**NEW**	**Optilume BPH Prostatic Dilation Kit**	**5900**	item				1	0
138									
139	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
140		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 21.92**	**$ -**	**$ 58.83**	**$ -**
141	ES031	scope video system (monitor, processor, digital capture, cart, printer, LED light)	70673.3811	Default	0.267782794	62	0	64	0
142	ES018	fiberscope, flexible, cystoscopy	6998.699	Default	0.040549308	89	0	64	0
143	ED050	Technologist PACS workstation	5557	PACS	0.022017924	0	0	69	0
144	EQ250	ultrasound unit, portable	41612.533	Default	0.161253857	0	0	64	0
145	EF031	table, power	5906.76	Default	0.015674926	87	0	64	0
146	EF027	table, instrument, mobile	531.926	Default	0.001183213	87	0	64	0
147	EF014	light, surgical	1256.667	Default	0.002795322	87	0	64	0
148	ER031	fluoroscopic system, mobile C-Arm	144384.374	Default	0.406270566			64	0
149	EL018	room, mobile c-ARM	151200	Default	0.572899695			**0**	

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**52441**		**52443**	
3		***RUC Collaboration Website***				Cystourethroscopy, with insertion of permanent adjustable transprostatic implant; single implant		Cystourethroscopy with initial transurethral anterior prostate commissurotomy with a non-drug-coated	
4	**Clinical Activity Code**	**Meeting Date: January 2025 Revision Date (if applicable): Tab: 09 Cystourethroscopy Specialty: American Urological Association**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 1,157.89**	**$ 11.88**	**$ 6,268.53**	**$ 11.88**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**105.5**	**22.0**	**160.5**	**22.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**6.0**	**19.0**	**9.0**	**19.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**96.5**	**0.0**	**148.5**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**3.0**	**3.0**	**3.0**
150		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
151									

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2025

Percutaneous Interlaminar Lumbar Decompression – Tab 10

At the September 2024 CPT Editorial Panel meeting two new Category I codes, 62330 and 62331, were created to report percutaneous interlaminar lumbar decompression with partial removal of the ligamentum flavum. These two new codes replace the existing Category III code, 0275T, to report this service. The code family was surveyed for the January 2025 RUC meeting.

62287 ***Decompression percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar***
The specialty societies noted that the utilization of CPT code 62287 has always been low and continues to decline, with only 100 claims in the 2023 Medicare data. Given the low volume of 62287, the code could not be surveyed and properly valued within the code family. **Therefore, the specialty societies will submit a CPT code change application (CCA) requesting the deletion of CPT code 62287 for the CPT 2026 cycle.**

62330 ***Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar***
The RUC reviewed the survey results from 106 anesthesiologists and pain medicine specialists and recommends a work RVU of 8.00 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 40 minutes of pre-service evaluation time, 10 minutes positioning time, 10 minutes scrub/dress/wait time, 45 minutes intra-service time, 15 minutes immediate post-service time, 0.5-99238, 3-99213, and 208 minutes total time. The RUC concurred that the 0.5-day discharge is appropriate given that this service is primarily performed in the facility setting.

It is important to note that for the initial interspace, all imaging guidance is included, and the procedure is performed on one side and then the contralateral side; this code describes a bilateral procedure.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 22869 *Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level* (work RVU = 7.03, 45 minutes intra-service, 175 minutes total time) and 22867 *Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level* (work RVU = 15.00, 90 minutes intra-service, 271 minutes total time). The surveyed code is performed directly within the vertebral canal, however, in comparison the interspinous spacer procedure (code 22869) is not. The work of code 22869 is performed between the spinous processes of vertebrae rather than in proximity to the spinal cord like the surveyed code. The proximity to the spinal cord and vertebral canal increases the intensity and complexity of the surveyed code given that there are additional risks. This is due to the ligamentum flavum's intimate position relative to the spinal cord, nerve roots, and subarachnoid space. The space between spinous processes, as

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described by code 22869, is generally more removed from sensitive neurological tissues. Reference code 22867 describes the insert of an interspinous spacer between the spinous processes of vertebrae in the spine, however, different from code 22869 the procedure includes an open decompression. A procedure with an open decompression typically takes more time compared to a procedure without. The surveyed code does not include open decompression and has the same intra-service time as reference code 22869, albeit a higher total time supported the RUC recommended work RVU.

For additional support, the RUC reference MPC code 21556 *Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm* (work RVU = 7.66, 60 minutes intra-service, and 234 minutes total time) and 15823 *Blepharoplasty, upper eyelid; with excessive skin weighting down lid* (work RVU = 6.81, 45 minutes intra-service, and 161 minutes total time). The surveyed code work RVU is appropriately bracketed by the MPC codes. **The RUC recommends a work RVU of 8.00 for CPT code 62330.**

62331 ***Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 105 anesthesiologists and pain medicine specialists and recommends a work RVU of 4.25 based on a direct crosswalk to CPT code 60661 *Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)* (work RVU = 4.25, 45 minutes intra-service and total time), which maintains relativity within the family for this code. The RUC recommends 43 minutes of intra-service and total time for this add-on code.

It is important to note that for the add-on service, the initial interspace is complete, and then a new incision is made for an additional interspace. For the additional interspace, all imaging guidance is done again, and the procedure is performed on one side and then the contralateral side; this code describes a bilateral procedure. It is typical for only one additional interspace to be performed.

To support the recommended work RVU, the RUC compared the surveyed code to key reference codes 22634 *Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)* (work RVU = 7.96, 65 minutes intra-service and total time) and 22552 *Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)* (work RVU = 6.50, 45 minutes intra-service and total time). Reference code 22634 describes the work to treat each additional interspace during spinal fusion surgery using a posterolateral technique with a posterior interbody technique. Code 22634 is a procedure that involves the vertebral canal similar to the surveyed code. Survey respondents who selected 22643 as their key reference indicated that the surveyed code was identical (42%) or more intense/complex (26%) overall when compared to reference code 22643. Survey respondents who selected 22552 as their key reference indicated that the surveyed code was identical (42%) or more intense/complex (19%) when compared to the second reference code 22552. The surveyed code recommended work RVU is appropriately relative to the key reference services.

For additional support, the RUC reference MPC code 34812 *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)* (work RVU = 4.13, 40 minutes intra-service and total time) and

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22632 *Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)* (work RVU = 5.22, 60 minutes intra-service and total time). The surveyed code work RVU is appropriately bracketed by the MPC codes. **The RUC recommends a work RVU of 4.25 for CPT code 62331.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

New Technology
CPT codes 62330 and 62331 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Nervous System** **Spine and Spinal Cord** **Injection, Drainage, or Aspiration**				
Injection of contrast during…				
Code 62263 describes a…				
Code 62264 describes multiple…				
Codes 62263 and 62264 include…				
Fluoroscopy or CT and any…				
The placement and use…				
Threading a catheter into…				
When reporting 62320, 62321…				
~~Percutaneous spinal procedures are done with indirect visualization (eg, image guidance) (eg, 62287). Endoscopic assistance during an open procedure with continuous and direct visualization (light-based) is reported using excision codes (eg, 63020-63035).~~ ~~(For transforaminal epidural injection, see 64479-64484)~~				

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~~(Report 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed in conjunction with 62324, 62325, 62326, 62327)~~

~~**Definitions**~~

~~For purposes of CPT coding, the following definitions of approach and visualization apply. The primary approach and visualization define the service, whether another method is incidentally applied. Surgical services are presumed open, unless otherwise specified.~~

~~***Percutaneous:*** Image-guided procedures (eg, computer tomography [CT] or fluoroscopy) performed with indirect visualization of the spine without the use of any device that allows visualization through a surgical incision.~~

~~***Endoscopic:*** Spinal procedures performed with continuous direct visualization of the spine through an endoscope.~~

~~***Open:*** Spinal procedures performed with continuous direct visualization of the spine through a surgical opening.~~

~~***Indirect visualization:*** Image-guided (eg, CT or fluoroscopy), not light-based visualization.~~

~~***Direct visualization:*** Light-based visualization; can be performed by eye, or with surgical loupes, microscope, or endoscope.~~

(For the techniques of microsurgery and/or use of microscope, use 69990)

62263 *Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days*

(62263 includes code 77003)

62264 *1 day*

(Do not report 62264 with 62263)

(62264 includes code 77003)

…

62284 *Injection procedure for myelography and/or computed tomography, lumbar*

(Do not report 62284 in conjunction with 62302, 62303, 62304, 62305, 72240, 72255, 72265, 72270)

(When both 62284 and 72240, 72255, 72265, 72270 are performed by the same physician or other qualified health care professional for myelography, see 62302, 62303, 62304, 62305)

(For injection procedure at C1-C2, use 61055)

*(For radiological supervision and interpretation, see **Radiology**)*

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~~62287 Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar~~

~~(Do not report 62287 in conjunction with 62267, 62290, 62322, 77003, 77012, 72295, when performed at same level)~~

~~(For non-needle based technique for percutaneous decompression of nucleus pulposus of intervertebral disc, see 0274T, 0275T)~~

62290 Injection procedure for discography, each level; lumbar

62291 cervical or thoracic

(For radiological supervision and interpretation, see 72285, 72295)

62326 Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance

62327 with imaging guidance (ie, fluoroscopy or CT)

(Do not report 62327 in conjunction with 77003, 77012, 76942)

(Report 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed in conjunction with 62324, 62325, 62326, 62327)

Percutaneous Decompression of Neural Elements (Blue Heading)

Percutaneous spinal procedures are done with indirect visualization (eg, image guidance) (eg, 62287~~.~~, 62330, 62331, 0274T). Endoscopic assistance during an open procedure with continuous and direct visualization (light-based) is reported using excision codes (eg, 63020-63035).

(For transforaminal epidural injection, see 64479-64484)

(Report 01996 for daily hospital management of continuous epidural or subarachnoid drug administration performed in conjunction with 62324, 62325, 62326, 62327)

Definitions

For purposes of CPT coding, the following definitions of approach and visualization apply. The primary approach and visualization define the service, whether another method is incidentally applied. Surgical services are presumed open, unless otherwise specified.

Percutaneous: *Image-guided procedures (eg, computer tomography [CT] or fluoroscopy) performed with indirect visualization of the spine without the use of any device that allows visualization through a surgical incision.*

Endoscopic: *Spinal procedures performed with continuous direct visualization of the spine through an endoscope.*

Open: *Spinal procedures performed with continuous direct visualization of the spine through a surgical opening.*

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Indirect visualization: *Image-guided (eg, CT or fluoroscopy), not light-based visualization.* ***Direct visualization:*** *Light-based visualization; can be performed by eye, or with surgical loupes, microscope, or endoscope.*				
#▲62287	T1	Decompression ~~procedure,~~ percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle-based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar (Do not report 62287 in conjunction with 62267, 62290, 62322, 77003, 77012, 72295, when performed at same level) (For non-needle based technique for percutaneous decompression of nucleus pulposus of intervertebral disc, see 0274T~~, 0275T~~) <u>(For percutaneous lumbar decompression using non-needle-based technique, see 62330, 62331)</u>	090	Request to Delete for CPT 2026 (2025 Work RVU = 9.03)
#●62330	T2	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	090	8.00
●✚62331	T3	additional interspace(s), lumbar (List separately in addition to code for primary procedure) (Use 62331 in conjunction with 62330) (Do not report 62331 more than once per operative session) (Do not report 62330, 62331 in conjunction with 62322, 62323, 62380, 63005, 63030, 63042, 63047, 64483, 64486, 77003, 77012) (For unilateral procedure report modifier 52 in conjunction with 62330, 62331)	ZZZ	4.25
Endoscopic Decompression of Neural Elements and/or Excision of Herniated Intervertebral Discs ***Definitions*** *For purposes of CPT coding…*				

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Percutaneous: *Image-guided…*

…

(For the techniques of microsurgery and/or use of microscope, use 69990)

(For percutaneous decompression, see 62287, 62330, 62331, 0274T~~, 0275T~~)

Posterior Extradural Laminotomy or Laminectomy for Exploration/ Decompression of Neural Elements or Excision of Herniated Intervertebral Discs

Definitions

For purposes of CPT coding…

…

(When 63001-63048 are followed by arthrodesis, see 22590-22614)

(For the techniques of microsurgery and/or use of microscope, use 69990)

(For percutaneous decompression, see 62287, 62330, 62331, 0274T~~, 0275T~~)

63020 *Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical*

(For bilateral procedure, report 63020 with modifier 50)

63030 *1 interspace, lumbar*

(For bilateral procedure, report 63030 with modifier 50)

✚*63035* *each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)*

(Use 63035 in conjunction with 63020-63030)

(Do not report 63030, 63035 in conjunction with 22630, 22632, 22633, 22634, for laminotomy performed to prepare the interspace for fusion on the same interspace[s] and vertebral segment[s])

(For decompression performed on the same interspace[s] and vertebral segment[s] as posterior interbody fusion that includes laminectomy, removal of facets, and/or opening/widening of the foramen for decompression of nerves or spinal components, such as spinal cord, cauda equina, or nerve roots, see 63052, 63053)

(For bilateral procedure, report 63035 twice. Do not report modifier 50 in conjunction with 63035)

(For percutaneous ~~endoscopic~~ approach, see 62330, 62331, 0274T~~, 0275T~~)

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Radiology
Radiologic Guidance
Fluoroscopic Guidance

✚*77003* *Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure)*

(Use 77003 in conjunction with 61050, 61055, 62267, 62273, 62280, 62281, 62282, 62284, 64449, 64510, 64517, 64520, 64610, 96450)

(Do not report 77003 in conjunction with 62270, 62272, 62330, 62331, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 62328, 62329, 64415, 64416, 64417, 64445, 64446, 64447, 64448, 0627T, 0628T)

Computed Tomography Guidance

77012 *Computed tomography guidance for needle placement (eg, biopsy, aspiration, injection, localization device), radiological supervision and interpretation*

(Do not report 77011, 77012 in conjunction with 22586)

(Do not report 77012 in conjunction with 10009, 10010, 10030, 27096, 32408, 32554, 32555, 32556, 32557, 55706, 55707, 55708, 55709, 55710, 55711, 55712, 55713, 55715, 62270, 62272, 62328, 62329, 64466, 64467, 64468, 64469, 64473, 64474, 62330, 62331, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64633, 64634, 64635, 64636, 0232T, 0481T, 0629T, 0630T)

Category III Codes

0274T *Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic*

~~0275T lumbar~~

~~(For percutaneous decompression of the nucleus pulposus of intervertebral disc utilizing needle based technique, use 62287)~~

(0275T has been deleted)

(For percutaneous decompression of the nucleus pulposus of intervertebral disc utilizing needle-based technique, use 62287)

(For percutaneous interlaminar lumbar decompression without laminotomy/laminectomy, see 62287, 62330, 62331)

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October 2, 2024

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
330 N. Wabash Avenue, Suite 39300
Chicago, IL 60611

Subject: Percutaneous Interlaminar Lumbar Decompression

Dear Dr. Silva:

The American Society of Anesthesiologists (ASA) and American Society of Regional Anesthesia and Pain Medicine (ASRA) are preparing survey recommendations for Percutaneous Interlaminar Lumbar Decompression, including CPT codes 62XX0, 62XX1 and 62287, for consideration at the January 2025 RUC meeting. When preparing for the survey, the societies realized that utilization for CPT code 62287 was very low. The current RUC database shows low and steadily decreasing usage of CPT code 62287 over the last ten years from a high of 487 services in 2012 to only 103 services in 2022 – a nearly 80 percent decrease. An analysis of the Medicare Physician & Other Practitioners by Geography and Service analytic files shows only a limited number of unique providers reporting this service annually over the last five years from a high of 92 in 2018 to a low of 76 in 2022. Utilization and rendering provider data for CPT code 62287 is summarized below in Table/Graph 1 and Table/Graph 2, respectively.

Given the low and declining utilization of CPT code 62287 and the limited number of providers reporting this service, the societies do not believe it will be possible to obtain an adequate survey and properly value CPT code 62287 within the code family for the January 2025 RUC meeting. In addition, the societies will be submitting a code change application requesting the deletion of CPT code 62287 for consideration at the February 2025 CPT meeting. Therefore, the societies recommend that CPT code 62287 not be surveyed for the January 2025 RUC meeting and that it be sent to CPT for deletion in CY 2027.

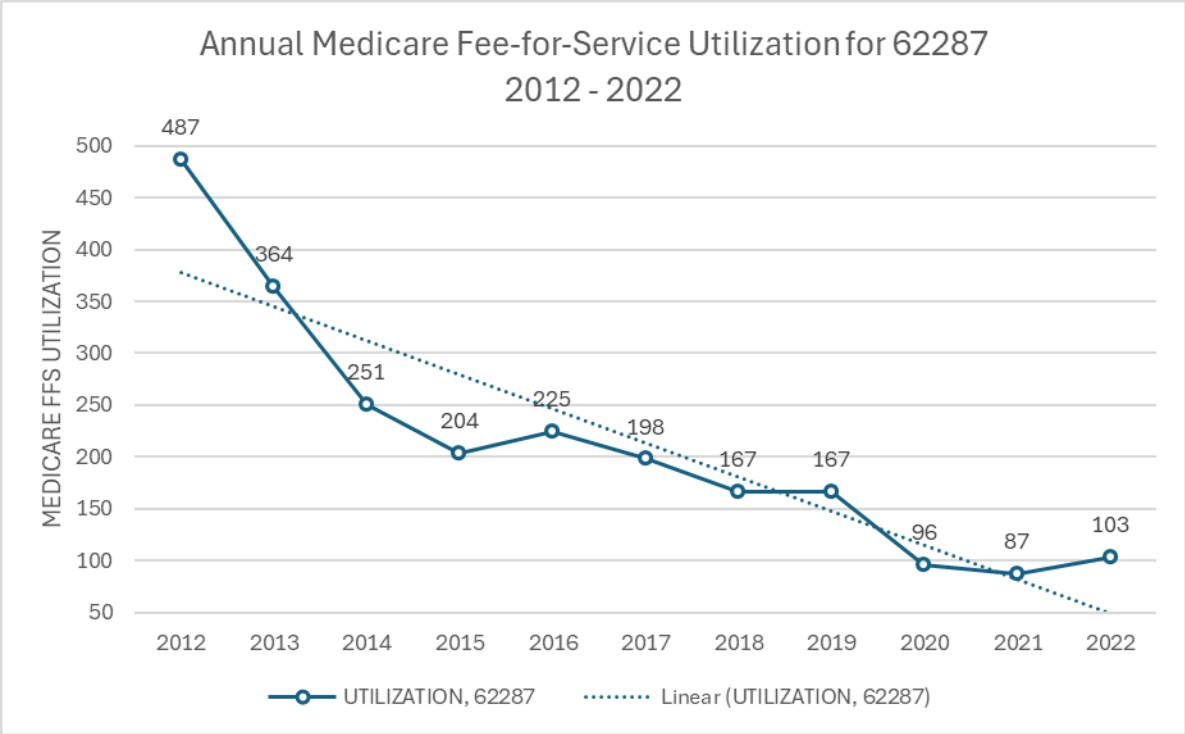
Should you have any questions, please contact Helen Olkaba at h.olkaba@asahq.org. Thank you for your consideration of this matter.

Sincerely,

Richard W. Rosenquist, M.D., FASRA
ASA RUC Advisor

Trent Emerick, MD, MBA
ASRA RUC Advisor

Table/Graph 1. Annual Medicare Fee-for-Service Utilization for 62287, 2012 - 2022



Table/Graph 2. Annual Number of Unique Providers Reporting 62287, 2018 - 2022

YEAR	UNIQUE PROVIDERS, 62287
2018	92
2019	69
2020	74
2021	76
2022	76

Source: Analysis of CMS Medicare Physician & Other Practitioners - by Geography and Service analytic files 2018-2022, results include claims with "TC" modifier and claims performed in both facility and non facility settings including ambulatory surgical centers.

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January 15, 2025

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee
Relative Value Systems, American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611

Dear Dr. Silva,

The American Academy of Pain Medicine (AAPM) appreciates the opportunity to comment on the relative value recommendations for Tab 10: Percutaneous Interlaminar Lumbar Decompression (62287, 62XX0, 62XX1).

This is a service performed by a subset of our members and the recommendations have been reviewed by our Coding and Reimbursement Committee. Our committee concludes that the survey data is robust in the number of responses and the types of respondents. The survey was sent to a targeted vendor list and a random sample of members of the five specialty societies involved with the survey. The survey results at the 25th percentile are consistent between the two groups and when the results are combined. Further, the key reference services used in the survey are familiar to physicians performing the procedure and are reasonable comparisons that support an appropriate rank order.

In conclusion, AAPM supports the specialty societies' recommendations for the 25th percentile survey data for 62XX0 and 62XX1.

Sincerely,

Gregory Polston

Gregory Polston, MD
AAPM RUC Advisor

cc: Charles Argoff, MD, President
Sharon H. Kneebone, Executive Director

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62330 Tracking Number T2 Original Specialty Recommended RVU: **8.00**
Presented Recommended RVU: **8.00**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **8.00**

CPT Descriptor: Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male is diagnosed with symptomatic lumbar spinal stenosis with neurogenic claudication unresponsive to conservative therapy. Imaging demonstrates thickened ligamentum flavum with resultant stenosis of the spinal canal at L3-L4. The patient does not require immediate open decompression. The patient undergoes a percutaneous thinning of the ligamentum flavum.

Percentage of Survey Respondents who found Vignette to be Typical: 99%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 27% , In the ASC 67%, In the office 6%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 97% , Overnight stay-less than 24 hours 3% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Perform a targeted history and physical examination. Review the patient's medical record. Pay particular attention to any evidence of infection, anticoagulation and bleeding disorders as these increase the risk of severe complications from the procedure. Meet with patient and family and/or caregiver to review planned procedure and postoperative management. Review and obtain informed consent from patient. Verify that all required instruments and supplies are available in the operating suite. Review imaging and select and display appropriate images. Review the type and duration of anesthesia with the anesthesiologist. Assist with turning the patient to the prone position and placing a ventral bolster under the lower abdomen to flex the spine forward to adequately decrease the lumbar lordosis. Adjust the patient's position, including repositioning the upper extremities as needed to allow unimpeded use of fluoroscopy. Scrub and gown, including lead apron. Prepare and drape the patient in sterile fashion. Perform a surgical time-out to confirm the patient and the procedure with the OR staff. Identify the correct level with fluoroscopic guidance.

Description of Intra-Service Work: An access point to the interlaminar epidural space of the appropriate level (eg, L3-L4) is identified as close as possible to the midline and marked. The overlying skin and subcutaneous tissues are anesthetized with a local anesthetic. An 18G Touhy needle is directed under fluoroscopic guidance into the epidural space, contrast dye is injected to confirm epidural spread, and baseline epidurogram images are taken. An 1 cm incision is made at the medial pedicular line approximately 1.5 vertebral levels below the target treatment level. The trocar and portal are inserted and advanced under fluoroscopic guidance to the interlaminar space. Local anesthesia is injected to anesthetize the track and treatment area. The trocar is advanced to the interlaminar space under fluoroscopic guidance, and a portal stabilizer device is locked into the device. The trocar is removed, and the depth guide is attached to the portal. A small bone rongeur is used to remove small bony fragments of the superior and inferior laminae under fluoroscopic guidance to allow further advancement of the working portal. A tissue sculptor is used to remove small sections of ligamentum flavum under fluoroscopic guidance with insertion and removal of the tissue sculptor as each section is removed. In a typical case, the instruments are used to resect between 20 and 50 fragments of bone and ligamentous tissue per single hemilaminar segment, with each tissue fragment measuring between 0.5 and 3.0 mm in greatest. Under fluoroscopic guidance repeat refreshing of the epidural contrast is performed and epidurogram views are obtained to confirm decompression of the

spinal canal. The portal is removed from the first side. The exact same procedure is then repeated on the contralateral side. After completing the contralateral side, images are taken and compared to baseline images. The portal and epidural needle are removed, hemostasis is achieved, and the skin incision(s) are closed.

Description of Post-Service Work: Facility: Sterile dressings are applied. The patient is monitored during resolution of anesthesia. The patient is assisted in transfer from the operating table to the gurney. Transport of the patient from the OR to the recovery room is monitored. Postoperative recovery care is discussed with the anesthesia and nursing staff. A brief operative note is written, and a postoperative note is written while in the recovery room. The patient's stabilization is monitored in the recovery room. An operative report is dictated, and a copy is sent to the referring physician(s) if needed. The procedure and outcome are discussed with the family and/or caregiver in the waiting area. Physical therapy for the use of crutches or walker is ordered. Questions from the patient and family and/or caregiver are answered. Orders for follow-up and post-discharge laboratory tests, X rays, prescriptions for medications and physical therapy, as needed post-discharge, are written. Home restrictions (ie, diet, activity, bathing) are discussed with the patient and family and/or caregiver, and discharge nurse. Completed forms for handicap parking are provided. The patient is discharged after they have recovered from anesthesia and when there is return of adequate nutrition intake, adequate pain control with oral analgesics, and independent ambulation. All appropriate medical records, including day-of-discharge progress notes, discharge summary, discharge instructions, and insurance forms, are completed. All hospital visits and post-discharge office visits for care throughout the global period are considered part of the post-operative work for this procedure.

Office visits: The patient is examined, and discussion takes place. Questions from the patient and family and/or caregiver are answered. The wound is assessed. Sutures/staples are removed if placed. An exam is performed to confirm normal strength, reflexes and sensation. Activity and/or restrictions are reviewed. Questions from the patient and family and/or caregiver are answered. Physical therapy is ordered, rehabilitation is supervised, and physical therapy is monitored. Progress is discussed (verbal and written) with the primary care physician. A prescription for pain management is written. Progress notes are entered into the medical record. All post-discharge office visits for care throughout the global period are considered part of the post-operative work for this procedure.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Richard Rosenquist, MD Gordon H. Morewood, MD Trent Emerick, MD, MBA Esther Yoon, MD Graham Wagner, MD
Specialty Society(ies):	American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA-PM); American Academy of Physical Medicine and Rehabilitation (AAPM&R); International Pain and Spine Intervention Society (IPSIS); North American Neuromodulation Society (NANS)
CPT Code:	62330
Sample Size: 7895	**Resp N:** 106
Description of Sample:	ASA: Random sample of 1,943 members. ASRA-PM: Random sample of 1,182 members. AAPM&R: Random sample of 1,367 members who are part of the society's interventional pain member community. IPSIS: Random sample of 750 members. NANS: Random sample of 933 members. Vendor list: A targeted vendor list of 1,720 physicians who have furnished the procedure at least once since January 1, 2023.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**7.00**	18.00	150.00
Survey RVW:	5.50	8.00	**10.00**	12.00	90.00
Pre-Service Evaluation Time:			**40.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	16.00	40.00	**45.00**	60.00	180.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**69.0**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	62330	**Recommended Physician Work RVU: 8.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**

Pre-Service Scrub, Dress, Wait Time:	**10.00**	**20.00**	**-10.00**
Intra-Service Time:	**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
8B IV Sedation/Complex Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**15.00**	**28.00**	**-13.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**69.00**	99211x **0.00** 12x **0.00** 13x **3.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22869	090	7.03	**RUC Time**

CPT Descriptor Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22867	090	15.00	**RUC Time**

CPT Descriptor Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
21556	090	7.66	**RUC Time**	1,846

CPT Descriptor 1 Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54530	090	8.46	**RUC Time**	1,012

CPT Descriptor 2 Orchiectomy, radical, for tumor; inguinal approach

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 45 **% of respondents:** 42.0 **%**

Number of respondents who choose 2nd Key Reference Code: 25 **% of respondents:** 24.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 62330	**Top Key Reference CPT Code:** 22869	**2nd Key Reference CPT Code:** **22867**
Median Pre-Service Time	60.00	55.00	63.00
Median Intra-Service Time	45.00	45.00	90.00
Median Immediate Post-service Time	15.00	17.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	69.0	39.00	69.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**208.00**	**175.00**	**271.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	9%	44%	38%	9%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	62%	27%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	49%	42%
Physical effort required	11%	51%	38%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	18%	42%	40%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	44%	48%	8%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	56%	32%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	40%	52%
Physical effort required	12%	36%	52%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	52%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Survey: Five societies (ASA, ASRA-PM, AAPM&R, IPSIS, NANS) surveyed both codes 62330 and 62331 using a single survey instrument. Each society sent the survey instrument to a random sample of their membership. The survey was also sent to a targeted vendor list ("vendor list"), which was approved by the Research Subcommittee. The societies obtained the vendor list from the sole vendor of the FDA-cleared devices that are used for the percutaneous interlaminar lumbar decompression (PILD) procedure. The vendor list included active contact information for 1,720 physician who have performed at least one PILD procedure since January 1, 2023.

For this January 2025 RUC meeting, only work was surveyed. An expert panel of RUC advisors from each of the five surveying societies was convened to review the survey data and inform the work recommendations. The expert panel also developed the practice expense (PE) recommendations.

Recommendations: For code 62330, the societies recommend the survey 25th percentile RVW of 8.00, and the survey median times of 60 minutes total pre-service, 45 minutes intra-service, and 15 minutes immediate post-service for a total time of 208 minutes. The societies offer the following rationale for these recommendations.

Pre-time: Package 4 (difficult patient / difficult procedure), with the following modifications:

- *Positioning:* Add 7 minutes to the standard package time of 3 minutes, consistent with the survey median. The additional 7 minutes is spent (1) turning the patient to the prone position, (2) placing a ventral bolster under the lower abdomen to flex the spine forward to adequately decrease the lumbar lordosis, and (3) further adjusting the patient's position, including repositioning the upper extremities, as needed, to allow unimpeded use of fluoroscopy.
- *Scrub, dress, wait (SDW):* Subtract 10 minutes from the standard package time of 20 minutes, consistent with the survey median.
- *Total pre-service time:* Subtract 3 minutes from the standard package time of 63 minutes to reflect the adjusted positioning (+7 minutes) and SDW (-10 minutes) times, and consistent with the survey median.

	Package 4 Standard Time	62330 Survey Median Time	62330 Recommended Time
EVAL	40	40	40
POSIT	3	10	10
SDW	20	10	10
TOTAL	63	60	60

Immediate post-time: Package 8b (IV sedation / complex procedure) adjusted to subtract 13 minutes from the standard package time of 28 minutes, for a total of 15 minutes, consistent with the survey median.

Post-op visits – DISCHARGE: One half-day (0.5) discharge day management visit code 99238. The survey median number of discharge day management visits is zero. However, the societies recommend one half-day (0.5) discharge day management visit code 99238, which is typical for this service and consistent with other similar 90-day global services, including both key reference service (KRS) codes. Most (97%) survey respondents said the typical patient for this procedure is discharged on the same day as the procedure. A discharge day management visit is appropriate and

necessary to perform a final evaluation, discuss the procedure, provide instructions for post-operative care, and prepare discharge paperwork. Most (86%) 90-day global services include at least one discharge day management visit (either code 99238 or code 99239). The top KRS codes for code 62330 (codes 22869 and 22867) each include the same half-day (0.5) discharge day management visit code 99238 that the societies recommend for code 62330.

Post-op visits – OFFICE: Survey median of three (3) level two office/outpatient E/M visits for an established patient (code 99213).

RVW: Survey 25th percentile RVW of 8.00.

IST: Survey median IST of 45 minutes.

The 25th percentile RVW and median IST are well supported by the strong survey data, which reflect a robust response rate (n=106) that exceeds the 30-response minimum for codes with annual Medicare utilization less than 100,000. The 25th percentile RVW and median IST values were the same when respondents were stratified by vendor list (n=30), society affiliation (n=76), and respondents with experience (n=94).

IWPUT: 0.065 based on the recommended survey 25th percentile RVW of 8.00 and survey median pre-, intra-, and post-service times. An IWPUT of 0.065 is conservative relative to top KRS codes 22869 and 22867, which have IWPUTs of 0.077 and 0.106, respectively.

Reference service list (RSL): Anesthesiology and pain medicine specialists furnish a relatively small number of 90-day global services. Because our members do not report many 90-day global services, we were limited when selecting RSL codes that would be both (1) appropriate and consistent with RUC guidelines / requirements, and (2) familiar enough to survey respondents for the purposes of rating code 62330. The final RSL for code 62330 included 22 90-day global services. Three of these services (codes 22867, 22869, 63655) describe spine procedures that anesthesiology and pain medicine specialist commonly furnish; the other 19 RSL codes are rarely, if ever, reported by anesthesiology and pain medicine specialists. RVWs for the 22 RSL codes were well-distributed and ranged from 6.68 to 15.00. The RSL included six (6) MPC codes, and most codes were RUC reviewed in the last 10 (n=12) or 15 (n=9) years; one code (code 53445, an MPC code) was RUC reviewed in 2008.

Key Reference Service (KRS) Comparison: Nearly all survey respondents (87%) chose the three spine procedures that anesthesiology and pain medicine specialists commonly furnish as the KRS codes for rating code 62330, including when respondents were stratified by vendor list (83%), society affiliation (88%), and with (88%) and without (75%) experience. Code 22869 was the 1st KRS code for all survey respondents (42%), and when respondents were stratified by vendor list (40%), society affiliation (43%), and respondents with (44%) and without (33%) experience. Code 22867 was the 2nd KRS code for all survey respondents (24%), and when respondents were stratified by vendor list (33%), and respondents with experience (24%). Code 63655 was the 2nd KRS code when respondents were stratified by society affiliation (25%) and those without experience (25%). Although the RVW range for the selected KRS codes is somewhat wide (7.03; 10.92; 15.00), it appropriately bounds the recommended survey 25th percentile RVW of 8.00 and is consistent with how respondents rated code 62330 relative to the KRS codes for each intensity / complexity sub-measure.

TOP KEY REFERENCE SERVICE SELECTION – 62330

CODE	RVW	ALL	VENDOR LIST	SOCIETY AFFILIATION	WITH EXPERIENCE	WITHOUT EXPERIENCE
22869	7.03	42%	40%	43%	44%	33%
22867	15.00	24%	33%	20%	24%	17%
63655	10.92	21%	10%	25%	20%	25%
TOTAL		*87%*	*83%*	*88%*	*88%*	*75%*

1st KRS: Code 22869 was most recently reviewed at the April 2021 RUC meeting. The RUC reviewed the survey results from 75 physicians and determined that a value between the survey 25th percentile of 6.75 and survey median of 8.00 would most accurately reflect the typical physician work necessary to perform this service. The RUC recommended a RVW of 7.03 and times of 55 / 45 / 17 / 175 for code 22869. The survey 25th percentile RVW of 8.00 for code 62330 is appropriate relative to code 22869 and well-supported by the survey data.

The PILD procedure (code 62330) is performed directly within the vertebral canal; the interspinous spacer procedure (code 22869) is not – the work is performed between the spinous processes of vertebrae rather than in proximity to the spinal cord for code 62330. This is a key distinction for the purposes of assessing the relative intensity / complexity because procedures within the vertebral canal, like code 62330, can carry additional risks compared to procedures performed between spinous processes, like code 22869. This is due to the ligamentum flavum's intimate position relative to the spinal cord, nerve roots, and subarachnoid space. The space between spinous processes is generally more removed from sensitive neurological tissues.

The increased intensity / complexity of a procedure within the vertebral canal (code 62330) relative to a procedure where the work is performed between the vertebrae (code 22869) is well supported by the survey data. While the median IST for the two procedures is the same (45 minutes), survey respondents rated code 62330 as identical or more intense for each intensity / complexity sub-measure, including:

- overall intensity and complexity (44% identical; 47% more)
- mental effort and judgement (62% identical; 27% more)
- technical skill (49% identical; 42% more)
- physical effort (51% identical; 38% more)
- psychological stress (42% identical; 40% more)

The increased intensity / complexity of code 62330 relative to other spine procedures, like code 22869 can also be explained by differences in patient population. Patients who undergo the PILD procedure (code 62330) tend to be older and more medically complex compared to patients who undergo other lumbar decompression procedures, like interspinous spacers (code 22869) or laminectomy. This is supported by the literature. In a prospective longitudinal study comparing outcomes between Medicare beneficiaries who underwent the PILD procedure (n=2,229) and a control group of patients receiving interspinous spacers (code 22869; n = 3,401) for the treatment of LSS with neurogenic claudication, patients in the PILD group were significantly older than patients in the interspinous spacer cohort. (Staats, 2024) Symptomatic LSS patients frequently suffer from multiple medical comorbidities that make them unattractive candidates for more invasive decompression procedures that carry a higher risk of significant procedural morbidity, including due to the need for general anesthesia and longer hospital stays. In one retrospective observational cohort study of 50 patients (mean age = 73 years) who underwent the PILD procedure, most were overweight (36%) or obese (40%) with medical comorbidities that included, among others, hypertension (78%), diabetes type 1 and 2 (34%), depression (20%), coronary artery disease (30%), hypercholesterolemia (54%), rheumatoid arthritis (12%), peripheral vascular disease (8%); 68% were documented as class 3 according to the physical status classification system of the American Society of Anesthesiologists (ASA); 24% and 8% were graded ASA class 2 and 4, respectively. (Durkin, 2013) The survey data support the increased intensity and complexity of the PILD procedure (code 62330), which requires the same IST (45 minutes) as the interspinous spacer procedure (code 22869) but has a higher survey 25th percentile (8.00) and median (10.00) RVW compared to the survey 25th percentile (6.75) and median (8.00) RVW for code 22869 when surveyed for the April 2021 RUC meeting where the RUC ultimately recommended an RVW of 7.03.

For code 62330, the recommended survey 25th percentile RVW of 8.00 and median IST of 45 minutes results in an IWPUT of 0.065, which is lower than the IWPUT of 0.077 for code 22869.

2nd KRS: Code 22867 was most recently reviewed at the January 2016 RUC meeting. The RUC reviewed the survey results from 58 physicians and recommends a RVW of 15.00, based on a direct crosswalk to code 29915 *Arthroscopy, hip, surgical; with acetabuloplasty (ie, treatment of pincer lesion).* The RUC recommended a RVW of 15.00 and times of 63 / 90 / 30 / 271 for code 22867. The survey 25th percentile RVW of 8.00 for code 62330 is appropriate relative to code 22867 and well-supported by the survey data.

Like code 22869 (1st KRS), code 22867 describes a procedure to insert an interspinous spacer between the spinous processes of vertebrae in the spine. They key difference between these services is that code 22867 includes an open decompression whereas code 22869 does not. A procedure with an open decompression takes more time compared to a procedure without, which is reflected in the higher IST for code 22867 (90 minutes) than code 22869 (45 minutes). Code 62330 does not include an open decompression (as stated in the vignette) and has the same survey median IST as code 22869 (45 minutes), which also does not include an open decompression. The recommended survey median IST of 45 minutes for code 62330 is appropriate relative to the survey median IST of 90 minutes for code 22867 due to the difference in intra-service work for a procedure that includes open decompression compared to one that does not. In addition to requiring more IST, open decompression procedures can be more intense compared to procedures without open decompression. This is reflected in the slightly higher IWPUT for code 22867 (0.106) compared to code 22869 (0.077).

The increased intensity / complexity of a percutaneous procedure in the vertebral canal relative to a procedure where the work is performed between the vertebrae is well supported by the survey data. Respondents rated code 62330 as identical or more intense compared to code 22867 for each intensity / complexity sub-measure, including:

- overall intensity and complexity (44% identical; 56% more)
- mental effort and judgement (56% identical; 32% more)
- technical skill (52% identical; 40% more)
- physical effort (52% identical; 36% more)
- psychological stress (40% identical; 52% more)

For code 62330, the recommended survey 25th percentile RVW of 8.00 and median IST of 45 minutes results in an IWPUT of 0.065, which is lower than the IWPUT of 0.106 for code 22867.

SUMMARY - 62330

KRS	CODE	DESCRIPTOR	RVW	IWPUT	TT	EVAL	POSIT	SDW	IST	POST	SRVY RESP	YR
1st KRS	22869	Insertion of interlaminar/ interspinous process stabilization/ distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	7.03	0.077	175	33	12	10	45	17	75	2021-04
2nd KRS	22867	Insertion of interlaminar/ interspinous process stabilization/ distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	15.00	0.106	271	33	15	15	90	30	58	2016-01
SRVY MED	62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	10.00	0.123	189	40	10	10	45	15	106	NEW
REC	**62330**	**Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar**	**8.00**	**0.065**	**208**	**40**	**10**	**10**	**45**	**15**	**106**	**NEW**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0275T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pain Management How often? Sometimes

Specialty Anesthesiology How often? Sometimes

Specialty Interventional Pain Management How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 18200
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate national, one-year utilization of approximately 18,200 for code 62330. This estimate is based on 2022 sales data provided by the sole vendor of the FDA-cleared devices for this procedure (previously reported with Category III code 0275T) and reflects combined utilization for both Medicare and non-Medicare patients. The vendor sales data does not include the frequency and percentage data for each specialty. We used the 2022 Medicare specialty mix for code 0275T (as shown in the RUC database) to estimate the frequnecy and percentage for each specialty nationally in a one-year period for both Medicare and non-Medicare patients. [Note: The societies obtained the 2022 sales data from the sole vendor of the FDA-cleared devices for this procedure as part of the CPT code change application submission process; this same vendor also provided the societies with a targeted vendor list for the purposes of this survey.]

Specialty Pain Management Frequency 5533 Percentage 30.40 %

Specialty Anesthesiology Frequency 5460 Percentage 30.00 %

Specialty Interventional Pain Management Frequency 3986 Percentage 21.90 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10,052 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate national, one-year utilization for Medicare patients of

approximately 10,052 for code 62330. This estimate is based on 2022 Medicare claims data for Category III code 0275T, as shown in the RUC database. To estimate the frequency for each specialty, we extrapolated based on the RUC database 2022 specialty percentages for all sites.

Specialty Pain Management Frequency 3056 Percentage 30.40 %

Specialty Anesthesiology Frequency 3019 Percentage 30.00 %

Specialty Interventional Pain Management Frequency 2201 Percentage 21.90 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 0275T

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:62331 Tracking Number T3 Original Specialty Recommended RVU: **5.00**
Presented Recommended RVU: **5.00**
Global Period: ZZZ Current Work RVU: **N/A** RUC Recommended RVU: **4.25**

CPT Descriptor: Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old female is diagnosed with symptomatic lumbar spinal stenosis with neurogenic claudication unresponsive to conservative therapy. Imaging demonstrates thickened ligamentum flavum with resultant stenosis of the spinal canal at L3-L4 and L4-L5. The patient does not require immediate open decompression. After performing thinning of the L3-L4 ligamentum flavum (separately reported), an additional thinning of the L4-5 ligamentum flavum is performed. [Note: This is an add-on service. Only consider the additional work related to treatment of one additional interspace.]

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital , In the ASC , In the office

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day , Overnight stay-less than 24 hours , Overnight stay-more than 24 hours

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day

Description of Pre-Service Work:

Description of Intra-Service Work: The patient has undergone a percutaneous interlaminar decompressive procedure at one level (eg, L3-L4). Immediately following this decompression, the exact same procedure is repeated at an additional symptomatic level.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Richard Rosenquist, MD Gordon H. Morewood, MD Trent Emerick, MD, MBA Esther Yoon, MD Graham Wagner, MD
Specialty Society(ies):	American Society of Anesthesiologists (ASA), American Society of Regional Anesthesia and Pain Medicine (ASRA-PM); American Academy of Physical Medicine and Rehabilitation (AAPM&R); International Pain and Spine Intervention Society (IPSIS); North American Neuromodulation Society (NANS)
CPT Code:	62331
Sample Size:	7895 **Resp N:** 105
Description of Sample:	ASA: Random sample of 1,943 members. ASRA-PM: Random sample of 1,182 members. AAPM&R: Random sample of 1,367 members who are part of the society's interventional pain member community. IPSIS: Random sample of 750 members. NANS: Random sample of 933 members. Vendor list: A targeted vendor list of 1,720 physicians who have furnished the procedure at least once since January 1, 2023.

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**5.00**	15.00	110.00
Survey RVW:	2.00	5.00	**7.00**	9.75	112.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	30.00	**43.00**	60.00	225.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	62331	**Recommended Physician Work RVU: 4.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**

Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**43.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
ZZZ Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22634	ZZZ	7.96	**RUC Time**

CPT Descriptor Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22552	ZZZ	6.50	**RUC Time**

CPT Descriptor Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4,768

CPT Descriptor 1 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
22632	ZZZ	5.22	**RUC Time**	1576

CPT Descriptor 2 Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 31 **% of respondents:** 30.0 **%**

Number of respondents who choose 2nd Key Reference Code: 27 **% of respondents:** 26.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 62331	**Top Key Reference CPT Code:** 22634	**2nd Key Reference CPT Code:** **22552**
Median Pre-Service Time	0.00	0.00	5.00
Median Intra-Service Time	43.00	65.00	45.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**43.00**	**65.00**	**50.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**

Overall intensity/complexity	0%	32%	42%	19%	6%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	29%	52%	20%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	26%	52%	23%
Physical effort required	16%	58%	26%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	23%	52%	26%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	4%	33%	41%	15%	7%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	30%	59%	11%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	37%	48%	15%
Physical effort required	33%	48%	19%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	37%	37%	26%

- Estimated risk of malpractice suit with poor outcome

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Recommendations: For code 62331, the societies recommend the survey 25th percentile RVW of 5.00, and the survey median times of 0 minutes total pre-service, 43 minutes intra-service, and 0 minutes immediate post-service for a total time of 43 minutes. The societies offer the following rationale for these recommendations.

RVW: Survey 25th percentile RVW of 5.00.

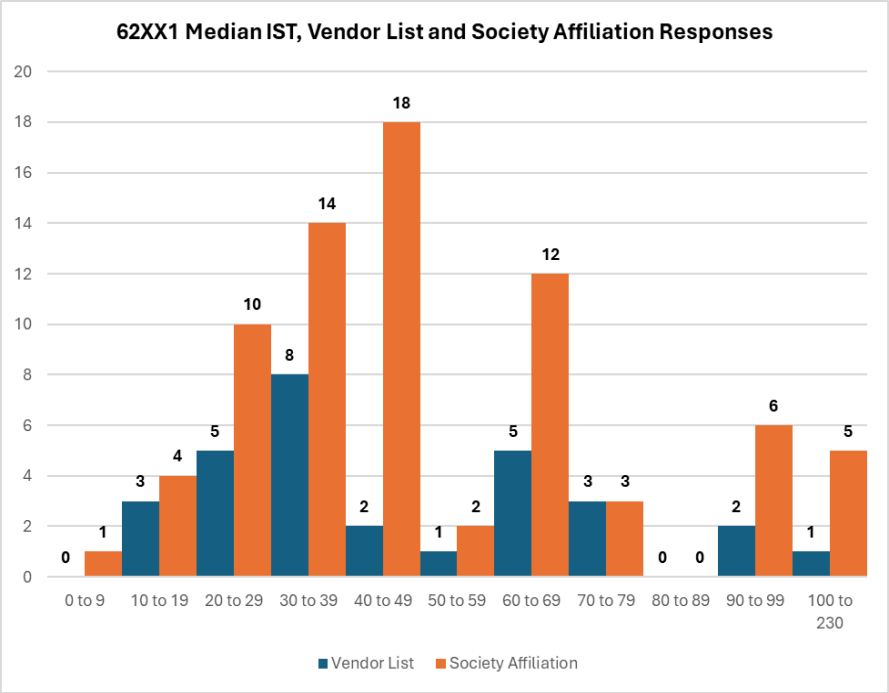
IST: Survey median IST of 43 minutes.

The survey 25th percentile RVW and median IST are well supported by the survey data, which reflect a robust response rate (n=105) that exceed the 30-response minimum for codes with annual Medicare utilization less than 100,000. The survey 25th percentile RVW is similar when respondents are stratified by vendor list (5.05), society affiliation (5.16), and respondents with experience (5.00). The survey median IST is also similar when respondents are stratified by society affiliation (45 minutes) and respondents with and without experience (both 43 minutes). The median IST for vendor list respondents is slightly lower at 33 minutes, however this is due to the relatively small number of vendor list responses (n=30), which are distributed bi-modally. There are several more vendor list responses at the lower end of the IST range, which results in a median IST for vendor list respondents that is not representative of the overall distribution. The survey mean IST is more consistent, including when stratified by vendor list and society affiliation. Specifically, for all 105 respondents for code 62331 the mean IST is 51 minutes versus 48 minutes for the 30 vendor list respondents and 52 minutes for the 75 society affiliation respondents. While using a vendor list can help collect survey data from physicians who have firsthand experience furnishing a procedure—particularly for newer services that have not been as widely adopted—nearly all (85%) of the 105 survey respondents for code 62331 reported some experience with the PILD procedure. Accordingly, we believe it is most appropriate to consider the survey data for all 105 respondents for code 62331 versus only one subset of respondents, as these data provide greater statistical power and more adequately represent data from the physicians who are currently furnishing the procedure.

The recommended survey median IST of 43 minutes for code 62331 is appropriate relative recommended survey median IST of 45 minutes for code 62330 because the intra-service work for the two procedures is identical and therefore requires the identical amount of IST. This is well-supported by the survey data which show similar median IST for codes 62330 and 62331, including when the survey data are stratified by each type of respondent. This is also well-supported by other base service and add-on service code pairs, including for other percutaneous spine procedures and injection procedures commonly furnished by anesthesiology and pain medicine specialists.

INTRA-SERVICE TIME – 62331

RESPONDENT	RESP	MIN	25th %TILE	50th %TILE	75th %TILE	MAX	MEAN
All	105	1	30	43	60	225	51
Vendor List	30	12	27	33	63	180	48
Society Affiliation	75	1	30	45	60	225	52


62XX1 Median IST, Vendor List and Society Affiliation Responses
20
18
16
14
12
10
8
6
4
2
0
0 1 3 4 5 10 8 14 2 18 1 2 5 12 3 3 0 0 2 6 1 5
0 to 9
10 to 19
20 to 29
30 to 39
40 to 49
50 to 59
60 to 69
70 to 79
80 to 89
90 to 99
100 to 230
Vendor List
Society Affiliation

EXAMPLES OF BASE SERVICE AND ADD-ON SERVICE CODE PAIRS WITH THE SAME IST

CODE	DESCRIPTION	GLOBAL	RVW	IST	SOURCE	YR	IWPUT
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single level	010	5.85	45	RUC	2006-04	0.0775
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; 1 or more additional levels (List separately in addition to code for primary procedure)	ZZZ	3.03	45	RUC	2006-04	0.0673
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level	000	1.82	15	RUC	2009-04	0.0858
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)	ZZZ	1.16	15	RUC	2009-04	0.0773
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)	ZZZ	1.16	15	RUC	2009-04	0.0773
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level	000	1.52	15	RUC	2009-04	0.0658
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)	ZZZ	1.00	15	RUC	2009-04	0.0667
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)	ZZZ	1.00	15	RUC	2009-04	0.0667
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	010	7.15	60	RUC	2021-01	0.0671
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code for primary procedure)	ZZZ	3.77	60	RUC	2021-01	0.0628
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint	010	3.32	20	RUC	2020-10	0.0465
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)	ZZZ	1.32	20	RUC	2020-10	0.0660

Reference service list (RSL): The RSL for code 62331 included 19 codes. RSL code RVWs were well-distributed and ranged from 4.25 to 14.14. The RSL included four spine procedure services (codes 22552, 22634, 22858, 22840) that are commonly furnished by anesthesiology and pain medicine specialists. Two of these services (codes 22634, 22552) were selected as KRS codes by most (55%) respondents, including when respondents were stratified by vendor list (47%), society affiliation (59%), and with (57%) and without (42%) experience. Both KRS codes were well-distributed in terms of RVW (6.50 and 7.96) and IST (45 and 65) and appropriately bound the recommended survey 25th percentile RVW of 5.00 and survey median IST of 43 minutes for code 62331, which is well-supported by the survey data from 105 respondents.

Key Reference Service (KRS) Comparison: All respondents selected the same two services as either 1st or 2nd KRS codes, including when the survey data were stratified by each type of respondent.

TOP KEY REFERENCE SERVICE SELECTION – 62331

CODE	RVW	ALL	VENDOR LIST	SOCIETY AFFILIATION	WITH EXPERIENCE	WITHOUT EXPERIENCE
22552	6.50	26%	39%	24%	28%	8%
22634	7.96	30%	17%	35%	29%	33%
TOTAL		*55%*	*47%*	*59%*	*57%*	*42%*

1st KRS: Code 22634 was most recently reviewed at the April 2021 RUC meeting; it is also an MPC code. The RUC reviewed the survey results from 111 physicians and determined that the survey 25th percentile RVW of 7.96 appropriately accounts for the physician work involved in this add-on service. The RUC recommended a RVW of 7.96 and times of 0 / 65 / 0 / 65 for code 22634.

Code 22634 describes the work to treat each additional interspace(s) during spinal fusion surgery using a posterolateral technique with posterior interbody technique. Code 22634 is a procedure which involves the vertebral canal, like code 62331. For each intensity / complexity sub-measure, approximately half of respondents rated code 62331 as identical to code 22634; the other half were generally split between those who said code 62331 is more versus less intense, including:

- overall intensity and complexity (42% identical; 26% more; 32% less)
- mental effort and judgement (52% identical; 19% more; 29% less)
- technical skill (52% identical; 23% more; 26% less)
- physical effort (58% identical; 36% more; 16% less)
- psychological stress (52% identical; 26% more; 23% less)

For code 62331, the recommended survey 25th percentile RVW of 5.00 and median IST of 43 minutes results in an IWPUT of 0.116, which is lower than the IWPUT of 0.122 for code 22634.

2nd KRS: Code 22552 was most recently reviewed at the February 2010 RUC meeting. The RUC reviewed survey results from 109 physicians and determined that the survey 25th percentile RVW of 6.50 appropriately valued this service. The RUC recommended a RVW of 6.50 and times of 5 / 45 / 0 / 50 for code 22552. For each intensity / complexity sub-measure most respondents rated code 62331 as identical or less intense compared to code 22552, including:

- overall intensity and complexity (41% identical; 22% more; 37% less)
- mental effort and judgement (59% identical; 11% more; 30% less)
- technical skill (48% identical; 15% more; 37% less)
- physical effort (48% identical; 19% more; 33% less)
- psychological stress (37% identical; 26% more; 37% less)

For code 62331, the recommended survey 25th percentile RVW of 5.00 and median IST of 43 minutes results in an IWPUT of 0.116, which is lower than the IWPUT of 0.142 for code 22552.

SUMMARY - 62331

KRS	CODE	DESCRIPTOR	RVW	IWPUT	TT	EVAL	POSIT	SDW	IST	POST	SRVY RESP	YR
1st KRS	22634 **MPC*	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)	7.96	0.122	65	0	0	0	65	0	111	2021-04
2nd KRS	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)	6.50	0.142	50	5	0	0	45	0	109	2010-02
SRVY MED	62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	7.00	0.163	43	0	0	0	43	0	105	NEW
REC	**62331**	**Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)**	**5.00**	**0.116**	**43**	**0**	**0**	**0**	**43**	**0**	**105**	**NEW**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0275T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pain Management How often? Sometimes

Specialty Anesthesiology How often? Sometimes

Specialty Interventional Pain Management How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 7280
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. We estimate national, one-year utilization of approximately 7,280 for code 62331. This estimate reflects approximately 40% of the 2022 sales data provided by the sole vendor of the FDA-cleared devices for this procedure (previously reported with Category III code 0275T) and reflects combined utilization for both Medicare and non-Medicare patients. We estimate that approximately 40% of patients who undergo the PILD procedure will be treated at more than one level. This estimate is based a review of the relevant literature.The vendor sales data does not include the frequency and percentage data for each specialty. We used the 2022 Medicare specialty mix for code 0275T (as shown in the RUC database) to estimate the frequnecy and percentage for each specialty nationally in a one-year period for both Medicare and non-Medicare patients. [Note: The societies obtained the 2022 sales data from the sole vendor of the FDA-cleared devices for this procedure as part of the CPT code change application submission process; this same vendor also provided the societies with a targeted vendor list for the purposes of this survey.]

Specialty Pain Management Frequency 2213 Percentage 30.40 %

Specialty Anesthesiology Frequency 2184 Percentage 30.00 %

Specialty Interventional Pain Management Frequency 1594 Percentage 21.90 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4021
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please

explain the rationale for this estimate. We estimate national, one-year utilization for Medicare patients of approximately 4,021 for code 62331. This estimate reflects approximately 40% of the 2022 Medicare fee-for-service claims for CPT code 0275T (n=10,052), as shown in the RUC database. We estimate that approximately 40% of patients who undergo the PILD procedure will be treated at more than one level. This estimate is based a review of the relevant literature.

Specialty Pain Management Frequency 1222 Percentage 30.40 %

Specialty Anesthesiology Frequency 1206 Percentage 30.00 %

Specialty Interventional Pain Management Frequency 881 Percentage 21.90 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 0275T

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Percutaneous Interlaminar Lumbar Decompression (62XX0, 62XX1)

TAB: 10

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open	090	2021-04	45	0.077	0.040			7.03			175	33	12	10			45			17						0.5		1	1							
2nd REF	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion,	090	2016-01	25	0.106	0.055			15.00			271	33	15	15			90			30						0.5		3								
SVY	62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for	090		106	0.123	0.053	5.50	8.00	10.00	12.00	90.00	189	40	10	10	16	40	45	60	180	15								3				0	2	7	18	150
Vendor List	62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for	090		30	0.093	0.047	7.00	8.00	8.50	12.00	25.30	183	36	9	9	19	31	45	60	145	15								3				2	7	11	29	150
Society Affiliation	62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for	090		76	0.133	0.055	5.50	8.00	10.00	12.13	90.00	183	40	10	10	16	40	45	60	180	15								1	1			0	1	5	11	100
REC	62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	090		106	0.065	0.038			8.00			208	40	10	10			45			15						0.5		3								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including	ZZZ	2021-04	31	0.122	0.122			7.96			65	0	0	0			65			0															
2nd REF	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and	ZZZ	2010-02	27	0.142	0.130			6.50			50	5	0	0			45			0															
SVY	62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for	ZZZ		105	0.163	0.163	2.00	5.00	7.00	9.75	112.00	43	0	0	0	1	30	43	60	225	0												0	2	5	15	110
Vendor List	62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for	ZZZ		30	0.246	0.246	3.00	5.05	7.98	10.00	15.00	33	0	0	0	12	27	33	63	180	0												0	5	8	21	110
Society Affiliation	62311	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for	ZZZ		75	0.156	0.156	2.00	5.16	7.00	9.38	112.00	45	0	0	0	1	30	45	60	225	0												0	1	5	10	51
REC	62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	ZZZ		105	0.099	0.099			4.25			43	0	0	0			43			0															
XWALK	60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)	ZZZ		105	0.094	0.094			4.25			45	0	0	0			45			0															

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
62330	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar	090
62331	Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
62330	A 67-year-old male is diagnosed with symptomatic lumbar spinal stenosis with neurogenic claudication unresponsive to conservative therapy. Imaging demonstrates thickened ligamentum flavum with resultant stenosis of the spinal canal at L3-L4. The patient does not require immediate open decompression. The patient undergoes a percutaneous thinning of the ligamentum flavum.
62331	A 70-year-old female is diagnosed with symptomatic lumbar spinal stenosis with neurogenic claudication unresponsive to conservative therapy. Imaging demonstrates thickened ligamentum flavum with resultant stenosis of the spinal canal at L3-L4 and L4-L5. The patient does not require immediate open decompression. After performing thinning of the L3-L4 ligamentum flavum (separately reported), an additional thinning of the L4-5 ligamentum flavum is performed. [Note: This is an add-on service. Only consider the additional work related to treatment of one additional interspace.]

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   An Expert Panel consisting of RUC advisors and subject matter experts from each of the surveying societies communicated via email and zoom to develop PE recommendations. The expert panel reviewed (1) survey times, (2) existing inputs for key reference service codes, and (3) PE standards.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   The societies recommend the following PE reference codes:

   <u>62330</u>
   PE Reference code #1: Code 22869 was the 1st KRS selected by 42% of survey respondents (n=45). Codes 22869 and 62330 both describe surgical procedures of the lumbar spine without open decompression or fusion and including imaging guidance when performed. Codes 22869 and 62330 are 90-global services with similar facility PE inputs for clinical staff activities, supplies, equipment.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PE Reference code #2: Code 22867 was the 2nd KRS selected by 24% of survey respondents (n=25). Codes 22867 and 62330 both describe surgical procedures of the lumbar spine including imaging guidance when performed. Codes 22867 and 62330 are 90-global services with similar facility PE inputs for clinical staff activities, supplies, equipment.

62331
PE Reference code #1: Code 22634 was the 1st KRS selected by 30% of survey respondents (n=31). Codes 22634 and 62331 both describe each additional interspace treated during a primary surgical procedure of the lumbar spine. Codes 22634 and 62331 are ZZZ global services with no facility PE inputs for clinical staff activities, supplies, equipment.

PE Reference code #2: Code 22552 was the 2nd KRS selected by 26% of survey respondents (n=27). Codes 22552 and 62331 both describe each additional interspace treated during a primary surgical procedure of the spine (cervical for code 22552, lumbar for code 62331). Codes 22552 and 62331 are ZZZ global services with no facility PE inputs for clinical staff activities, supplies, equipment.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

No

See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

Codes 62330 and 62331 are new Category I codes. The procedures described by codes 62330 and 62331 were previously reported with Category III code 0275T. Since both codes 62330 and 62331 are new, the global periods have not transitioned.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Pre-service clinical staff activities for code 62330 include the following:

Complete pre-service diagnostic and referral forms	**5 minutes (standard)** Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.
Coordinate pre-surgery services (including test results)	**20 minutes (standard)** Staff coordinates collection and documentation of imaging and lab results, patient specific information and other relevant patient information for the procedure, including conducting requisite pre-procedure assessment. All clinical updates are entered and recorded in the EHR.
Schedule space and equipment in facility	**8 minutes (standard)** Staff interacts with the facility to schedule space, supplies, equipment, and review checklists.
Provide pre-service education/obtain consent	**20 minutes (standard)** Staff reviews procedure, complication risk, recovery process, and answers patient and family questions.
Complete pre-procedure phone calls and prescription	**7 minutes (standard)** Staff reviews pre-operative medication changes and patient medical status, and answers final pre-admission questions.

    b. Service period (includes pre, intra and post):

Service period clinical staff activities for code 62330 include the following:

6 minutes (standard)
Prior to discharge, clinical staff assist with necessary post-discharge care coordination, including:

- Respond to patient and family questions about home activity restrictions
- Confirm discharge medications, if needed
- Coordinate with other physicians and QHPs involved in the patient's care for records transfer
- Transition discharge information to the physician's office medical record, including medication list, correspondence, and imaging and lab results pending at discharge

c. Post-service period:

Post-service period clinical staff activities for code 62330 include the following:

108 minutes – standard clinical staff time for current office E/M visits (three 99213 visits)
The clinical staff work includes the standard activities involved in any E/M visit, such as:

- Greet the patient and provide gowning
- Ensure all appropriate medical records are available including interval imaging and labs, physical therapy reports, and chart notes from other physicians
- Review current medications and allergies in the EHR
- Obtain vital signs
- Prepare room, including all necessary equipment and supplies
- Assist with patient positioning for exam
- Assist with wound care, as needed
- Clean room and equipment
- Answer patient and family questions about home care, including activity limitations and reinforcement of physical therapy activities
- Assist physician with orders for medication and physical therapy changes
- Assist with answering patient, family/caregiver, therapist, other clinician questions and processing changes in care

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, we recommend two supply packs: SA048 and SA054.
These supply packs are both established packs as defined by CMS.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, post-op incision care (suture)	**SA054**	**pack**	
kit, suture removal		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	1
steri-strip (6 strip uou)		item	2
swab-pad, alcohol		item	2
tape, surgical paper 1in (Micropore)		inch	12
tincture of benzoin, swab		item	1

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Equipment Code	Equipment	Equipment Formula	Facility Minutes
EF031	table, power	Office visits	108
EQ168	light, exam	Office visits	108

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

The societies recommend a PLI crosswalk to code 22869 for code 62330 and code 22870 for code 62331 based on a similar specialty mix. The societies reviewed 2023 utilization data (published with the calendar year 2025 Physician Fee Schedule final rule) for all CPT codes to identify appropriate PLI crosswalks for codes 62330 and 62331. Our analysis focused on codes that (1) are predominantly provided in the facility setting, and (2) have a similar specialty mix to code 0275T. codes 22869 and 22870 are furnished in a facility setting 99% of the time by a similar mix of specialties as code 0275T.

Code	Crosswalk	Descriptor	PLI RVU
62330	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	0.70
62331	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)	0.23

	2022 Medicare Percentages for Global Medicare Specialty (All Sites), Specialty %		
Specialty	**0275T**	**22869**	**22870**
Pain Management	30.4%	30.3%	31.0%
Anesthesiology	30.0%	31.5%	31.9%
Interventional Pain Management	21.9%	22.1%	23.6%
Physical Medicine and Rehabilitation	15.8%	11.8%	10.3%
Neurology	0.4%	0.6%	0.3%
Diagnostic Radiology	0.4%	0.8%	0.6%
Source: RUC database (accessed 11/11/2024)			

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**REFERENCE CODE**		**RECOMMENDED**	
2						**22869**		**22867**		**62330**		**22634**		**22552**		**62331**	
3		***RUC Collaboration Website***															
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 10** **Specialty: ASA, ASRA-PM, AAPM&R, IPSIS, NANS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level		Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level		Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar		Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)		Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)		Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 85.31**	**$ -**	**$ 115.69**	**$ -**	**$ 115.69**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**129.0**	**0.0**	**174.0**	**0.0**	**174.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**63.0**	**0.0**	**108.0**	**0.0**	**108.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 69.66**	**$ -**	**$ 93.96**	**$ -**	**$ 93.96**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**															
14		**Start: Following visit when decision for surgery/procedure made**															
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5		5		5						
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20		20		20						
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8		8		8						
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20		20		20						
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7		7		7						
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54												
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54												
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54												
23			L037D	RN/LPN/MTA	0.54												
24			L037D	RN/LPN/MTA	0.54												
25			L037D	RN/LPN/MTA	0.54												
26		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54												
27		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54												
28		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54												
29		**End: When patient enters office/facility for surgery/procedure**															
30		**SERVICE PERIOD**															
31		**Start: When patient enters office/facility for surgery/procedure:**															
32		**Pre-Service (of service period)**															
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54												
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54												
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54												
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54												
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54												
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54												
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54												
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54												
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54												
42			L037D	RN/LPN/MTA	0.54												
43			L037D	RN/LPN/MTA	0.54												
44			L037D	RN/LPN/MTA	0.54												
45		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54												
46		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54												
47		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54												
48		**Intra-service (of service period)**															
49	CA018	Assist physician or other qualified healthcare professional---directly related to	L037D	RN/LPN/MTA	0.54												
50	CA019	Assist physician or other qualified healthcare professional---directly related to	L037D	RN/LPN/MTA	0.54												
51	CA020	Assist physician or other qualified healthcare professional---directly related to	L037D	RN/LPN/MTA	0.54												

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
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4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 10** **Specialty: ASA, ASRA-PM, AAPM&R, IPSIS, NANS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level		Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level		Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; one interspace, lumbar		Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace, lumbar; each additional interspace (List separately in addition to code for primary procedure)		Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)		Decompression, percutaneous, with partial removal of the ligamentum flavum, including laminotomy for access, epidurography, and imaging guidance (ie, CT or fluoroscopy), bilateral; additional interspace(s), lumbar (List separately in addition to code for primary procedure)	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 85.31**	**$ -**	**$ 115.69**	**$ -**	**$ 115.69**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**129.0**	**0.0**	**174.0**	**0.0**	**174.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**63.0**	**0.0**	**108.0**	**0.0**	**108.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54												
53			L037D	RN/LPN/MTA	0.54												
54			L037D	RN/LPN/MTA	0.54												
55			L037D	RN/LPN/MTA	0.54												
56		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54												
57		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54												
58		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54												
59		**Post-Service (of service period)**															
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54												
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54												
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54												
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54												
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54												
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54												
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54												
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54												
68	CA030	Technologist QC's images in PACS, checking for all images, reformats, and	L037D	RN/LPN/MTA	0.54												
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54												
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54												
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54												
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs,	L037D	RN/LPN/MTA	0.54												
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54												
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**	**6**	**n/a**	**6**	**n/a**	**6**	**n/a**		**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.54												
76			L037D	RN/LPN/MTA	0.54												
77			L037D	RN/LPN/MTA	0.54												
78		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54												
79		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54												
80		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54												
81		**End: Patient leaves office/facility**															
82		**POST-SERVICE PERIOD**															
83		**Start: Patient leaves office/facility**															
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54												
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54												
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16														
88		99212 27 minutes	27				1										
89		99213 36 minutes	36				1		3		3						
90		99214 53 minutes	53														
91		99215 63 minutes	63														

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6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 85.31**	**$ -**	**$ 115.69**	**$ -**	**$ 115.69**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**129.0**	**0.0**	**174.0**	**0.0**	**174.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**60.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
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92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**63.0**	**0.0**	**108.0**	**0.0**	**108.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.54												
94			L037D	RN/LPN/MTA	0.54												
95			L037D	RN/LPN/MTA	0.54												
96		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54												
97		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54												
98		*Other activity: please include short clinical description here and type new in*	L037D	RN/LPN/MTA	0.54												
99		**End: with last office visit before end of global period**															

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6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 85.31**	**$ -**	**$ 115.69**	**$ -**	**$ 115.69**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
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10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
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100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**													
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 14.66**	**$ -**	**$ 19.68**	**$ -**	**$ 19.68**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
102	SA048	pack, minimum multi-specialty visit	5.02	pack			2		3		3						
103	SA054	pack, post-op incision care (suture)	4.62	pack			1		1		1						
104																	
105																	
106																	
107																	
108																	
109																	
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**												
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 0.99**	**$ -**	**$ 2.05**	**$ -**	**$ 2.05**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
112	EF031	table, power	5906.76	Office Visits	0.015674926		63.0		108.0		108.0						
113	EQ168	light, exam	1232.887	Office Visits	0.003271745				108.0		108.0						
114																	
115																	
116																	
117																	
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*															
119																	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2025

Laminotomy – Repair of Disc Defect – Tab 11

At the September 2024 CPT Editorial Panel meeting, one new Category I add-on code was created to report repair of an annular defect by implantation of a bone anchored annular closure device after a laminotomy (hemilaminectomy) with decompression was performed. The new add-on code was surveyed for the January 2025 RUC meeting.

Code Family
The specialty societies indicated that CPT codes 63020, 63030, 63035, 63040, 63042, 63043, and 63044 are not a code family. First, code 63020 is for laminotomy with decompression for a cervical interspace and new code 63032 is for a lumbar interspace. Second, codes 63040-63044 are for re-exploration laminotomy with decompression and new code 63032 cannot be reported for re-exploration procedures. Further, the new add-on code 63032 can only be reported with primary code 63030 and only for a single interspace. Add-on code 63035 can also be reported with 63030 if an additional interspace laminotomy with decompression is performed, however, code 63032 cannot be reported for an additional level. Therefore, no other codes have had a change in physician work or practice expense as a result of the establishment of this new add-on code. **The RUC agreed that codes 63020, 63040, 63042, 63043, and 63044 do not need to be reviewed with 63032.**

63030 ***Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar***
63035 ***Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)***
The new code, 63032, is only to be reported with CPT codes 63030. Although code 63035 can also be reported with 63030, it would be for an additional interspace and not related to the new code 63032 which cannot be reported for an additional interspace as instructed in the parenthetical to report 63032 only once per operative session. In addition, the specialties stated that 63030 and 63035 were surveyed in 2022 and the work for these procedures is unchanged and distinct from the work of the new code. **The RUC agreed with the specialty societies and recommends affirmation of the current work RVU of 12.00 for CPT code 63030 and 3.86 for CPT code 63035.**

63032 ***Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 90 spine surgeons and recommends a work RVU of 2.50 based on a direct crosswalk to CPT code 33370 *Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access, catheterization, imaging, and radiological supervision and interpretation, percutaneous (List separately in addition to code for primary procedure)* (work RVU =2.50, 20 minutes intra-service and total time), which maintains relativity within the family for this code. The RUC recommends 21 minutes intra-service time and total time.

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The purpose of this procedure is to close an annular defect in the outer portion of the intervertebral disc after a discectomy. This helps seal the annulus to prevent the leakage of disc material (nucleus pulposus) and recurrence of a herniation. The primary objective is to preserve the disc's natural function by preventing fluid and nucleus pulposus leakage and reducing the likelihood of re-herniation.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 22853 *Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)* (work RVU = 4.25, 45 minutes intra-service and total time) and second key reference code 22868 *Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)* (work RVU = 4.00, 45 minutes intra-service and total time). Both reference codes involve the placement of a device similar to the surveyed code, however, each procedure provides different approaches for treating intravertebral disc degeneration or spinal instability. Reference code 22853 is to provide scaffolding for bone grafting to restore disc height and alignment after a spinal fusion procedure allowing bone growth to fuse two vertebrae over time. Reference code 22853 is less intense and complex to perform when compared to the surveyed code since the procedure is not intended to preserve the disc's natural function. Reference code 22868 is similar to the surveyed code in that the implant placement is meant to improve functional outcomes for patients with certain types of spinal conditions while avoiding the need for a more invasive fusion procedure. However, reference code 22868 is not an add-on code for the same level and space as the primary procedure, but instead is reported for an additional level. This includes exposure and closure of the additional level which is generally considered less intense work than measuring and precise placement of the device itself. Therefore, the intensity/complexity of reference 22868 is less than the surveyed code.

For additional support, the RUC referenced MPC codes 36227 *Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)* (work RVU = 2.09, 15 minutes intra-service and total time) and 34812 *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)* (work RVU = 4.13, 40 minutes intra-service and total time). The surveyed code work RVU is appropriately bracketed by the MPC codes. **The RUC recommends a work RVU of 2.50 for CPT code 63032.**

Practice Expense
The RUC recommends no direct practice expense inputs as CPT code 63032 is a facility only add-on service.

New Technology
CPT code 63032 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

I=New code s=Revised code :=Add-on code H=Modifier 51 exempt *=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code **f**=Family Code **e**=Editorial **D**=Deleted

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Nervous System** **Spine and Spinal Cord** **Posterior Extradural Laminotomy or Laminectomy for Exploration/ Decompression of Neural Elements or Excision of Herniated Intervertebral Discs**				
(f)63020	U1	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical (For bilateral procedure, report 63020 with modifier 50)	090	No Recommendation (2025 Work RVU = 14.91)
(f)63030	U2	1 interspace, lumbar (For bilateral procedure, report 63030 with modifier 50)	090	Affirm Current Value (2025 Work RVU = 12.00)
✚●63032	U3	with repair of annular defect by implantation of bone anchored annular closure device, including all imaging guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure) (Use 63032 in conjunction with 63030) (Report 63032 only once per operative session) (Do not report 63032 in conjunction with 63042)	ZZZ	2.50

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(f)63035	U4	each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure) (Use 63035 in conjunction with 63020-63030) (Do not report 63030, 63035 in conjunction with 22630, 22632, 22633, 22634, for laminotomy performed to prepare the interspace for fusion on the same interspace[s] and vertebral segment[s]) (For decompression performed on the same interspace[s] and vertebral segment[s] as posterior interbody fusion that includes laminectomy, removal of facets, and/or opening/widening of the foramen for decompression of nerves or spinal components, such as spinal cord, cauda equina, or nerve roots, see 63052, 63053) (For bilateral procedure, report 63035 twice. Do not report modifier 50 in conjunction with 63035) (For percutaneous endoscopic approach, see 0274T, 0275T)	ZZZ	Affirm Current Value (2025 Work RVU = 3.86)
(f)63040	U5	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical (For bilateral procedure, report 63040 with modifier 50)	090	No Recommendation (2025 Work RVU = 20.31)
(f)63042	U6	lumbar (For bilateral procedure, report 63042 with modifier 50) (Do not report 63042 in conjunction with 63032)	090	No Recommendation (2025 Work RVU = 18.76)
(f)63043	U7	each additional cervical interspace (List separately in addition to code for primary procedure) (Use 63043 in conjunction with 63040) (For bilateral procedure, report 63043 twice. Do not report modifier 50 in conjunction with 63043)	ZZZ	No Recommendation (2025 Work RVU = 0.00)

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(f)63044	U8	each additional lumbar interspace (List separately in addition to code for primary procedure) (Use 63044 in conjunction with 63042) (Do not report 63040, 63042, 63043, 63044 in conjunction with 22630, 22632, 22633, 22634, for laminotomy to prepare the interspace for fusion on the same interspace[s] and vertebral segment[s]) (For decompression performed on the same interspace[s] and vertebral segment[s] as posterior interbody fusion that includes laminectomy, removal of facets, and/or opening/widening of the foramen for decompression of nerves or spinal components, such as spinal cord, cauda equina, or nerve roots, see 63052, 63053) (For bilateral procedure, report 63044 twice. Do not report modifier 50 in conjunction with 63044)	ZZZ	No Recommendation (2025 Work RVU = 0.00)

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December 5, 2024

Ezequiel Silva, MD
Chair, AMA/Specialty Society RVS Update Committee
American Medical Association
330 N. Wabash Avenue, Suite 39300
Chicago, IL 60611

RE: Tab 11, CPT codes 63020, 63030, 63032, 63035, 63040, 63042, 63043, 63044

Dear Dr. Silva,

At the September 2024 CPT Panel meeting, the Panel accepted a request to: (1) establish add-on code 63032 to report repair of an annular defect of the vertebral body via implantation of a bone anchored annular closure device; and (2) addition of an instructional parenthetical note. The new code 63032 was referred to the RUC for survey of physician work. Codes 63020, 63030, 63035, 63040, 63042, 63043, 63044 were added as family codes. The undersigned societies have surveyed the new code 63032, but did not survey the codes added as family codes. This letter provides the justification for this decision.

The table below outlines the changes to the CPT codeset with the addition of new code 63032. This code is solely associated with the primary code 63030 and cannot be used with any other code. No other codes have been affected by the addition of this new add-on code, either editorially or otherwise. As a result, we believe that the only relevant family code is 63030. As code 63030 was reviewed by the RUC in 2022 and CMS made a final determination in the CY 2023 final rule, a new survey for 63030 is not necessary. The work associated with 63030 has remained unchanged since 2022, and the work related to the new add-on code 63032 is distinct and does not overlap with the work included in 63030.

(f)63020	U1	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical (For bilateral procedure, report 63020 with modifier 50)	090
(f)63030	U2	1 interspace, lumbar (For bilateral procedure, report 63030 with modifier 50)	090
+63032	U3	with repair of annular defect by implantation of bone anchored annular closure device, including all image guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure) (Use 63032 in conjunction with 63030) (Report 63032 only once per operative session) (Do not report 63032 in conjunction with 63042)	ZZZ
(f)63035	U4	each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure) (Use 63035 in conjunction with 63020-63030) (Do not report 63030, 63035 in conjunction with 22630, 22632, 22633, 22634, for laminotomy performed to prepare the interspace for fusion on the same interspace[s] and vertebral segment[s]) (For decompression performed on the same interspace[s] and vertebral segment[s] as posterior interbody fusion that includes laminectomy, removal of facets, and/or opening/widening of the foramen for decompression of nerves or spinal components, such as spinal cord, cauda equina, or nerve roots, see 63052, 63053) (For bilateral procedure, report 63035 twice. Do not report modifier 50 in	ZZZ

		conjunction with 63035) (For percutaneous endoscopic approach, see 0274T, 0275T)	
(f)63040	U5	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc, reexploration, single interspace; cervical (For bilateral procedure, report 63040 with modifier 50)	090
(f)63042	U6	lumbar (For bilateral procedure, report 63042 with modifier 50) **(Do not report 63042 in conjunction with 63032)**	090
(f)63043	U7	each additional cervical interspace (List separately in addition to code for primary procedure) (Use 63043 in conjunction with 63040) (For bilateral procedure, report 63043 twice. Do not report modifier 50 in conjunction with 63043)	ZZZ
(f)63044	U8	each additional lumbar interspace (List separately in addition to code for primary procedure) (Use 63044 in conjunction with 63042) (Do not report 63040, 63042, 63043, 63044 in conjunction with 22630, 22632, 22633, 22634, for laminotomy to prepare the interspace for fusion on the same interspace[s] and vertebral segment[s]) (For decompression performed on the same interspace[s] and vertebral segment[s] as posterior interbody fusion that includes laminectomy, removal of facets, and/or opening/widening of the foramen for decompression of nerves or spinal components, such as spinal cord, cauda equina, or nerve roots, see 63052, 63053) (For bilateral procedure, report 63044 twice. Do not report modifier 50 in conjunction with 63044)	ZZZ

We also note that new code 63032 is a facility-only add-on code and will have no related direct practice expense input.

Thank you for your consideration of this information. We look forward to presenting the work RVU recommendation for 63032 and responding to any questions at the January 2025 RUC meeting.

Sincerely,

American Association of Neurological Surgeons (AANS)

Congress of Neurological Surgeons (CNS)

North American Spine Society (NASS)

American Academy of Orthopaedic Surgeons (AAOS)

North American Neuromodulation Society (NANS)

cc: Scott Manaker, MD

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:63032 Tracking Number U3 Original Specialty Recommended RVU: **3.00**
Presented Recommended RVU: **3.00**
Global Period: ZZZ Current Work RVU: **N/A** RUC Recommended RVU: **2.50**

CPT Descriptor: Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone anchored annular closure device, including all image guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During a laminotomy with excision of an L4-L5 herniated intervertebral disc, a 53-year-old male is found to have a large annular defect that is 4-6 mm tall and 6-10 mm wide that is repaired with a bone-anchored annular closure device. [Note: This is an add-on service. Only consider the additional work related to the repair of the annular defect.]

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: n/a

Description of Intra-Service Work: After a laminotomy for discectomy to decompress the nerve root at L4/L5 is performed (reported separately), the size of the annular defect is measured to confirm that the patient is a candidate for repair of the defect with the bone-anchored annular closure device. Fluoroscopic guidance is used to confirm that the defect in the annulus extends completely to the nucleus. Under fluoroscopic guidance, an alignment trial instrument is inserted into the annular defect to confirm there is adequate bony removal for implantation of the bone-anchored annular closure device, and to determine the appropriate angle and final placement of the device. If required additional bone is removed from the lamina (out toward the medial aspect of the facet and/or undercutting the spinous process medially), in order to gain appropriate access and orientation. Under fluoroscopic guidance, the annular closure device is implanted and anchored in position. The bone-anchored device can be implanted into either the superior or the inferior endplate and will be implanted centrally (left to right) in the defect. The strike cap is then tapped until the deployment depth indicator on the tool indicates that the implant is properly deployed and countersunk 2 mm into the vertebral body. The final position of the implant is confirmed.

Description of Post-Service Work: n/a

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	John Ratliff, MD; Clemens Schirmer, MD; Elkousy, Hussein, MD; Karin Swartz, MD; Damean.Freas, MD					
Specialty Society(ies):	AANS, CNS, AAOS, NASS, NANS					
CPT Code:	63032					
Sample Size:	6463	**Resp N:**	90			
Description of Sample:	vendor list (n=247) AANS/CNS, AAOS: random self-identified spine surgeons NASS, NANS: random					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	0.00	**2.00**	6.00	100.00
Survey RVW:		1.20	3.81	**4.38**	5.18	20.00
Pre-Service Evaluation Time:				**0.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		5.00	15.00	**21.00**	30.00	120.00
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	63032	**Recommended Physician Work RVU: 2.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**21.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22853	ZZZ	4.25	**RUC Time**

CPT Descriptor Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22868	ZZZ	4.00	**RUC Time**

CPT Descriptor Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36227	ZZZ	2.09	**RUC Time**	15,940

CPT Descriptor 1 Selective catheter placement, external carotid artery, unilateral, with angiography of the ipsilateral external carotid circulation and all associated radiological supervision and interpretation (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	4768

CPT Descriptor 2 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 28 **% of respondents:** 31.1 **%**

Number of respondents who choose 2nd Key Reference Code: 15 **% of respondents:** 16.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 63032	Top Key Reference CPT Code: 22853	2nd Key Reference CPT Code: **22868**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	21.00	45.00	45.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**21.00**	**45.00**	**45.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	4%	36%	54%	7%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	32%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	32%	57%
Physical effort required	11%	61%	29%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	4%	25%	71%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	33%	47%	13%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	40%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	20%	73%
Physical effort required	7%	40%	53%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	40%	53%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Recommendation

The society advisors reviewed the survey data and had two observations:

1. The survey respondents overestimated physician work. This is based on a comparison to the key reference codes.

2. Responses by providers without experience influenced the median intraoperative time downward. This is based on the fact that the median intraoperative time is 25 minutes for both the vendor list survey data (all had experience) and the survey data from the 58 responses from experienced providers from both the vendor and random survey pools. We believe that if the survey required completion of the survey only by experienced providers, the median intraservice time would have been 25 minutes, instead of the overall time of 21 minutes that included estimates by providers without experience. This information helped to inform our choice of a crosswalk code that has 2 minutes more intraoperative time than the overall survey median time of 21 minutes, instead of choosing to crosswalk to a code with less intraoperative time (eg, 20 minutes) as we believe the overall survey median time is underestimated.

Based on the above information, **we are recommending an RVW of 3.00** that is crosswalked from code 67320. This recommendation is less than the survey 25th percentile.

Key Reference Code Comparison

Both reference codes involve placement of a device similar to 63032, however, they each serve different roles in spinal surgery, particularly in the context of treating intervertebral disc degeneration or spinal instability.

The purpose of 63032 is to close an annular defect in the outer portion of the intervertebral disc after a discectomy to help seal the annulus to prevent the leakage of disc material (nucleus pulposus) and to prevent the recurrence of a herniation. The goal of 63032 is to preserve the disc's natural function by preventing fluid and nucleus pulposus leakage and reducing the likelihood of reherniation.

The purpose of 22853 is to act as a spacer to restore disc height and alignment after a spinal fusion procedure while allowing bone growth to unite (fuse) the two vertebrae over time. The goal of 22853 is to support vertebral fusion by providing a scaffold for bone grafting, ultimately leading to the stabilization and healing of the spine. The intensity of 22853 is less than 63032 since the goal is not to preserve the disc's natural function which requires precise measurements and device placement.

The purpose of 22868 is similar to 63032 in that the implant placement is meant to improve functional outcomes for patients with certain types of spinal conditions, while avoiding the need for a more invasive fusion procedure. However, 22868 is not an add-on code for the same level and space as the primary procedure, but instead is reported for an additional level. This includes exposure and closure of the additional level which is generally considered less intense work than measuring and precise placement of the device itself. Therefore, the intensity of 22868 would be less than 63032.

This discussion of intensity is confirmed by the intensity/complexity measures for 63032 in comparison to the reference codes and supports the greater intensity of 63032 when compared with 22853 and 22868.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	INTRA Time
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)	4.25	0.094	45	45
22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)	4.00	0.089	45	45
63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone anchored annular closure device, including all image guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)	3.00	0.143	21	21

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 63032 in conjunction with 63030)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 22899

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Sometimes

Specialty orthopeadic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1100
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Device sales data

Specialty neurosurgery Frequency 620 Percentage 56.36 %

Specialty orthopeadic surgery Frequency 480 Percentage 43.63 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. specialty estimate

Specialty neurosurgery Frequency 300 Percentage 60.00 %

Specialty orthopeadic surgery Frequency 200 Percentage 40.00 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 63030

ISSUE: Laminotomy – Repair of Disc Defect
TAB: 11

								RVW					Total	PRE			INTRA					POST			POST-OFFICE					12 Month Svy Experience				
SOURCE	CPT	DESC	global	RUC Review Year	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	Eval	POSIT	SDW	MIN	25th	MED	75th	MAX	IMM	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
REF1	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device	ZZZ	2016	28	0.094	0.094			4.25			45						45															
REF2	22868	Insertion of interlaminar/interspinous process stabilization/distraction device,	ZZZ	2016	15	0.089	0.089			4.00			45						45															
Current	22899	Unlisted procedure, spine	YYY	N/A						n/a			-																				
SVY	63032	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including	ZZZ		90	0.213	0.213	1.20	3.81	4.38	5.18	20.00	21				5	15	21	30	120									0	0	2	6	100
	63032	*Random Survey*			*69*	*0.213*	*0.213*	*1.20*	*3.55*	*4.25*	*5.10*	*20.00*	*20*				*5*	*15*	*20*	*35*	*120*									*0*	*0*	*1*	*5*	*100*
	63032	*Vendor Survey*			*21*	*0.180*	*0.180*	*3.47*	*4.00*	*4.50*	*5.45*	*6.50*	*25*				*7*	*18*	*25*	*30*	*60*									*1*	*3*	*5*	*10*	*90*
	63032	*All Respondents WITHOUT Experience*			*32*	*0.213*	*0.213*	*1.20*	*2.88*	*4.25*	*5.14*	*20.00*	*20*				*5*	*11*	*20*	*30*	*90*									*0*	*0*	*0*	*0*	*0*
	63032	*All Respondents WITH Experience*			*58*	*0.180*	*0.180*	*1.50*	*4.00*	*4.50*	*5.15*	*15.00*	*25*				*6*	*15*	*25*	*40*	*120*									*1*	*2*	*5*	*10*	*100*
REC	63032	**Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; with repair of annular defect by implantation of bone anchored annular closure device, including all image guidance, 1 interspace, lumbar (List separately in addition to code for primary procedure)**	ZZZ			0.119	0.119			2.50			21						21															
XWALK	33370	Transcatheter placement and subsequent removal of cerebral embolic protection device(s), including arterial access,	ZZZ			0.125	0.125			2.50			20						20															

AFFIRM

								RVW					Total	PRE			INTRA					POST			POST-OFFICE				
Source	CPT	DESC	global	RUC Review Year	Resp	IWPUT	WPUT	MIN	25th	MED	75th	MAX	Time	Eval	POSIT	SDW	MIN	25th	MED	75th	MAX	IMM	38	39	15	14	13	12	11
CMS	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	090	2022		0.063	0.039			12.00			305	40	15	15			90			40	0.5			1	2			
CMS	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure) interspace, lumbar	ZZZ	2022		0.064	0.064			3.86			60						60											

December 5, 2024

To: Scott Manaker, MD
Chair, AMA/RUC PE Subcommittee

From the RUC Advisors for:
American Association of Neurological Surgeons (AANS)
Congress of Neurological Surgeons (CNS)
North American Spine Society (NASS)
American Academy of Orthopaedic Surgeons (AAOS)
North American Neuromodulation Society (NANS)

Subject: Tab 11

At the September 2024 CPT Panel meeting, the Panel accepted a request to: (1) establish add-on code 63032 to report repair of an annular defect of the vertebral body via implantation of a bone anchored annular closure device; and (2) addition of an instructional parenthetical note. The new code 63032 was referred to the RUC for survey of physician work. The table below outlines the changes to the CPT codeset with the addition of new code 63032. This code is solely associated with the primary code 63030 and cannot be used with any other code. No other codes have been affected by the addition of this new add-on code, either editorially or otherwise. The additional codes were added by AMA staff and have nothing clinical or otherwise to do with the new add-on code. The new code is not for a cervical interspace, an additional lumbar space, or for re-exploration. As a result, we believe that the only relevant family code is 63030. As code 63030 was reviewed by the RUC in 2022 and CMS made a final determination in the CY 2023 final rule, a review of practice expense for 63030 is not necessary.

New code 63032 is a facility-only add-on code and will have no related direct practice expense input.

Thank you for your consideration of this information.

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Site of Service Anomaly – 2018*

January 2022

Lumbar Laminotomy with Decompression – Tab 17

In October 2018, AMA Staff reviewed services with anomalous sites of service when compared to Medicare utilization data. One service was identified, CPT code 63030 *Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar*, in which the Medicare data from 2014-2017 indicated that it was performed less than 50% of the time in the inpatient setting, yet included inpatient hospital Evaluation and Management services within the global period. The Relativity Assessment Workgroup requested an action plan for January 2019. In January 2019, the RUC recommended that this code be reviewed in two years (January 2021) to determine if the CPT 2017 changes to differentiate percutaneous, endoscopic, and open spine procedures were effective to for correct reporting of this service. In December 2020, the Workgroup noted that CPT code 63030 continues to be primarily reported in the outpatient setting yet still includes inpatient hospital visits. The specialty society indicated that there is still confusion, and 63030 is inappropriately being reported in the outpatient setting. The RUC recommended that CPT code 63030 be referred to the CPT Editorial Panel to revise the descriptor to exclude the types of procedures that are thought to be causing the incorrect reporting in the outpatient setting, such as explicitly stating the types of situations for which CPT code 63030 should not be used. The RUC understood that this service would be surveyed after the CPT revisions and reviewed by the RUC. At the September 2021 CPT meeting, the CPT Editorial Panel did not accept the changes to the descriptors specifying hospitalization as presented by the specialty societies. Since this is a site of service issue, CPT code 63030 was surveyed with the code family for the January 2022 RUC meeting.

Compelling Evidence
The RUC agreed with the specialty societies that flawed methodology was used in the previous valuation of this service. CPT code 63035 is a Harvard-based code and the methodology that Harvard used in developing the work and times was flawed. The Harvard study method for reviewing "secondary codes" (ie, add-on codes) was to survey the primary code as a global code and the add-on code as a multiple of the primary code and then subtract one from the other to determine the additional work related to the secondary code.[1] For example, the data for CPT code 63030 surveyed as a 090-day global code was compared with the data for CPT code 63035 surveyed as a 090-day global code for two levels. The Harvard study used two different panels of neurosurgeons to survey each code resulting in data that did not make sense; some elements of work were lower for 63035 even though a hemilaminectomy of two levels was performed. Further, the difference in total time between the two surveys was 51 minutes, but the final Harvard dataset indicated 49 minutes of intra-service time for 63035. The specialty societies indicated that this was a flawed methodology to determine both the physician time and relative value for 63035, resulting in an underestimation of time and work required, which meets compelling evidence. Secondly, the Harvard study solicited responses only from neurosurgeons (n=17) even though an almost equal number of orthopaedic surgeons perform this service. **The RUC agreed there was compelling evidence that the previous methodology establishing the value for CPT code 63035 was flawed.**

[1] Appendix D4.1 of the Harvard Phase III Final Report

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63020 ***Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical***
The RUC reviewed the survey results from 79 neurosurgeons, orthopaedic surgeons and spine surgeons and determined that the survey 25th percentile work RVU of 15.95 appropriately accounts for the physician work required to perform this service. The RUC recommends 40 minutes pre-service evaluation, 20 minutes positioning, 15 minutes scrub/dress/wait time, 90 minutes intra-service time, 30 minutes immediate post-service time, 1-99232, 1-99231, 1-99238, 1-99214 and 2-99213 visits. This service is typically performed in the hospital inpatient setting. The RUC noted that the current physician time for CPT code 63020 was not determined via a typical RUC survey but was based on operative logs and Harvard data which was validated during the 1995 Five-Year Review.

The specialty societies indicated that the first post-operative office visit will typically be level 99214 and includes a discussion with the patient of the preop presentation, review of the operative note and comparison of subjective and objective preop versus postop elements of function. Dressings will be removed. The wound will be assessed and sutures removed. The surgeon will verify the pathology report is consistent with disc material and no other concerning pathology and reassure the patient with that information. Medication management is performed including a prescription drug monitoring program (PDMP) check and to verify use as appropriate with postop instructions and no adverse events. The surgeon will also discuss safely weaning the patient from narcotics and muscle relaxants and discussing how the medication use might impact the patient's ability to work, drive, study, and provide childcare safely. The surgeon will further discuss appropriate use of NSAIDs (prescribed or over the counter (OTC)) and/or other analgesics to switch to as the patient is transitioned from narcotics and muscle relaxants. Orders for changes in medication will be made based on the patient's response to pain experience and medication adverse events. The surgeon will discuss activity guidance, advancing activities, and potential medication-impact on activity. The surgeon will review activity levels and discuss physical and occupation therapy needs and goals, including order therapy. The surgeon will also assess the need for bracing (eg, for foot droop). Shared decision making and assessment of the patient will be required to determine if further imaging or testing is needed, including whether an X-ray should be ordered if there are concerns for iatrogenic instability; whether an MRI should be ordered if there are concerns for incomplete decompression or recurrent herniation of the nucleus pulposus (HNP); and whether a urinalysis and/or post-void residual is needed if there are concerns for urologic dysfunction. Functional needs are assessed that may require coordination with physical medicine and rehabilitation for a debilitated patient. In addition, return to work/school forms will be completed, including guidance on advancing activities toward full return to work/school after review of the patient's view of their work needs in context of their human resource (HR) specified work needs.

The second and third post-operative office visits will typically be level 99213 and include interval update of medical history, physical examination, medication management, PT/OT progress review, order revision, interval imaging as needed, and continued assessment of patient progress watching for recurrent HNP.

The RUC compared the surveyed code to the top key reference service 63047 *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar* (work RVU = 15.37, 90 minutes intra-service time, and 362 minutes total time) and noted that both require similar physician work and the same intra-service time, however 63047 has an appropriately slightly lower work RVU to account for the difference in physician work intensity between lumbar and cervical spine surgery. The RUC noted that 72% of the survey respondents that selected the top key reference code had

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indicated that the survey code is more intense and complex. The RUC compared the surveyed code to the second top key reference service 63075 *Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace* (work RVU = 19.60, 90 minutes intra-service time and 355 minutes total time). Although codes 63075 and 63020 are both cervical spine operations, code 63075 has a higher work RVU compared with 63020 to appropriately account for the added intensity and complexity of an anterior cervical approach to the spine that includes dissection and protection of the trachea, esophagus and vessels including the carotid.

For additional support, the RUC referenced MPC code 37215 *Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection* (work RVU = 17.75, 103 minutes intra-service time and 337 minutes total time). **The RUC recommends a work RVU of 15.95 for CPT code 63020.**

63030 ***Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar***
The RUC reviewed the survey results from 90 neurosurgeons, orthopaedic surgeons, and spine surgeons and determined that the current work RVU of 13.18, which is below the survey 25th work RVU, appropriately accounts for the work required to perform this service. The RUC recommends 40 minutes pre-service evaluation, 15 minutes positioning, 15 minutes scrub/dress/wait time, 90 minutes intra-service time, 40 minutes immediate post-service time, 0.5-99238, 1-99214 and 2-99213 visits. The RUC noted that the current pre-service time was established prior to the establishment of pre-time packages and the intra-service and immediate post-service time has not changed.

This service is typically performed in the outpatient hospital setting. However, of the 82% of survey respondents who indicated that they typically perform this service in the hospital, 52% indicated that patients stay overnight (40% less than 24 hours and 12% more than 24 hours) and all respondents indicated a hospital visit occurs. Therefore, a total of 40 minutes post-service time includes the survey median time of 30 minutes plus the intra-time of 10 minutes for current code 99231. Additionally, half a 99238 discharge visit is included even though this patient will not typically be discharged on the same day and complete discharge day management work will be performed on the day after surgery.

The first post-operative office visit will typically be level 99214 and includes a discussion with the patient of the preop presentation, review of the operative note, and comparison of subjective and objective preop versus postop elements of function. Dressings will be removed. The wound will be assessed and sutures removed. The surgeon will verify the pathology report is consistent with disc material and no other concerning pathology and reassure the patient with that information. Medication management is performed including a prescription drug monitoring program (PDMP) check and to verify use as appropriate with postop instructions and no adverse events. The surgeon will also discuss safely weaning the patient from narcotics and muscle relaxants and discuss how the medication use might impact the patient's ability to work, drive, study, and provide childcare safely. The surgeon will further discuss appropriate use of NSAIDs (prescribed or OTC) and/or the use of other analgesics as the patient is transitioned from narcotics and muscle relaxants. Orders for changes in medication will be made based on the patient's response to pain experience and medication adverse events. The surgeon will discuss activity guidance, advancing activities, and potential medication-impact on activity. The surgeon will review activity levels and discuss physical and occupation therapy needs and goals. Shared decision making and assessment of the patient will be required to determine if further imaging or testing is needed, including whether an X-ray should be ordered if there are concerns for iatrogenic instability; whether an MRI should be ordered if there are concerns for incomplete decompression or recurrent

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herniation of the nucleus pulposus (HNP); and whether a urinalysis and/or post-void residual is needed if there are concerns for urologic dysfunction. Functional needs are assessed that may require coordination with pain management and rehabilitation (PM&R) for a debilitated patient. In addition, return to work/school forms will be completed, including guidance on advancing activities toward full return to work/school after review of the patient's view of their work needs in context of their HR specified work needs.

The second and third post-operative office visits will typically be level 99213 and include interval update of medical history, physical examination, medication management, PT/OT progress review, order revision, interval imaging as needed, and continued assessment of patient progress watching for recurrent HNP.

The RUC compared the surveyed code to the top key reference service 63047 *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar* (work RVU = 15.37, 90 minutes intra-service time, and 362 minutes total time) and noted that although both services typically involve an identical amount of intra-service time and similar intensity, the reference code involves much more total time as it is typically performed in the inpatient setting. The RUC compared the surveyed code to the second top key reference service 22867 *Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level* (work RVU = 15.00, 90 minutes intra-service time, and 271 minutes total time) and noted that code 22867 is more intense and complex than code 63030 due to bilateral decompression as well as placement of an interlaminar/interspinous process stabilization/distraction device and therefore is appropriately valued higher even though it has a somewhat lower total time.

For additional support, the RUC referenced MPC codes 52601 *Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)* (work RVU = 13.16 and 75 minutes intra-service time), 53440 *Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)* (work RVU = 13.36 and 90 minutes intra-service time) and 15730 *Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)* (work RVU = 13.50 and 90 minutes intra-service time). The RUC concluded that the value of CPT code 63030 should be maintained at 13.18 work RVUs, below the survey 25th percentile. **The RUC recommends a work RVU of 13.18 for CPT code 63030.**

63035 ***Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 81 neurosurgeons, orthopaedic surgeons and spine surgeons and determined that the survey median work RVU of 4.00 appropriately accounts for the work required to perform this service. The RUC recommends 60 minutes intra-service and total time.

The RUC noted that this service was never surveyed via the RUC process and the current value and time is based on the flawed Harvard methodology as indicated in the compelling evidence.

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The RUC compared the surveyed code to the top key reference service 63048 *Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)* (work RVU = 3.47 and 45 minutes intra-service time) and noted that the surveyed code requires more physician time and work to perform. CPT code 63048 describes the work of extending a laminectomy to an additional level. In 63048, the skin incision is extended either higher or lower, followed by additional fascial incision and dissection of paraspinal muscles to expose the next level of the spine. Radiographic localization is not necessary since the work is routinely performed at an adjacent level. Hence the exposure in 63048 builds off the exposure used for the base code. For CPT code 63035, especially when using a tubular retractor system, the exposure is completed de novo. A new, unique fascial incision is made remotely from the fascial incision (described by the base code), followed by new dissection of paraspinal musculature and new placement of a retractor. For a tubular retractor, new radiographs are required for docking the retractor safely upon the lamina and ensuring appropriate retractor position. The exposure of CPT code 63035 is unique and does not directly build off the exposure of the base code and therefore requires more time and work when compared to CPT code 63048.

The RUC compared the surveyed code to the second top key reference service 22552 *Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)* (work RVU = 6.50 and 45 minutes of intra-service time) and noted that the surveyed service requires less physician work and is less intense.

For additional support, the RUC referenced MPC code 34812 *Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)* (work RVU = 4.13 and 40 minutes intra-service time) and CPT code 63621 *Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to code for primary procedure)* (work RVU = 4.00 and 60 minutes intra-service time). The RUC concluded CPT code 63035 should have a work RVU of 4.00 which appropriately accounts for the work required to perform this service. **The RUC recommends a work RVU of 4.00 for CPT code 63035.**

Practice Expense

The Practice Expense Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. **The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

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CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
63020 (f)	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	090	15.95
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	090	13.18 (No Change)
63035 (f)	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	ZZZ	4.00

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:63020 Tracking Number Original Specialty Recommended RVU: **15.95**
Presented Recommended RVU: **15.95**
Global Period: 090 Current Work RVU: **16.20** RUC Recommended RVU: **15.95**

CPT Descriptor: Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 45-year-old female presents with intractable left arm pain unresponsive to conservative therapy. Imaging identified a left C5-6 foraminal disc herniation. She undergoes a left C5-6 laminoforaminotomy.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 97% , In the ASC 3%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 19% , Overnight stay-less than 24 hours 26% , Overnight stay-more than 24 hours 55%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 84%

Description of Pre-Service Work: Results of preadmission testing (imaging, electrocardiogram and labs) are reviewed. Appropriate selection, timing, and administration of DVT prophylaxis, as required, are ensured. Appropriate selection, timing, and administration of antibiotics are ensured. The patient is reexamined to confirm that physical findings have not changed; the patient's medication regimen has remained the same; the patient has no new allergies; and the patient has not undergone any recent procedures. The history and physical examination are then updated in the electronic health record. The planned procedure and postoperative management are reviewed with the patient and family. Informed consent is reviewed and obtained from the patient, including witness confirmation. The site of the proposed skin incision is marked. The length and type of anesthesia, including adjuncts to postoperative analgesia management, are reviewed with the anesthesiologist. Verify that all required instruments and supplies are available. Assist anesthesia team with line placement and induction of anesthesia and intubation, relative to all imaging equipment. Coordinate antibiotic choice and timing. Transfer of the patient from gurney to operating table, and position the patient prone on an OR table: Prior to the flip, prepare the operating table for the patient's pressure points to the size of the patient, adjust the chest support, the iliac crest support, and support over the proximal part of each thigh. Place any helmet or head fixation device on the patient after anesthesia agrees the patient is ready for it. Gently rotate the patient from the gurney to the prepared operative table, protecting the head and neck. Position and hold the head using a protective helmet, Mayfield skull traction or a horseshoe head holder, secured to the table. The head of the patient is placed in gentle flexion to decrease the cervical lordosis. Flexion is achieved by maintaining the chest pads low on the chest to allow for natural flexion of the neck. Protective pads and restraints are placed, and the table is placed in a reverse Trendelenburg position to help with intraoperative bleeding. Surgical tape is applied to the shoulders and bed to provide traction of the skin and to facilitate imaging of cervical levels. The lower hairline may need to be shaved with an electric razor. The areas of skin to be prepared and draped are indicated by the surgeon to ensure that all of the potential operative field is included in the preparation. A lateral cervical radiograph with a metallic marker is taken to confirm the correct operative level, and to mark the final plan for the surgical incision. The surgeon scrubs and gowns. A surgical time-out is performed with operating surgical team. Standard sterile preparation and draping of the surgical site is completed.

Description of Intra-Service Work: An incision is made adjacent to the spinous process on the side of the abnormality over the operative level. Use lateral fluoroscopy to confirm the level. Release the deep cervical fascia with a knife or Bovie electrocautery to enable further dissection. Reflect muscular attachments off of the vertebral lamina and medial facet

complex. Secure retractors and achieve hemostasis. If using tubular dilators, instead of releasing the deep fascia through an open incision, introduce the initial dilator through the skin incision and advance to the inferomedial edge of the rostral lateral mass at the operative level. Use sequential dilators to create a working portal within the soft tissues. Center the final working tube over the lateral aspect of the lamina and medial facet joint of the appropriate operative level. Secure the working tube to a sterile arm that is attached to the bed. Use lateral fluoroscopy to confirm the level. Complete unilateral laminoforaminotomy using a high-speed burr. Perform the laminoforaminotomy with the use of a high-speed drill and a Kerrison rongeur to create a working window into the foramen. A laminotomy is performed in the caudal lamina can be used to improve visualization of the nerve root. Once the high-speed burr has been used to thin the lamina and the epidural space is accessible, a Kerrison punch is used to continue the osseous resection from medial to lateral. Use a nerve hook to superiorly retract the nerve root, and perform a discectomy and decompression; Use a curet or nerve hook to identify the proximal border of the caudal pedicle. In order to perform a complete foraminal decompression, the nerve must be decompressed fully from the medial to lateral border of the caudal pedicle. Once the top of the pedicle is identified, use a nerve hook to assess the foramen. Use a 1- or 2-mm Kerrison punch to remove bone until the amount of osseous resection and the room available to the nerve are satisfactory After the laminotomy has been completed, a nerve hook can be used to gently retract the nerve root in a cephalad direction to inspect for any disc fragments. Remove any visible, loose disc fragments with a micro-pituitary rongeur. Control bleeding with powdered Gelfoam and bipolar cautery. Copiously irrigate the wound with normal saline solution. Obtain hemostasis with electrocautery or hemostatic foam. Close the wound in layers.

Description of Post-Service Work:
Immediate postoperative care [through discharge from recovery room]: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff, including need for patient-controlled analgesia. Discontinue prophylactic antibiotic therapy, as appropriate. Review postoperative labs. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note and place in chart. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Write orders for transferring to surgical floor and discuss ongoing care with nursing staff.

Later same day hospital care visit after discharge from recovery room]: Review interval nursing/other staff chart notes. Discuss ongoing care with nursing staff. Evaluate vital signs and intake/output. Examine patient, check wound(s) and patient progress, and monitor for abnormal neurological findings. Continue prophylaxis for DVT. Assess need for beta-blockers, order as required. Assess pain scores and adequacy of analgesia. Write orders for labs, films, medications, diet, and patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions.

Subsequent hospital care: Each day, review interval nursing/other staff chart notes. Discuss ongoing care with nursing staff. Evaluate vital signs and intake/output. Examine patient, check wound(s) and patient progress, and monitor for abnormal neurological findings. Assess pain scores and adequacy of analgesia. Write orders for labs, films, medications, diet, and patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions.

Discharge day management: Review interval nursing/other staff chart notes. Evaluate vital signs and intake/output. Examine patient, check wound(s) and patient progress, and assess neurological findings. Assess pain scores and adequacy of analgesia. Review postdischarge wound care and activity limitations, including planned physical therapy. Answer questions from patient and/or family, nursing, and other provider(s). Write orders for post-discharge films, medications, and therapy. Chart patient discharge notes.

Office: Examine patient and perform periodic neurological exams. Write orders for medications. Order and review follow-up films. Monitor wounds and remove staples, when appropriate. Assess pain scores and adequacy of analgesia. Check PMP registry and discuss decreasing or discontinuing opioid medications, muscle relaxants, and other analgesic management. Discuss advancing activities, including return to work/school, provide appropriate documentation when needed for return to work/school; discuss safe return to driving when appropriate. Review physical therapy progress and revise orders as needed. Dictate patient progress notes for medical chart. Answer questions from patient and/or family, and insurance staff. Discuss (oral and written) patient progress with referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2022					
Presenter(s):	John Ratliff, MD (AANS); Karin Swartz, MD (NASS); Clemens Schirmer, MD (CNS); Hussein Elkousy, MD (AAOS): William Creevy, MD (AAOS)					
Specialty Society(ies):	AANS, CNS, AAOS, NASS, ISASS					
CPT Code:	63020					
Sample Size:	2489	**Resp N:**	79			
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	1.00	**5.00**	10.00	100.00	
Survey RVW:	10.92	15.95	**17.50**	19.65	-3.00	
Pre-Service Evaluation Time:			**45.00**			
Pre-Service Positioning Time:			**20.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	60.00	80.00	**90.00**	120.00	180.00	
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**60.00**	99231x **1.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	63020	**Recommended Physician Work RVU: 15.95**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**20.00**	**3.00**	**17.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**30.00**	**33.00**	**-3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	60.00	99231x **1.00** 99232x **1.00** 99233x **0.00**
Discharge Day Mgmt:	38.00	99238x **1.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	86.00	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	0.00	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	0.00	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63047	090	15.37	**RUC Time**

CPT Descriptor Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63075	090	19.60	**RUC Time**

CPT Descriptor Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63047	090	15.37	**RUC Time**	101,838

CPT Descriptor 1 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
37215	090	17.75	**RUC Time**	10,340

CPT Descriptor 2 Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 32 **% of respondents:** 40.5 **%**

Number of respondents who choose 2nd Key Reference Code: 24 **% of respondents:** 30.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 63020	Top Key Reference CPT Code: 63047	2nd Key Reference CPT Code: **63075**
Median Pre-Service Time	75.00	75.00	95.00
Median Intra-Service Time	90.00	90.00	90.00
Median Immediate Post-service Time	30.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	60.0	60.00	40.00
Median Discharge Day Management Time	38.0	38.00	38.00
Median Office Visit Time	86.0	69.00	62.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**379.00**	**362.00**	**355.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	25%	66%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	50%	47%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	34%	66%

Physical effort required	3%	47%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	38%	63%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	54%	38%	8%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	79%	21%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	50%	50%
Physical effort required	13%	46%	42%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	58%	42%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2018, AMA Staff reviewed services with anomalous sites of service when compared to Medicare utilization data. Code 63030 was identified with Medicare data from 2014-2017e indicated that it was performed less than 50% of

the time with inpatient status, yet included inpatient hospital Evaluation and Management services within the global period. In January 2019, the RUC reviewed an action plan and recommended that code 63030 be reviewed in two years (January 2021) to determine if the CPT 2017 changes were effective to ensure correct reporting of this service. In December 2020, the RAW noted that 63030 continued to have outpatient status more than 50% of the time. The specialty society indicated that there was still coding confusion and the RUC recommended that CPT code 63030 be referred to CPT to revise the descriptor to exclude the types of procedures that are thought to be causing the incorrect reporting in the outpatient setting, such as explicitly stating the types of situations for which CPT code 63030 should not be used. The CPT code change application to differentiate inpatient (63030) versus outpatient (630X0) was rejected by the CPT Panel. In rejection the application, the Panel noted that the proposed descriptor changes "were not unique, well-defined, and described a procedure or service which is clearly identified and distinguished from existing procedures and services already in CPT." This resulted in code 63030 (lumbar) reverting back to the RUC for survey. The societies added code 63020 (cervical) and +63035 (additional level) as family codes for review.

Recommendation - 63020

We recommend the survey 25th percentile work RVU of 15.95. Using magnitude estimation, a value of 15.95 accounts for both the decrease in intraoperative time and increase in postoperative work. This value also compares well with the key reference code 63047 which has slight less total time, but the same intensity.

Pre-time Package 4

Evaluation time: Standard package time of 40 minutes which is less than the survey median.

Positioning time: The survey median time of 20 minutes is recommended. This is less than the time allowed for supine positioning followed by prone positioning for posterior neck surgery package SS2.

Scrub, dress, wait time: The survey median time of 15 minutes is recommended which is less than package 4 time.

Post-time Package 9B

The survey median time of 30 minutes is recommended.

Postop Office Visits

The first visit will typically be level 99214 and includes a discussion with the patient of the preop presentation, review of the operative note and comparison of subjective and objective preop versus postop elements of function. Dressings will be removed, the wound will be assessed and sutures removed. The surgeon will verify the pathology report is consistent with disc material and no other concerning pathology, and reassure the patient with that information. Medication management is performed including a PDMP check and to verify use as appropriate with postop instructions and no adverse events. The surgeon will also discuss safely weaning the patient from narcotics and muscle relaxants, and discussing how the medication use might impact the patient's ability to work, drive, study, provide child care safely. The surgeon will further discuss appropriate use of NSAIDs (prescribed or OTC) and/or other analgesics to switch to as the patient is transitioned from narcotics and muscle relaxants. Orders for changes in medication will be made based on the patient's response to pain experience and medication adverse events. The surgeon will discuss activity guidance, advancing activities, and potential medication-impact on activity. The surgeon will review activity levels and discuss physical and occupation therapy needs and goals, including order therapy. The surgeon will also assess the need for bracing (eg, for foot droop). Shared decision making and assessment of the patient will be required to determine if further imaging or testing is needed, including whether an X-ray should be ordered if there are concerns for iatrogenic instability; whether an MRI should be ordered if there are concerns for incomplete decompression or recurrent HNP; and whether a UA and/or post-void residual is needed if there are concerns for urologic dysfunction. Functional needs are assessed that may require coordination with PM&R for a debilitated patient. In addition, return to work/school forms will be completed, including guidance on advancing activities toward full return to work/school after review of the patient's view of their work needs in context of their HR specified work needs.

The second and third visit will typically be level 99213 and include interval update of H&P, medication management, PT/OT progress review and order revision, interval imaging order as needed, and continued assessment of patient progress watching for recurrent HNP.

Key Reference Codes

KRS1 code 63047 is similar to 63020, but appropriately has a slightly lower RVW to account for the difference between lumbar and cervical spine surgery. Although KRS2 code 63075 and 63020 are both cervical spine operations, code 63075 has a higher RVW compared with 63020 to appropriately account for the added intensity and complexity of an

anterior cervical approach to the spine that includes dissection and protection of the trachea, esophagus and vessels including the carotid.

CPT	DESCRIPTOR	Glob	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	090	15.37	0.077	362	75	90	197
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	090	15.95	0.077	379	75	90	214
63075	Discectomy, anterior, with decompression of spinal cord and/or nerve root(s), including osteophytectomy; cervical, single interspace	090	19.60	0.132	355	95	90	170

MPC Codes

CPT	DESCRIPTOR	Glob	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	090	15.37	0.077	362	75	90	197
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	090	15.95	0.077	379	75	90	214
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, open or percutaneous, including angioplasty, when performed, and radiological supervision and interpretation; with distal embolic protection	090	17.75	0.106	337	80	103	154

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 63020

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,345
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty neurosurgery Frequency 775 Percentage 57.62 %

Specialty orthopaedic surgery Frequency 550 Percentage 40.89 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Explor/Decompr/Excis disc

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 63020

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:63030 Tracking Number Original Specialty Recommended RVU: **13.18**
Presented Recommended RVU: **13.18**
Global Period: 090 Current Work RVU: **13.18** RUC Recommended RVU: **13.18**

CPT Descriptor: Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old male presents with a 6-week history of progressive right leg pain unresponsive to conservative therapy. Imaging identified a right L5-S1 paracentral disc herniation resulting in right lateral recess stenosis. He undergoes a right L5-S1 discectomy.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 82% , In the ASC 18%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 48% , Overnight stay-less than 24 hours 40% , Overnight stay-more than 24 hours 12%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 86%

Description of Pre-Service Work: Results of preadmission testing (imaging, electrocardiogram and labs) are reviewed. Appropriate selection, timing, and administration of DVT prophylaxis, as required, are ensured. Appropriate selection, timing, and administration of antibiotics are ensured. The patient is reexamined to confirm that physical findings have not changed; the patient's medication regimen has remained the same; the patient has no new allergies; and the patient has not undergone any recent procedures. The history and physical examination are then updated in the electronic health record. The planned procedure and postoperative management are reviewed with the patient and family. Informed consent is reviewed and obtained from the patient, including witness confirmation. The site of the proposed skin incision is marked. The length and type of anesthesia, including adjuncts to postoperative analgesia management, are reviewed with the anesthesiologist. Verify that all required instruments and supplies are available. Transfer of the patient from gurney to operating table, and position the patient prone on an OR table: Prior to the flip, prepare the operating table for the patient's pressure points to the size of the patient, adjust the chest support, the iliac crest support, and support over the proximal part of each thigh. Protective pads and restraints are placed, and the table is placed in a reverse Trendelenburg position to help with intraoperative bleeding. Assist anesthesia team with line placement and induction of anesthesia and intubation, relative to all imaging equipment. The areas of skin to be prepared and draped are indicated by the surgeon to ensure that all of the potential operative field is included in the preparation. A lateral radiograph with a metallic marker is taken to confirm the correct operative level and to mark the final plan for the surgical incision. The surgeon scrubs and gowns. A surgical time-out is performed with operating surgical team. Standard sterile preparation and draping of the surgical site is completed.

Description of Intra-Service Work: An incision is made adjacent to the spinous process on the side of the abnormality over the operative level. Use lateral fluoroscopy to confirm the level. Release the deep lumbar fascia with a knife or Bovie electrocautery Reflect muscular attachments off of the vertebral lamina and medial facet complex. Secure retractors and achieve hemostasis. If using tubular dilators, instead of releasing the deep fascia through an open incision, introduce the initial dilator through the skin incision and advance to the inferomedial edge of the rostral lamina at the operative level. Use sequential dilators to create a working portal within the soft tissues. Center the final working tube over the lateral aspect of the lamina and medial facet joint of the appropriate operative level. Secure the working tube to a sterile arm that is attached to the bed. Perform the laminoforaminotomy with the use of a high-speed drill and a Kerrison rongeur to create a working window into the foramen. Once the high-speed burr has been used to thin the lamina and the epidural space is accessible, a

Kerrison punch is used to continue the osseous resection from medial to lateral. Address epidural bleeding. Use a nerve hook or Penfield 4 to dissect and retract the nerve root. Secure the traversing nerve root with a nerve root retractor. Perform a discectomy and decompression. Remove any evident free fragments of disc. Incise annulus of disc, remove any visible, loose disc fragments with a micro-pituitary rongeur. Contained disc fragments require incision of the posterior longitudinal ligament. Control bleeding with powdered Gelfoam and bipolar cautery. Copiously irrigate the wound with normal saline solution. Obtain hemostasis with electrocautery or hemostatic foam. Close the wound in layers.

Description of Post-Service Work:
Immediate postoperative care [through discharge from recovery room]: Apply sterile dressings. Monitor patient during reversal of anesthesia. Assist in transfer of patient from operating table to gurney. Monitor transport of patient from operating room to recovery room. Discuss postoperative recovery care with anesthesia and nursing staff, including need for patient-controlled analgesia. Discontinue prophylactic antibiotic therapy, as appropriate. Review postoperative labs. Discuss procedure and outcome with family in waiting area. Write brief operative note or complete final operative note and place in chart. Write postoperative note in the recovery room. Dictate operative report and copy referring physician(s). Call referring physician(s). Write orders for transferring to surgical floor and discuss ongoing care with nursing staff.

Later same day hospital care visit after discharge from recovery room]: Review interval nursing/other staff chart notes. Discuss ongoing care with nursing staff. Evaluate vital signs and intake/output. Examine patient, check wound(s) and patient progress, and monitor for abnormal neurological findings. Continue prophylaxis for DVT. Assess need for beta-blockers, order as required. Assess pain scores and adequacy of analgesia. Write orders for labs, films, medications, diet, and patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions.

Next day subsequent hospital care and discharge management Review interval nursing/other staff chart notes. Discuss ongoing care with nursing staff. Evaluate vital signs and intake/output. Examine patient, check wound(s) and patient progress, and monitor for abnormal neurological findings. Assess pain scores and adequacy of analgesia. Write orders for labs, films, medications, diet, and patient activity. Chart patient progress notes. Answer patient and family questions. Answer nursing/other staff questions. When it is safe to discharge the patient, review postdischarge wound care and activity limitations, including planned physical therapy. Answer questions from patient and/or family, nursing, and other provider(s). Write orders for post-discharge films, medications, and therapy. Chart patient discharge notes.

Office: Examine patient and perform periodic neurological exams. Write orders for medications. Order and review follow-up films. Monitor wounds and remove staples, when appropriate. Assess pain scores and adequacy of analgesia. Check PMP registry and discuss decreasing or discontinuing opioid medications, muscle relaxants, and other analgesic management. Discuss advancing activities, including return to work/school, provide appropriate documentation when needed for return to work/school; discuss safe return to driving when appropriate. Review physical therapy progress and revise orders as needed. Dictate patient progress notes for medical chart. Answer questions from patient and/or family, and insurance staff. Discuss (oral and written) patient progress with referring physician.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2022					
Presenter(s):	John Ratliff, MD (AANS); Karin Swartz, MD (NASS); Clemens Schirmer, MD (CNS); Hussein Elkousy, MD (AAOS): William Creevy, MD (AAOS)					
Specialty Society(ies):	AANS, CNS, AAOS, NASS, ISASS					
CPT Code:	63030					
Sample Size:	2489	**Resp N:**	82			
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	20.00	**40.00**	65.00	220.00	
Survey RVW:	10.92	15.31	**15.46**	16.95	30.00	
Pre-Service Evaluation Time:			**45.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	45.00	66.00	**90.00**	90.00	180.00	
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**20.00**	99231x **1.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	63030	**Recommended Physician Work RVU: 13.18**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**33.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**86.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **1.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63047	090	15.37	**RUC Time**

CPT Descriptor Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22867	090	15.00	**RUC Time**

CPT Descriptor Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52601	090	13.16	**RUC Time**	44,942

CPT Descriptor 1 Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
53440	090	13.36	**RUC Time**	1,020

CPT Descriptor 2 Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 61 **% of respondents:** 74.3 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 8.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 63030	Top Key Reference CPT Code: 63047	2nd Key Reference CPT Code: **22867**
Median Pre-Service Time	70.00	75.00	68.00
Median Intra-Service Time	90.00	90.00	90.00
Median Immediate Post-service Time	40.00	30.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	60.00	0.00
Median Discharge Day Management Time	19.0	38.00	19.00
Median Office Visit Time	86.0	69.00	69.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**305.00**	**362.00**	**276.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	10%	62%	26%	2%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	15%	69%	16%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	66%	31%

Physical effort required	10%	67%	23%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	2%	69%	20%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	14%	0%	71%	14%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	0%	86%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	14%	0%	86%
Physical effort required	0%	43%	57%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	14%	86%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2018, AMA Staff reviewed services with anomalous sites of service when compared to Medicare utilization data. Code 63030 was identified with Medicare data from 2014-2017e indicated that it was performed less than 50% of the time with inpatient status, yet included inpatient hospital Evaluation and Management services within the global period. In January 2019, the RUC reviewed an action plan and recommended that code 63030 be reviewed in two years (January 2021) to determine if the CPT 2017 changes were effective to ensure correct reporting of this service. In December 2020, the RAW noted that 63030 continued to have outpatient status more than 50% of the time. The specialty society indicated that there was still coding confusion and the RUC recommended that CPT code 63030 be referred to CPT to revise the descriptor to exclude the types of procedures that are thought to be causing the incorrect reporting in the outpatient setting, such as explicitly stating the types of situations for which CPT code 63030 should not be used. The CPT code change application to differentiate inpatient (63030) versus outpatient (630X0) was rejected by the CPT Panel. In rejection the application, the Panel noted that the proposed descriptor changes "were not unique, well-defined, and described a procedure or service which is clearly identified and distinguished from existing procedures and services already in CPT." This resulted in code 63030 (lumbar) reverting back to the RUC for survey. The societies added code 63020 (cervical) and +63035 (additional level) as family codes for review.

Important additional discussion about postoperative facility work

Many years ago, the RUC developed a policy for work and time inputs for codes where a patient went home the same day after a procedure and there was overlap in immediate post-work/time and later same day discharge work/time. The resolution by the RUC, with concurrence by CMS when proposed, was to indicate one-half discharge code (0.5 x99238) as a proxy for overlapping work on the same date. In fact, to accurately determine this, the RUC developed a new survey question to differentiate between same day discharge and next day discharge. The 0.5 x 99238 proxy initially was only applied to same day services. This reduction in discharge work was similar to E/M codes established for same day admit and discharge, where discharge did not get full value. On the other hand, a full discharge service code was allowed in global codes if the patient stayed one or more midnights, similar to E/M codes established for a facility visit on day 1 and a full discharge code on a subsequent date.

The facility status (observation versus inpatient) for patients who are placed in a hospital bed on a surgical floor postoperatively and stay overnight has been extensively discussed for more than 10 years. The early years of this discussion led to the "two-midnight rule." Unfortunately, CMS mixed facility status with physician work in developing a 23-hour outpatient stay policy about what E/M codes can and cannot be associated with a global code by assuming all claims with an outpatient facility status should be treated the same in terms of physician work independent of whether the work was performed on the same day as a procedure or the next day.

Surgical societies responded to the 23-hour outpatient stay policy when proposed by indicating that a patient can be admitted as inpatient and discharged the next day and maintain inpatient status if all the requirements for assignment of status were met in newly developed programs such as InterQual which are based on criteria of facility resource utilization. For example, if a patient came into the hospital with a diagnosis of acute renal failure with a creatinine of 6, used a vein light for IV access and was placed on IV fluids at 75cc/hour, the patient would not qualify for inpatient status. However, if the fluids ran at 100cc/hour or greater, the same patient would qualify for inpatient status. The physician work to order 75cc/hr versus 100cc/hr of fluids may not be different, but the resources used by the facility would be different and result in different payments to the facility. All of this is to say that physician work is judged by MDM or time and not by facility resources used.

In 2023, the inpatient versus observation (outpatient) reporting paradigm will change since there will be a single code to report on the date of admission and a single code to report on the subsequent discharge day that is independent of whether the patient's facility status is inpatient or observation. The establishment of a single combined inpatient/observation E/M code for each level of physician work is consistent with what surgeons have been saying since 2007 – an E/M visit for a patient in a hospital bed on the surgical floor is not dependent on the final facility status for the patient, but instead on the MDM (or total time) required. Any difference in patient acuity would result in more or less medical decision making and/or time and be reported appropriately.

In fact, at the October 2021 RUC meeting, the Research Subcommittee and the RUC agreed that postoperative physician E/M work should accurately be accounted for in global codes:

The Research Subcommittee recommends for the RUC Chair and the AMA to meet to advocate for CMS to change its policy for discharge day visits in the surgical global period, where the ½ day discharge proxy would only be applicable to services that typically involve a same-day discharge. Similarly, the Research Subcommittee recommends for the RUC Chair and the AMA to meet to advocate for CMS to eliminate its 23-hour stay policy of allocating the intra-service portion of the typically performed subsequent hospital visit to the immediate post-service time of an outpatient

procedure. The Research Subcommittee also recommends for an update on this meeting to be provided to the RUC after it takes place.**[Approved]**

All of the discussion above is meant to emphasize that reason needs to prevail in the discussion about accounting for "perceived" changes in physician work for patients who are not ambulatory and do not leave a hospital on the day of a procedure, but instead are admitted to the surgical ward, and—if medically able and appropriate—leave the next day. Although we will follow the 23-hour policy for code 63030 in this agenda tab, we emphasize that in 2023, there will no longer be different codes for hospital inpatient or observation care services and that movement of time and reduction of claims to "0.5" is counter to the RUC recommendation made at the October 2021 meeting .

Recommendation - 63030

We recommend maintaining the current work RVU of 13.18. Using magnitude estimation, a value of 13.18 accounts for both the decrease in postoperative facility work and increase in postoperative office work. As presented in the "Important additional discussion about postoperative facility work" above, we believe (and the RUC agrees) that full work should be accounted for in global codes. An E/M facility visit should not be decreased for surgical postop work in global codes and discharge day management work on the day after surgery. This is not less work than for medical patient on the day of and after admission for observation (ie, surgeons should not get credit for 0.5 x 99238 while physicians caring for medical patients are allowed to report 1.0 x 99238 for the same work). If the arbitrary discounting of global code E/M work was not implemented, the total time per the survey would be the same as current time, with only a shift of work from facility to office. Fundamentally, the total work for 63030 has not changed.

Pre-time Package 4

Evaluation time: Standard package time of 40 minutes which is less than the survey median.

Positioning time: The survey median time of 15 minutes is recommended. This is less than the time allowed for supine positioning followed by prone positioning for posterior thoracic/lumbar surgery package SS3.

Scrub, dress, wait time: The survey median time of 15 minutes is recommended which is less than package 4 time.

Post-time

A total of 40 minutes is shown which includes the survey median time of 30 minutes plus the intra-time of 10 minutes for current code 99231 per the CMS 23-hour outpatient policy—keeping in mind that in 2023, code 99231 will be revised to reflect both inpatient and observation (outpatient) E/M work. Additionally, 99238 has been shown as 0.5 x 99238 even though this patient will not typically be discharge on the same day and complete discharge day management work will be performed on the day after surgery.

Postop Office Visits

The first visit will typically be level 99214 and includes a discussion with the patient of the preop presentation, review of the operative note and comparison of subjective and objective preop versus postop elements of function. Dressings will be removed, the wound will be assessed and sutures removed. The surgeon will verify the pathology report is consistent with disc material and no other concerning pathology, and reassure the patient with that information. Medication management is performed including a PDMP check and to verify use as appropriate with postop instructions and no adverse events. The surgeon will also discuss safely weaning the patient from narcotics and muscle relaxants, and discussing how the medication use might impact the patient's ability to work, drive, study, provide child care safely. The surgeon will further discuss appropriate use of NSAIDs (prescribed or OTC) and/or other analgesics to switch to as the patient is transitioned from narcotics and muscle relaxants. Orders for changes in medication will be made based on the patient's response to pain experience and medication adverse events. The surgeon will discuss activity guidance, advancing activities, and potential medication-impact on activity. The surgeon will review activity levels and discuss physical and occupation therapy needs and goals, including order therapy. Shared decision making and assessment of the patient will be required to determine if further imaging or testing is needed, including whether an X-ray should be ordered if there are concerns for iatrogenic instability; whether an MRI should be ordered if there are concerns for incomplete decompression or recurrent HNP; and whether a UA and/or post-void residual is needed if there are concerns for urologic dysfunction. Functional needs are assessed that may require coordination with PM&R for a debilitated patient. In addition, return to work/school forms will be completed, including guidance on advancing activities toward full return to work/school after review of the patient's view of their work needs in context of their HR specified work needs.

The second and third visit will typically be level 99213 and include interval update of H&P, medication management, PT/OT progress review and order revision, interval imaging order as needed, and continued assessment of patient progress watching for recurrent HNP.

Key Reference Codes

KRS1 code 63047 is similar to 63020, but appropriately has a higher RVW to account for additional postop work. KRS2 code 22867 is more intense and complex than 63030 due to bilateral decompression as well as placement of an interlaminar/interspinous process stabilization/distraction device and therefore is appropriately valued higher.

CPT	DESCRIPTOR	Glob	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	090	13.18	0.076	305	70	90	140
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level	090	15.00	0.106	276	68	90	118
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; lumbar	090	15.37	0.077	362	75	90	197

MPC Codes

CPT	DESCRIPTOR	Glob	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
52601	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)	090	13.16	0.114	236	61	75	100
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	090	13.18	0.076	305	70	90	140
53440	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)	090	13.36	0.098	248	55	90	103

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 63030

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Commonly

Specialty orthopaedic surgery How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
27,404 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC database

Specialty neurosurgery Frequency 15500 Percentage 56.56 %

Specialty orthopaedic surgery Frequency 11250 Percentage 41.05 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Explor/Decompr/Excis disc

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 63030

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:63035 Tracking Number Original Specialty Recommended RVU: **4.00**
Presented Recommended RVU: **4.00**
Global Period: ZZZ Current Work RVU: **3.15** RUC Recommended RVU: **4.00**

CPT Descriptor: Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: After performing a L5-S1 discectomy (separately reported) on a 50-year-old male with a 6-week history of progressive right leg pain unresponsive to conservative therapy and imaging studies that identified right-sided disc herniations at two levels, an additional level right L4-5 discectomy is performed. Note: This is an add-on service which only includes the work of the additional level discectomy.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The incision is extended as necessary to facilitate exposure of the spinous process on the side of the abnormality over the next operative level. Use lateral fluoroscopy to confirm the level. Release the deep lumbar fascia with a knife or Bovie electrocautery Reflect muscular attachments off of the vertebral lamina and medial facet complex. Secure retractors and achieve hemostasis. If using tubular dilators, complete a second cycle of introducing and docking the tubular dilator over the involved disc space. Instead of releasing the deep fascia through an open incision, introduce the initial dilator through the skin incision and advance to the inferomedial edge of the rostral lamina at the operative level. Use sequential dilators to create a working portal within the soft tissues. Center the final working tube over the lateral aspect of the lamina and medial facet joint of the appropriate operative level. Secure the working tube to a sterile arm that is attached to the bed. Use lateral fluoroscopy to confirm the new level. Perform the laminoforaminotomy with the use of a high-speed drill and a Kerrison rongeur to create a working window into the foramen. Once the high-speed burr has been used to thin the lamina and the epidural space is accessible, a Kerrison punch is used to continue the osseous resection from medial to lateral. Address epidural bleeding. Use a nerve hook or Penfield 4 to dissect and retract the nerve root. Secure the traversing nerve root with a nerve root retractor. Perform a discectomy and decompression. Remove any evident free fragments of disc. Incise annulus of disc, remove any visible, loose disc fragments with a micro-pituitary rongeur. Contained disc fragments require incision of the posterior longitudinal ligament. Control bleeding with powdered Gelfoam and bipolar cautery. Copiously irrigate the wound with normal saline solution. Obtain hemostasis with electrocautery or hemostatic foam. The wound extension is closed in layers.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2022					
Presenter(s):	John Ratliff, MD (AANS); Karin Swartz, MD (NASS); Clemens Schirmer, MD (CNS); Hussein Elkousy, MD (AAOS): William Creevy, MD (AAOS)					
Specialty Society(ies):	AANS, CNS, AAOS, NASS, ISASS					
CPT Code:	63035					
Sample Size:	2489	**Resp N:**	81			
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	5.00	**10.00**	20.00	100.00	
Survey RVW:	3.00	3.50	**4.00**	5.25	18.00	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	20.00	40.00	**60.00**	60.00	120.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**				
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	63035	**Recommended Physician Work RVU: 4.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
63048	ZZZ	3.47	**RUC Time**

CPT Descriptor Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
22552	ZZZ	6.50	**RUC Time**

CPT Descriptor Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
63048	ZZZ	3.47	**RUC Time**	128,927

CPT Descriptor 1 Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
34812	ZZZ	4.13	**RUC Time**	9013

CPT Descriptor 2 Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 59 **% of respondents:** 72.8 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 8.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 63035	Top Key Reference CPT Code: 63048	2nd Key Reference CPT Code: 22552
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	60.00	45.00	45.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**60.00**	**45.00**	**45.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	69%	24%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	10%	64%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	3%	66%	31%
Physical effort required	7%	73%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	69%	27%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	29%	71%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	100%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	71%	29%
Physical effort required	0%	57%	43%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	71%	29%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In October 2018, AMA Staff reviewed services with anomalous sites of service when compared to Medicare utilization data. Code 63030 was identified with Medicare data from 2014-2017e indicated that it was performed less than 50% of the time with inpatient status, yet included inpatient hospital Evaluation and Management services within the global period. In January 2019, the RUC reviewed an action plan and recommended that code 63030 be reviewed in two years (January 2021) to determine if the CPT 2017 changes were effective to ensure correct reporting of this service. In December 2020, the RAW noted that 63030 continued to have outpatient status more than 50% of the time. The specialty society indicated that there was still coding confusion and the RUC recommended that CPT code 63030 be referred to CPT to revise the descriptor to exclude the types of procedures that are thought to be causing the incorrect reporting in the outpatient setting, such as explicitly stating the types of situations for which CPT code 63030 should not be used. The CPT code change application to differentiate inpatient (63030) versus outpatient (630X0) was rejected by the CPT Panel. In rejection the application, the Panel noted that the proposed descriptor changes "were not unique, well-defined, and described a procedure or service which is clearly identified and distinguished from existing procedures and services already in CPT." This resulted in code 63030 (lumbar) reverting back to the RUC for survey. The societies added code 63020 (cervical) and +63035 (additional level) as family codes for review.

Compelling Evidence - flawed mechanism or methodology used in the previous valuation

1. Code 63035 is a Harvard-based code. The Harvard study method for reviewing "secondary codes" (ie, add-on codes) was to survey the primary code as a global code and the add-on code as a multiple of the primary code and then subtract one from the other to determine the additional work related to the secondary code.[1] So, for example, the data for code 63030 surveyed as a 90-day global code was compared with the data for code 63035 surveyed as a 90-day global code for 2 levels. Although this sounds like a good idea, the Harvard study used two different panels of neurosurgeons to survey each code resulting in data that did not make sense; some elements of work were lower for 63035even though a hemilaminectomy of 2 levels was performed. Further, the difference in total time between the two surveys was 51 minutes, but the final Harvard dataset indicated 49 minutes of intra-time for 63035. We believe this was a flaw methodology to determine both an absolute and relative value for 63035, resulting in an underestimation of time and work required, which meets compelling evidence.

2. The Harvard study solicited responses only from neurosurgeons (n=17) even though an almost equal number of orthopaedic surgeons perform this service. This also meets compelling evidence.

Recommendation - 63035

We recommend the survey median work RVU of 4.00.

Key Reference Codes

Code 63035 requires more time than KRS1 63048, supporting a higher value for 63035 and justifying the median survey value for this code. Code 63048 describes the work of extending a laminectomy to an additional level. In 63048, the skin incision is extended either higher or lower, followed by additional fascial incision and dissection of paraspinal muscles to expose the next level of the spine. Radiographic localization is not necessary, since the work is routinely performed at an adjacent level. Hence the exposure in 63048 builds off of the exposure used for the base code. For 63035, especially when using a tubular retractor system, the exposure is completed de novo. A new, unique fascial incision is made remotely from the base code fascial incision, followed by new dissection of paraspinal musculature and new placement of a retractor. For a tubular retractor, new radiographs are required for docking the retractor safely upon the lamina and ensuring appropriate retractor position. The exposure of 63035 is unique and does not directly build of the exposure of the base code and therefore requires more time and work when compared to 63048.

CPT	DESCRIPTOR	Glob	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	ZZZ	3.47	0.77	45	0	45	0
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each	ZZZ	4.00	0.067	60	0	60	0

[1] Appendix D4.1 of the the Harvard Phase III Final Report)

	additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)							
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for primary procedure)	ZZZ	6.50	0.144	45	0	45	0

MPC Codes

CPT	DESCRIPTOR	Glob	RVW	IWPUT	TOTAL TIME	PRE	INTRA	POST
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis]), single vertebral segment; each additional segment, cervical, thoracic, or lumbar (List separately in addition to code for primary procedure)	ZZZ	3.47	0.77	45	0	45	0
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	ZZZ	4.00	0.067	60	0	60	0
34812	Open femoral artery exposure for delivery of endovascular prosthesis, by groin incision, unilateral (List separately in addition to code for primary procedure)	ZZZ	4.13	0.103	40	0	40	0

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. (Use 63035 in conjunction with 63020-63030)

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 63035

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty neurosurgery How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 6,873
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database

Specialty neurosurgery Frequency 3750 Percentage 54.56 %

Specialty orthopaedic surgery Frequency 3090 Percentage 44.95 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Explor/Decompr/Excis disc

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 63035

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Lumbar Laminotomy with Decompression
TAB: 17

SOURCE	Review Year	CPT	DESC	global	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	POST 32	POST 31	POST 38	POST-OFFICE 15	POST-OFFICE 14	POST-OFFICE 13	POST-OFFICE 12	POST-OFFICE 11	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX	TYP?
REF1	2013	63047	Laminectomy, facetectomy and foraminoton	90	32	0.077	0.042			15.37			362	40	15	20			90			30	1	1	1.0			3									
REF2	2005	63075	Discectomy, anterior, with decompression o	90	24	0.132	0.055			19.60			355	60	20	15			90			30	1		1.0			2	1							
current	1995	63020	Laminotomy (hemilaminectomy), with decon	90		0.059	0.039			16.20			412	90					120			35	1	1	1.0			3							
SVY	2022	63020	Laminotomy (hemilaminectomy), with decon	90	79	0.093	0.046	10.92	15.95	17.50	19.65	30.00	384	45	20	15	60	80	90	120	180	30	1	1	1.0		1	2			0	1	5	10	100	92%
REC		63020	'Laminotomy (hemilaminectomy), with decor	90	79	0.077	0.042			15.95			379	40	20	15			90			30	1	1	1.0		1	2			0	1	5	10	100	92%
REF1	2013	63047	Laminectomy, facetectomy and foraminoton	90	61	0.077	0.042			15.37			362	40	15	20			90			30	1	1	1.0			3								
REF2	2016	22867	Insertion of interlaminar/interspinous proces	90	7	0.106	0.055			15.00			271	33	15	15			90			30			0.5			3							
current	1995	63030	Laminotomy (hemilaminectomy), with decon	90		0.057	0.039			13.18			342	75					90			30		2	1.0			3							
SVY	2022	63030	Laminotomy (hemilaminectomy), with decon	90	82	0.087	0.046	10.92	15.31	15.46	16.95	30.00	339	45	15	15	45	66	90	90	180	30		1	1.0		1	2			0	20	40	65	220	98%
REC		63030	Laminotomy (hemilaminectomy), with decon	90		0.076	0.043			13.18			305	40	15	15			90			40			0.5		1	2			0	20	40	65	220	98%
REF1	2013	63048	Laminectomy, facetectomy and foraminoton	ZZZ	59	0.077	0.077			3.47			45						45																	
REF2	2010	22552	Arthrodesis, anterior interbody, including dis	ZZZ	7	0.144	0.144			6.50			45						45																	
current	HVD	63035	Laminotomy (hemilaminectomy), with decon	ZZZ		0.064	0.064			3.15			49						49																	
SVY	2022	63035	Laminotomy (hemilaminectomy), with decon	ZZZ	81	0.067	0.067	3.00	3.50	4.00	5.25	18.00	60	0			20	40	60	60	120	0									0	5	10	30	100	93%
REC		63035	'Laminotomy (hemilaminectomy), with decor	ZZZ		0.067	0.067			4.00			60	0					60			0													

FACILITY DIRECT PE INPUTS

CPT CODE(S): 63020,63030,63035
SPECIALTY SOCIETY(IES): AANS, CNS, NASS, AAOS, ISASS
PRESENTER(S): John Ratliff, MD (AANS); Karin Swartz, MD (NASS); Clemens Schirmer, MD (CNS); Hussein Elkousy, MD (AAOS): William Creevy, MD (AAOS)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2022

CPT Code	Long Descriptor	Global Period
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	90
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	90
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
63020	A 45-year-old female presents with intractable left arm pain unresponsive to conservative therapy. Imaging identified a left C5-6 foraminal disc herniation. She undergoes a left C5-6 laminoforaminotomy.
63030	A 50-year-old male presents with a 6-week history of progressive right leg pain unresponsive to conservative therapy. Imaging identified a right L5-S1 paracentral disc herniation resulting in right lateral recess stenosis. He undergoes a right L5-S1 discectomy.
63035	After performing a L5-S1 discectomy (separately reported) on a 50-year-old male with a 6-week history of progressive right leg pain unresponsive to conservative therapy and imaging studies that identified right-sided disc herniations at two levels, an additional level right L4-5 discectomy is performed. Note: This is an add-on service which only includes the work of the additional level discectomy.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The society advisors reviewed the current PE inputs for these facility only codes.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code, but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (NOTE: *For services reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org for PE spreadsheets for your reference codes*):

   current codes

3. Is this code(s) typically reported with an E/M service?

   no

FACILITY DIRECT PE INPUTS

CPT CODE(S): 63020,63030,63035
SPECIALTY SOCIETY(IES): AANS, CNS, NASS, AAOS, ISASS
PRESENTER(S): John Ratliff, MD (AANS); Karin Swartz, MD (NASS); Clemens Schirmer, MD (CNS); Hussein Elkousy, MD (AAOS): William Creevy, MD (AAOS)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence. (Please see *PE compelling evidence guidelines* on Collaboration). Please explain if the increase can be entirely accounted for because of an increase in physician time:

Increase in cost is due to increases in clinical labor rate, increased postop visit level; and addition of exam light for postop visits. The exam light is needed to assess the wound and remove staples and is a standard piece of equipment in a neurosurgeon and orthopaedic exam room.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

no

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

na

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

na

8. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Activity	Clinical Staff Work	TIME
Complete pre-service diagnostic and referral forms	Staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included.	5
Coordinate pre-surgery services (including test results)	Staff coordinates collection and documentation of imaging/lab results, patient specific information and other relevant patient information for surgical procedure including conducting requisite pre-surgery assessment with anesthesiologist. Enter and record all clinical updates in EHR.	20
Schedule space and equipment in facility	Staff interacts with facility to schedule space, supplies, equipment, and review checklists.	8
Provide pre-service education/obtain consent	Staff reviews procedure, complication risk, process of recovery, and answers patient/family questions.	20

FACILITY DIRECT PE INPUTS

CPT CODE(S): 63020,63030,63035
SPECIALTY SOCIETY(IES): AANS, CNS, NASS, AAOS, ISASS
PRESENTER(S): John Ratliff, MD (AANS); Karin Swartz, MD (NASS); Clemens Schirmer, MD (CNS); Hussein Elkousy, MD (AAOS): William Creevy, MD (AAOS)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Complete pre-procedure phone calls and prescription	Staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status and answers final pre-admission questions.	7

b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination, such as: Responding to patient/family questions about home activity restrictions. Confirmation of discharge antibiotics if needed, and pain medication. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon's office medical record, including medication list, correspondence and imaging or lab results pending at discharge.

c. Post-service period:

The clinical staff work includes the standard activities involved in any E/M visit including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming the patient, gowning, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, and cleaning of the room.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet*):

na

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

na

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet*) please provide a paid invoice. Identify and explain the supply input and invoice here:

na

14. Are you recommending a PE supply pack for this recommendation? Yes
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

pack, post-op incision care (staple) SA052

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if

available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

pack, post-op incision care (staple)	SA052	pack	
kit, staple removal		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	1
steri-strip (6 strip uou)		item	2
swab-pad, alcohol		item	2
tape, surgical paper 1in (Micropore)		inch	12
tincture of benzoin, swab		item	1

16. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet*) please provide a paid invoice. Identify and explain the equipment input and invoice here:

na

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute (*please see fifth worksheet in PE spreadsheet*):

na

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

no

19. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

EF031	table, power	Office Visits
EQ168	light, exam	Office Visits

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

20. If this is a PE only code please select a crosswalk based on a similar specialty mix:

na

ADDITIONAL INFORMATION

FACILITY DIRECT PE INPUTS

CPT CODE(S): 63020,63030,63035
SPECIALTY SOCIETY(IES): AANS, CNS, NASS, AAOS, ISASS
PRESENTER(S): John Ratliff, MD (AANS); Karin Swartz, MD (NASS); Clemens Schirmer, MD (CNS); Hussein Elkousy, MD (AAOS): William Creevy, MD (AAOS)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

21. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

na

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The virtual meetings have provided for real-time updates to the PE spreadsheets. PE SORs must still be updated after the meeting and resubmitted asap.

During and immediately following the review of this tab at the PE Subcommittee meeting, please revise the summary of recommendation (PE SOR) based on modifications made during the meeting. Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org immediately following the close of business. In addition to those revisions, please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 63020,63030,63035
SPECIALTY SOCIETY(IES): AANS, CNS, NASS, AAOS, ISASS
PRESENTER(S): John Ratliff, MD, AANS; Karin Swartz, MD, NASS; Clemens Schirmer, MD, CNS; Hussein Elkousy, MD, AAOS: William Creevy, MD, AAOS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2022

CPT Code	Long Descriptor	Global Period
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical	90
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar	90
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
63020	A 45-year-old female presents with intractable left arm pain unresponsive to conservative therapy. Imaging identified a left C5-6 foraminal disc herniation. She undergoes a left C5-6 laminoforaminotomy.
63030	A 50-year-old male presents with a 6-week history of progressive right leg pain unresponsive to conservative therapy. Imaging identified a right L5-S1 paracentral disc herniation resulting in right lateral recess stenosis. He undergoes a right L5-S1 discectomy.
63035	After performing a L5-S1 discectomy (separately reported) on a 50-year-old male with a 6-week history of progressive right leg pain unresponsive to conservative therapy and imaging studies that identified right-sided disc herniations at two levels, an additional level right L4-5 discectomy is performed. Note: This is an add-on service which only includes the work of the additional level discectomy.

FACILITY-ONLY CODES. NO PE INPUTS RECOMMENDED

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (NOTE: *For services reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org for PE spreadsheets for your reference codes*):

3. Is this code(s) typically reported with an E/M service?

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 63020,63030,63035
SPECIALTY SOCIETY(IES): AANS, CNS, NASS, AAOS, ISASS
PRESENTER(S): John Ratliff, MD, AANS; Karin Swartz, MD, NASS; Clemens Schirmer, MD, CNS; Hussein Elkousy, MD, AAOS: William Creevy, MD, AAOS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Is this code(s) typically reported with the E/M service in the nonfacility?
(Please see the *Billed Together* tab in the RUC Database)

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see the *Billed Together* tab in the RUC Database)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence. (Please see *PE compelling evidence guidelines* on Collaboration). Please explain if the increase can be entirely accounted for because of an increase in physician time:

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

10. Please provide a brief description of the clinical staff work for the following:

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 63020,63030,63035
SPECIALTY SOCIETY(IES): AANS, CNS, NASS, AAOS, ISASS
PRESENTER(S): John Ratliff, MD, AANS; Karin Swartz, MD, NASS; Clemens Schirmer, MD, CNS; Hussein Elkousy, MD, AAOS: William Creevy, MD, AAOS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

a. Pre-Service period:

b. Service period (includes pre, intra and post):

c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet*):

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet*) please provide a paid invoice. Identify and explain the supply input and invoice here:

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if

available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

20. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet*) please provide a paid invoice. Identify and explain the equipment input and invoice here:

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute (*please see fifth worksheet in PE spreadsheet*):

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

23. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time).* If you have selected "other formula" for any of the equipment please explain here:

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

24. If this is a PE only code please select a crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

25. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)
NOTE: The virtual meetings have provided for real-time updates to the PE spreadsheets. PE SORs must still be updated after the meeting and resubmitted asap.

During and immediately following the review of this tab at the PE Subcommittee meeting, please revise the summary of recommendation (PE SOR) based on modifications made during the meeting. Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org immediately following the close of business. In addition, please also provide an itemized list of the

NONFACILITY DIRECT PE INPUTS

CPT CODE(S): 63020,63030,63035
SPECIALTY SOCIETY(IES): AANS, CNS, NASS, AAOS, ISASS
PRESENTER(S): John Ratliff, MD, AANS; Karin Swartz, MD, NASS; Clemens Schirmer, MD, CNS; Hussein Elkousy, MD, AAOS: William Creevy, MD, AAOS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2						**63020**		**63020**		**63030**		**63030**		**63035**		**63035**	
3	**Clinical Activity Code**	**Meeting Date: 01/2022 Tab: 17 Specialty: AANS, CNS, NASS, AAOS, ISASS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Laminotomy (hemilaminectomy), with decompression of nerve root(s),		Laminotomy (hemilaminectomy), with decompression of nerve root(s),		Laminotomy (hemilaminectomy), with decompression of nerve root(s),		Laminotomy (hemilaminectomy), with decompression of nerve root(s),		Laminotomy (hemilaminectomy), with decompression of nerve root(s),		Laminotomy (hemilaminectomy), with decompression of nerve root(s),	
4		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 95.89**	**$ -**	**$ 103.59**	**$ -**	**$ 95.89**	**$ -**	**$ 101.11**	**$ -**	**$ -**	**$ -**	**$ -**
7		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/M	0.413	**0**	**0**	**0**	**197**	**0**	**180**	**0**	**191**	**0**	**0**	**0**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/M	0.413	**0**	**0**	**0**	**60**	**0**	**60**	**0**	**60**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/M	0.413	**0**	**0**	**0**	**12**	**0**	**12**	**0**	**6**	**0**	**0**	**0**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/M	0.413	**0**	**0**	**0**	**125**	**0**	**108**	**0**	**125**	**0**	**0**	**0**	**0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ 74.34**	**$ -**	**$ 81.36**	**$ -**	**$ 74.34**	**$ -**	**$ 78.88**	**$ -**	**$ -**	**$ -**	**$ -**
12		**PRE-SERVICE PERIOD**															
13		**Start: Following visit when decision for surgery/procedure made**															
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/M	0.413		5		5		5		5				
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/M	0.413		20		20		20		20				
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/M	0.413		8		8		8		8				
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/M	0.413		20		20		20		20				
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/M	0.413		7		7		7		7				
21		**End: When patient enters office/facility for surgery/procedure**															
22		**SERVICE PERIOD**															
23		**Start: When patient enters office/facility for surgery/procedure:**															
59	CA036	Discharge day management	L037D	RN/LPN/M	0.413	**n/a**	**12**	**n/a**	**12**	**n/a**	**12**	**n/a**	**6**	**n/a**		**n/a**	
66		**End: Patient leaves office/facility**															
67		**POST-SERVICE PERIOD**															
68		**Start: Patient leaves office/facility**															
71		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
72		99211 16 minutes	16														
73		99212 27 minutes	27														
74		99213 36 minutes	36				3		2		3		2				
75		99214 53 minutes	53						1				1				
76		99215 63 minutes	63														
77	CA039	Post-operative visits (total time)	L037D	RN/LPN/M	0.413	**0.0**	**108.0**	**0.0**	**125.0**	**0.0**	**108.0**	**0.0**	**125.0**	**0.0**	**0.0**	**0.0**	**0.0**
84		**End: with last office visit before end of global period**															

	A	B	D	E	F	I	J	K	L	M	N	O	P	Q	R	S	T
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2						**63020**		**63020**		**63030**		**63030**		**63035**		**63035**	
3	**Clinical Activity Code**	**Meeting Date: 01/2022 Tab: 17 Specialty: AANS, CNS, NASS, AAOS, ISASS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Laminotomy (hemilaminectomy), with decompression of nerve root(s),		Laminotomy (hemilaminectomy), with decompression of nerve root(s),		Laminotomy (hemilaminectomy), with decompression of nerve root(s),		Laminotomy (hemilaminectomy), with decompression of nerve root(s),		Laminotomy (hemilaminectomy), with decompression of nerve root(s),		Laminotomy (hemilaminectomy), with decompression of nerve root(s),	
4		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
6		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 95.89**	**$ -**	**$ 103.59**	**$ -**	**$ 95.89**	**$ -**	**$ 101.11**	**$ -**	**$ -**	**$ -**	**$ -**
7		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/M	0.413	**0**	**0**	**0**	**197**	**0**	**180**	**0**	**191**	**0**	**0**	**0**	**0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/M	0.413	**0**	**0**	**0**	**60**	**0**	**60**	**0**	**60**	**0**	**0**	**0**	**0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/M	0.413	**0**	**0**	**0**	**12**	**0**	**12**	**0**	**6**	**0**	**0**	**0**	**0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/M	0.413	**0**	**0**	**0**	**125**	**0**	**108**	**0**	**125**	**0**	**0**	**0**	**0**
85	**Supply**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**													
86		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 19.86**	**$ -**	**$ 19.86**	**$ -**	**$ 19.86**	**$ -**	**$ 19.86**	**$ -**	**$ -**	**$ -**	**$ -**
87	SA048	pack, minimum multi-specialty visit	5.02	pack			3		3		3		3				
88	SA052	pack, post-op incision care (staple)	4.8	pack			1		1		1		1				
93	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**												
94		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 1.69**	**$ -**	**$ 2.37**	**$ -**	**$ 1.69**	**$ -**	**$ 2.37**	**$ -**	**$ -**	**$ -**	**$ -**
95	EF031	table, power	5906.76	Office Visits	0.0156749		108		125		108		125				
96	EQ168	light, exam	1232.887	Office Visits	0.0032717				125				125				

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2025

Baroreflex Activation Therapy – Tab 12

Baroreflex activation therapy (BAT) treats heart failure symptoms and resistant hypertension by electrically stimulating carotid baroreceptors within the carotid artery. This triggers the autonomic nervous system to regulate heart, kidney and vascular function through both sympathetic and parasympathetic pathways, reducing the heart's workload and helping it pump efficiently to relieve the often-debilitating symptoms of heart failure. The BAT modulation system received FDA approval in August 2019, and the CPT Editorial Panel approved conversion from a Category III code set to a Category I code set at the September 2024 CPT Panel meeting. This code family describes the implantation, replacement, revision, removal and interrogation/programming of a BAT modulation system and was surveyed for the January 2025 RUC meeting. The specialties initially surveyed using both a targeted sample from a vendor list and a random sample of the specialty societies' membership. Ultimately, the entire specialty society membership was surveyed.

64654 ***Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming***

The RUC reviewed survey results from 33 vascular surgeons and recommends the survey 25th percentile work RVU of 11.00, which appropriately accounts for the physician work required to perform this service. The RUC recommends 40 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 90 minutes intra-service time, 50 minutes immediate post-service time, 0.5-99238 and 1-99213 visit, which equals 252 minutes of total time.

The specialty society selected pre-service package time *4-FAC Difficult Patient/Difficult Procedure* and post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc* The selected time packages were modified to more accurately reflect pre-service and post-service time. The RUC agreed that a level three post-op visit (99213) is required to assess all incisions, perform wound care, perform a neurologic assessment and coordinate care for these medically labile patients. Moreover, the survey results indicate that this procedure is typically performed in a hospital setting, that patients were not typically discharged on the same day as the procedure, and that a 23-hour stay (less than 24 hours) with a subsequent hospital visit is typical. Per the 23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy, the specialty society added 20 minutes of intra-service time from CPT code 99232 to the immediate post-service time of this procedure, increasing it from 30 minutes to 50 minutes. The RUC agreed this was an appropriate allocation of post-service time considering the conventions of this policy.

The most complex part of this procedure involves dissecting around the carotid bulb. These patients have atherosclerotic risk factors, increasing their likelihood of concomitant carotid disease. Meticulous and careful dissection is required to minimize the risk of plaque embolization. Stroke is a real possibility, particularly with these patients who already have an elevated risk of stroke based on their co-morbidities. Additionally, the vagus

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

nerve, hypoglossal nerve, and occasionally a recurrent laryngeal nerve must be identified and preserved to avoid significant complications. Finally, sutures are placed into the adventitia and outer media of the arterial wall to ensure the leads are secured. A suture too deep could cause hematoma and even a dissection; a suture too superficial could result in lead disruption and failure of the implant.

To support the recommended work RVU of 11.00, the RUC compared the surveyed code to top key reference code 64582 *Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array* (work RVU = 14.00, 140 minutes intra-service time, 294 minutes total time) and second key reference code 64568 *Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator* (work RVU = 9.00, 90 minutes intra-service time, 275 minutes total time). The RUC recognized that the surveyed code is appropriately compared to the two key reference services in terms of intra-service and total time, as well as relative intensity and complexity. The second top key reference service CPT code 64568 has identical intra-service time compared to the surveyed code time, but the surveyed code requires significantly higher intensity for the physician to perform. Notably, the two key reference services chosen by survey respondents bracket the survey 25th percentile work RVU.

For additional support, the RUC referenced MPC code 19303 *Mastectomy, simple, complete* (work RVU = 15.00, 90 minutes intra-service time, 283 minutes total time), noting that it is a strong comparator based on it having identical intra-service time as the surveyed code. Moreover, CPT code 19303 requires more total time and has a greater intensity to perform for the physician than CPT 64654, thus making it appropriate that code 64654 also has a higher work RVU. **The RUC recommends a work RVU of 11.00 for CPT code 64654.**

64655 ***Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only***

The RUC reviewed survey results from 21 vascular surgeons and noted that the required minimum number of survey responses was not achieved. The RUC recommends the survey 25th percentile work RVU of 11.30, which accounts for the physician work required to perform this service. The RUC recommends 40 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 90 minutes intra-service time, 40 minutes immediate post-service time, 0.5-99238 and 1-99213 visit, which equals 242 minutes of total time.

The specialty society selected pre-service package time *4-FAC Difficult Patient/Difficult Procedure* and post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc* The selected time packages were modified to more accurately reflect pre-service and post-service time. The RUC agreed that a level three post-op visit (99213) is required to assess all incisions, perform wound care, perform a neurologic assessment and coordinate care for these medically labile patients. Moreover, the survey results indicate that this procedure is typically performed in a hospital setting, that patients were not typically discharged on the same day as the procedure, and that a 23-hour stay (less than 24 hours) with a subsequent hospital visit is typical. Per the 23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy, the specialty society added 20 minutes of intra-service time from CPT code 99232 to the immediate post-service time of this procedure, increasing it from 20 minutes to 40 minutes. The RUC agreed this was an appropriate allocation of post-service time considering the conventions of this policy.

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The most complex part of this procedure involves dissecting around the carotid bulb. This will be a redo field with scar tissue and is a greater risk for vessel wall injury and nerve injury. Meticulous and careful dissection is required to minimize the risk of plaque embolization. Tissue planes are more challenging given scar tissue formation. Stroke is a real possibility, particularly for these patients who typically already have an elevated risk of stroke based on their co-morbidities. Additionally, the vagus nerve, hypoglossal nerve, and occasionally a recurrent laryngeal nerve must be identified and preserved to avoid significant complications. In scared operative planes, this is even more challenging. Finally, sutures are placed into the adventitia and outer media of the arterial wall to ensure the leads are secured. In re-operative fields, the vessel wall can be stripped of the adventitia creating a challenge when securing the leads.

To support the recommended work RVU, the RUC compared the surveyed code to key reference code 64569 *Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator* (work RVU = 11.00, 120 minutes intra-service time, 312 minutes total time) and second key reference code 64583 *Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator* (work RVU = 14.50, 150 minutes intra-service time, 309 minutes total time). The RUC recognized that the surveyed code is appropriately compared to the two key reference services and maintains relativity within the code family. The surveyed code requires less intra-service and total time but requires significantly higher intensity for the physician to perform. The RUC noted that the overall time for BAT revision in CPT code 64655 compared to the implantation of CPT code 64654 is comparable to and consistent with the intensity differences between similar procedures that involve implantation versus revision of epidural and spinal cord implants. As is the case with CPT code 64655, the overall physician work and intensity involved with the revision of these types of implants is nearly the same or slightly higher than that of the original implant. The RUC agreed that the relative value between CPT codes 64654 and 64655 is appropriate based on magnitude estimation. The specialty society mentioned that most vascular surgeons have minimal experience with generator replacement or revision compared to other specialties. The physician work involved with this service is related to troubleshooting connections and ensuring a functioning device, which is different from a simple battery exchange common in most electrocardiology procedures. Given the technical nuance necessary for performing this procedure, in addition to the high-risk nature of the typical patient, the RUC agreed that the surveyed code requires greater intensity than the survey comparator services.

For additional support, the RUC referenced MPC codes 19303 *Mastectomy, simple, complete* (work RVU = 15.00, 90 minutes intra-service time, 283 minutes total time) and 33207 *Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular* (work RVU = 7.80, 60 minutes intra-service time, 233.5 minutes total time), noting that these two services bracket the survey 25th percentile work RVU, total time and intensity despite both requiring intra-service time. **The RUC recommends a work RVU of 11.30 for CPT code 64655.**

64656 Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only

The RUC reviewed survey results from 22 vascular surgeons and noted that the required minimum number of survey responses was not achieved. The RUC recommends the survey 25th percentile work RVU of 8.01, which accounts for the physician work required to perform this service. The RUC recommends 18 minutes pre-service evaluation time, 1 minute pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 71 minutes intra-service time, 40 minutes immediate post-service time, 0.5-99238 and 1-99213 visit, which equals 187 minutes of total time.

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The specialty society selected pre-service package time *2-FACE Diff Pat/Straightfor Proc(no sedation/anes)* and post-service package *8A IV Sedation/Simple Procedure*. The selected time packages were modified to more accurately reflect pre-service and post-service time. The RUC agreed that a level three post-op visit (99213) is required to assess all incisions, perform wound care, perform a neurologic assessment and coordinate care for these medically labile patients. Moreover, the survey results indicate that this procedure is typically performed in a hospital setting, that patients were not typically discharged on the same day as the procedure, and a 23-hour stay (less than 24 hours) with a subsequent hospital visit is typical. Per the 23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy, the specialty society added 20 minutes of intra-service time from CPT code 99232 to the immediate post-service time of this procedure, increasing it from 20 minutes to 40 minutes. The RUC agreed this was an appropriate allocation of post-service time considering the conventions of this policy.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 64583 *Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator* (work RVU = 14.50, 150 minutes intra-service time, 309 minutes total time) and second key reference code 64569 *Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator* (work RVU = 11.00, 120 minutes intra-service time, 312 minutes total time). The RUC recognizes that the surveyed code is appropriately compared to the two key reference services and maintains relativity within the code family. The surveyed code requires significantly less intra-service and total time but has a higher intensity for the physician and is a greater risk to perform. The specialty society mentioned that most vascular surgeons have minimal experience with generator replacement or revision compared to other specialties. The physician work involved with this service is related to troubleshooting connections and ensuring a functioning device, which is different from a simple battery exchange common in most electrocardiology procedures. The RUC agreed that the technical nuance and skill necessary for performing this procedure, in addition to the high-risk nature of the typical patient, justifies the recommended intra-service time for the surveyed code.

For additional support, the RUC referenced CPT code 33725 *Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography), when performed* (work RVU = 8.59, 75 minutes intra-service time, 188 minutes total time), noting that it is a strong comparator based on it similar intra-service and total time as the surveyed code. Moreover, CPT code 33275 requires a greater intensity to perform for the physician than CPT 64656, thus making it appropriate that it also has a higher work RVU. **The RUC recommends a work RVU of 8.01 for CPT code 64656.**

64657 ***Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator***
The RUC reviewed survey results from 22 vascular surgeons and noted that the required minimum number of survey responses was not achieved. The RUC recommends the survey 25th percentile work RVU of 12.13, which accounts for the physician work required to perform this service. The RUC recommends 40 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 115 minutes intra-service time, 50 minutes immediate post-service time, 0.5-99238 and 1-99213 visit, which equals 277 minutes of total time.

The specialty society selected pre-service package time *4-FAC Difficult Patient/Difficult Procedure* and post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc* The selected time packages were modified to more accurately reflect pre-service and post-service time. The RUC agreed that a level three post-op visit (99213) is required to assess all incisions, perform wound care, perform a neurologic

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assessment and coordinate care for these medically labile patients. Moreover, the survey results indicate that this procedure is typically performed in a hospital setting, that patients were not typically discharged on the same day as the procedure, and that a 23-hour stay (less than 24 hours) with a subsequent hospital visit is typical. Per the 23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy, the specialty society added 30 minutes of intra-service time from CPT code 99233 to the immediate post-service time of this procedure, increasing it from 20 minutes to 50 minutes. The RUC agreed this was an appropriate allocation of post-service time considering the conventions of this policy.

This procedure is the most complicated procedure with regard to time and intensity in this code family. The typical patient has a complete explant of the lead and generator for infection. The system may be functioning properly, and the explant may have intra-operative complications including cardiovascular instability from sympathetic/parasympathetic dysregulation and/or a Systemic Inflammatory Response Syndrome (SIRS)/Sepsis response in the setting of infection, which is typical. Like the other revision codes in this code set, this procedure is always in non-virgin tissue planes and scar tissue can increase the risk of vessel damage and stroke. Additionally, infection can make the tissue planes inflamed and difficult to determine. Nerve identification can be challenging. Patients are at risk for vagus, hypoglossal, or recurrent laryngeal nerve injury. All implants must be removed in their entirety and wound care is performed. Incisions may not be closed, depending on the clinical situation.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 64584 *Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array* (work RVU = 12.00, 120 minutes intra-service time, 275 minutes total time) and second key reference code 64570 *Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator* (work RVU = 9.10, 90 minutes intra-service time, 259 minutes total time). The RUC recognizes that the surveyed code is appropriately compared to the two key reference services in terms of intra-service and total time, as well as relative intensity and complexity. The top key reference service CPT code 64584 has nearly identical intra-service and total time, but the surveyed code requires a slightly higher intensity for the physician to perform. The surveyed code is more intense than the top key reference code 64584, removal of hypoglossal nerve neurostimulator array, as removal of this device for the typical patient for 64584 is not performed due to infection.

For additional support, the RUC referenced CPT codes 64584 *Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array* (work RVU = 12.00, 120 minutes intra-service time, 275 minutes total time) and 64581 *Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)* (work RVU = 12.20, 120 minutes intra-service time, 269 minutes total time), noting that both codes are strong comparators based on similar intra-service and total time to the surveyed code. While CPT code 64657 has slightly less intra-service time, it requires greater intensity for the physician to perform, as well as slightly more total time. **The RUC recommends a work RVU of 12.13 for CPT code 64657.**

64658 ***Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator; lead only***
The RUC reviewed survey results from 20 vascular surgeons and noted that the required minimum number of survey responses was not achieved. recommends the survey 25th percentile work RVU of 8.95, which accounts for the physician work required to perform this service. The RUC recommends 40 minutes pre-service evaluation time, 15 minutes pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 90 minutes intra-service time, 40 minutes immediate post-service time, 0.5-99238 and 1-99213 visit, which equals 242 minutes of total time.

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The specialty society selected pre-service package time *4-FAC Difficult Patient/Difficult Procedure* and post-service time package *9B General Anes or Complex Regional Blk/Cmplx Proc* The selected time packages were modified to more accurately reflect pre-service and post-service time. The RUC agreed that a level three post-op visit (99213) is required to assess all incisions, perform wound care, perform a neurologic assessment and coordinate care for these medically labile patients. Moreover, the survey results indicate that this procedure is typically performed in a hospital setting, that patients were not typically discharged on the same day as the procedure, and that that a 23-hour stay (less than 24 hours) with a subsequent hospital visit is typical. Per the 23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy, the specialty society added 20 minutes of intra-service time from CPT code 99232 to the immediate post-service time of this procedure, increasing it from 20 minutes to 40 minutes. The RUC agreed this was an appropriate allocation of post-service time considering the conventions of this policy.

Similar to 64657, this procedure is typically performed in the setting of infection. Similar to the other revision codes in this code set, this procedure is always in non-virgin tissue planes and scar tissue can increase the risk of vessel damage and stroke. Additionally, infection can make the tissue planes inflamed difficult to determine. Nerve identification can be challenging. Patients are at risk for vagus, hypoglossal, or recurrent laryngeal nerve injury. All implants must be removed in their entirety and wound care is performed. Incisions may not be closed, depending on the clinical situation.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 64584 *Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array* (work RVU = 12.00, 120 minutes intra-service time, 275 minutes total time) and second key reference code 64570 *Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator* (work RVU = 9.10, 90 minutes intra-service time, 259 minutes total time). The RUC recognizes that the surveyed code is appropriately compared to the two key reference services in terms of intra-service and total time, as well as relative intensity and complexity. The surveyed code is more intense than in 64584, removal of hypoglossal nerve neurostimulator array, as removal of this device for the typical patient for 64584 is not performed due to infection. The second key reference service CPT code 64570 has identical intra-service and less total time overall; thus, the surveyed code is valued slightly less despite it requiring slightly higher intensity for the physician to perform. The specialty society mentioned that most vascular surgeons have minimal experience with generator replacement or revision compared to other specialties.

For additional support, the RUC referenced MPC codes 19303 *Mastectomy, simple, complete* (work RVU = 15.00, 90 minutes intra-service time, 283 minutes total time) and 33207 *Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular* (work RVU = 7.80, 60 minutes intra-service time, 233.5 minutes total time), noting that these two services bracket the survey 25th percentile work RVU, total time and overall intensity despite both requiring less intra-service time. **The RUC recommends a work RVU of 8.95 for CPT code 64658.**

64659 ***Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator; pulse generator only***

The RUC reviewed survey results from 20 vascular surgeons and noted that the required minimum number of survey responses was not achieved. The RUC recommends the survey 25th percentile work RVU of 8.23, which accounts for the physician work required to perform this service. The RUC recommends 18 minutes pre-service evaluation time, 1 minute pre-service positioning time, 15 minutes pre-service scrub/dress/wait time, 76 minutes intra-service time, 40 minutes immediate post-service time, 0.5-99238 and 1-99213 visit, which equals 192 minutes of total time.

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The specialty society selected pre-service package time *2-FACE Diff Pat/Straightfor Proc(no sedation/anes)* and post-service package *8A IV Sedation/Simple Procedure*. The selected time packages were modified to more accurately reflect pre-service and post-service time. The RUC agreed that a level three post-op visit (99213) is required to assess all incisions, perform wound care, perform a neurologic assessment and coordinate care for these medically labile patients. Moreover, the survey results indicate that this procedure is typically performed in a hospital setting, that patients were not typically discharged on the same day as the procedure, and that a 23-hour stay (less than 24 hours) with a subsequent hospital visit is typical. Per the 23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy, the specialty society added 20 minutes of intra-service time from CPT code 99232 to the immediate post-service time of this procedure, increasing it from 20 minutes to 40 minutes. The RUC agreed this was an appropriate allocation of post-service time considering the conventions of this policy.

Similar to 64657 and 64658, this procedure is typically performed in the setting of infection. Given the infectious nature, the additional time relative to 64656 is likely related to dealing with the infection including providing intra-operative wound care. The system may be functioning properly, and the explant may have intra-operative complications including cardiovascular instability from sympathetic/parasympathetic dysregulation and/or a Systemic Inflammatory Response Syndrome (SIRS)/Sepsis response.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 64584 *Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array* (work RVU = 12.00, 120 minutes intra-service time, 275 minutes total time) and second key reference code 33262 *Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system* (work RVU = 5.81, 60 minutes intra-service time, 150 minutes total time). The RUC recognized that the surveyed code is appropriately compared to the two key reference services and maintains relativity within the code family. Compared to the top key reference code 64584, the surveyed code requires significantly less intra-service and total time but requires greater intensity for the physician to perform. Compared to the second key reference code 33262, the surveyed code requires more intra-service and total time, as well as greater intensity to perform. The surveyed code 25th percentile is appropriately bracketed by the two reference codes based on work RVU.

For additional support, the RUC referenced MPC codes 19303 *Mastectomy, simple, complete* (work RVU = 15.00, 90 minutes intra-service time, 283 minutes total time) and 33207 *Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular* (work RVU = 7.80, 60 minutes intra-service time, 233.5 minutes total time), noting that these two services bracket the survey 25th percentile work RVU, total time and intensity despite both requiring intra-service time. **The RUC recommends a work RVU of 8.23 for CPT code 64659.**

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93145 ***Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); without programming***

The RUC reviewed survey results from 27 cardiologists and cardiac electrophysiologists and noted that the required minimum number of survey responses was not achieved. The RUC recommends the survey 25th percentile work RVU of 0.79, which accounts for the physician work required to perform this service. The RUC recommends 7 minutes pre-service evaluation time, 10 minutes intra-service time and 5 minutes immediate post-service time, which equals 22 minutes of total time.

The physician work involved with this service describes the reporting of the interrogation of the BAT modulation system to monitor device diagnostics and programmed therapy values with interpretation and report without programming.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 93279 *Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber* (work RVU = 0.65, 10 minutes intra-service time, 22 minutes total time) and second key reference code 93281 *Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system* (work RVU = 0.85, 15 minutes intra-service time, 32 minutes total time). The RUC recognizes that the surveyed code is appropriately compared to the two key reference services in terms of intra-service and total time, as well as relative intensity and complexity. The top key reference service CPT code 93279 has identical intra-service time and nearly identical total time as the surveyed code. Notably, the surveyed code has a higher estimated intensity and complexity measure than the two key reference services, which is appropriate based on these codes' relative values.

For additional support, the RUC referenced MPC codes 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU = 0.75, 20 minutes intra-service time, 26 minutes total time) and 99202 *Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.* (work RVU = 0.93, 15 minutes intra-service time, 20 minutes total time). The RUC recognized that the survey 25th percentile work RVU is bracketed by the two MPC codes in terms of work RVU and intensity. **The RUC recommends a work RVU of 0.79 for CPT code 93145.**

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93146 ***Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming, including optimization of tolerated therapeutic level setting***

The RUC reviewed survey results from 28 cardiologists and cardiac electrophysiologists and noted that the required minimum number of survey responses was not achieved. The RUC recommends the survey 25th percentile work RVU of 0.90, which accounts for the physician work required to perform this service. The RUC recommends 8 minutes pre-service evaluation time, 15 minutes intra-service time and 7 minutes immediate post-service time, which equals 30 minutes of total time.

The physician work involved with this service describes the reporting of the interrogation of the BAT modulation system to monitor device diagnostics and programmed therapy values with interpretation, report, and programming. Unlike CPT code 93145, this also includes optimization of tolerated therapeutic level setting.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 93281 *Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system* (work RVU = 0.85, 15 minutes intra-service time, 32 minutes total time) and second key reference code 99214 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.* (work RVU = 1.92, 30 minutes intra-service time, 47 minutes total time). The RUC recognizes that the surveyed code is appropriately compared to the two key reference services in terms of intra-service and total time, as well as relative intensity and complexity. The top key reference service CPT code 93281 has identical intra-service time compared to the surveyed code time, but the surveyed code is slightly more intense and complex to perform Notably, the two key reference services bracket the survey 25th percentile.

For additional support, the RUC referenced MPC codes 93015 *Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU = 0.75, 20 minutes intra-service time, 26 minutes total time) and 95819 *Electroencephalogram (EEG); including recording awake and asleep* (work RVU = 1.08, 15 minutes intra-service time, 26 minutes total time) noting that these two services bracket the survey 25th percentile work RVU, total time and intensity. **The RUC recommends a work RVU of 0.90 for CPT code 93146.**

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Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications. For CPT code 93146, when considering the minutes included in CA021 *Perform procedure/service---NOT directly related to physician work time*, the PE Subcommittee discussed whether a six-minute walk test is included; it is not as CPT code 94618 *Pulmonary stress testing (eg, 6-minute walk test), including measurement of heart rate, oximetry, and oxygen titration, when performed* can be reported separately. The PE Subcommittee recommends that the specialty societies request a CPT parenthetical edit to clarify this point. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

New Technology
CPT codes 64654, 64655, 64656, 64657, 64658, 64659, 93145 and 93146 will be placed on the New Technology list to be reviewed by the RUC in three years.

RUC Database Flag
The RUC recommends that this entire code family be flagged for "Do Not Use to Validate Physician Work-Low Survey Response" in the RUC database. This entire code family after three years of data for this flag and new technology.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Cardiovascular System** **Arteries and Veins** **Excision, Exploration, Repair, Revision**				
35701		*Exploration not followed by surgical repair, artery; neck (eg, carotid, subclavian)* (Do not report 35701 in conjunction with 64654, 64655, 64656, 64657, 64658, 64659) *(Do not report 35701 in conjunction with 35201, 35231, 35261, 35800, when performed on the same side of the neck)*		
Nervous System **Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System** **Neurostimulators (Peripheral Nerve)**				
64598		*Revision or removal of neurostimulator electrode array, peripheral nerve, with integrated neurostimulator* *(For revision or removal of electrode array only, use 64585)* *(For revision or removal of integrated neurostimulation system, posterior tibial nerve, see 0588T, 0818T, 0819T)*		

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Autonomic Nervous System Modulation

Codes 64654, 64655, 64656, 64657, 64658, 64659 describe treatment of resistant hypertension or heart failure using a baroreflex activation therapy (BAT) modulation system comprised of a lead implanted onto the carotid sinus that is then tunneled and connected to a pulse generator placed in a subcutaneous pocket created in the pectoral region.

Code 64654 describes implantation of the BAT modulation system, including the pulse generator and lead.

Codes 64655, 64656 describe revision or replacement of one of the components of a BAT modulation system. Code 64655 describes revision or replacement of only the lead, and 64656 describes the revision or replacement of only the pulse generator.

Codes 64657, 64658, 64659 describe removal of one or both components of a BAT modulation system. Code 64657 describes removal of the total BAT system (ie, both the lead and pulse generator). Code 64658 describes the removal of only the lead. Code 64659 describes removal of only the pulse generator.

Interrogation and programming of the BAT system, when performed during the same session as system component implantation, replacement, or revision, is considered inherent to the procedure and not separately reported. Interrogation including programming when performed, of the BAT system on a separate date is reported with 93145, 93146.

●64654	V1	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming Do not report 64654 in conjunction with 35701, 64655, 64656, 64657, 64658, 64659) (Do not report 64654 in conjunction with 93145, 93146, during the same operative session)	090	11.00
●64655	V2	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only (Do not report 64655 in conjunction with 35701, 64654, 64656, 64657, 64658, 64659)	090	11.30

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●64656	V3	pulse generator only (Do not report 64656 in conjunction with 35701, 64654, 64655, 64657, 64658, 64659) (Do not report 64655, 64656 in conjunction with 93145, 93146, during the same operative session)	090	8.01
●64657	V4	Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator (Do not report 64657 in conjunction with 35701, 64654, 64655, 64656, 64658, 64659)	090	12.13
●64658	V5	lead only (Do not report 64658 in conjunction with 35701, 64654, 64655, 64656, 64657, 64659)	090	8.95
●64659	V6	pulse generator only (Do not report 64659 in conjunction with 35701, 64654, 64655, 64656, 64657, 64658) (For interrogation and/or programming of the BAT modulation system at a session separate from implantation, replacement, or revision, see 93145, 93146)	090	8.23

Medicine
Cardiovascular
Implantable, Insertable, and Wearable Cardiac Device Evaluations

93297 *Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional*

(For heart rhythm derived data elements, use 93295)

(Do not report 93297 in conjunction with 93264, 93290, 93298, 99091, 99454)

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(Report 93297 only once per 30 days)

93298 *subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional*

(Do not report 93298 in conjunction with 33285, 93291, 93297, 99091, 99454)

(Report 93298 only once per 30 days)

(For remote monitoring of an implantable wireless pulmonary artery pressure sensor, use 93264)

Implantable Cardiovascular Autonomic Nervous System Device Evaluation (Blue Subheading)

Device evaluation of a baroreflex activation therapy (BAT) modulation system comprised of a lead implanted onto the carotid sinus that is connected to a pulse generator placed in a subcutaneous pocket is reported with 93145 (without programming) and 93146 (with programming). Code 93146 includes the work of 93145. Codes 93145, 93146 may only be reported once per day.

Interrogation with or without programming of the BAT system, when performed during the same session as system component implantation, replacement, or revision, is considered inherent to the procedure and not separately reported.

●93145	V7	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (BAT) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); without programming	XXX	0.79
●93146	V8	with programming, including optimization of tolerated therapeutic level setting (Do not report 93146 in conjunction with 93145) (Do not report 93145, 93146 in conjunction with 64654, 64655, 64656, 64657)	XXX	0.90

Category III Codes

~~0266T Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)~~

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~~0267T lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)~~

~~(For bilateral lead implantation or replacement, use 0267T with modifier 50)~~

~~0268T pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)~~

~~(Do not report 0267T, 0268T in conjunction with 0266T, 0269T-0273T)~~

(0266T, 0267T, 0268T have been deleted)

(For open implantation of BAT modulation system, including lead placement onto the carotid sinus, with lead tunnelling and connection to a pulse generator placed in a distant subcutaneous pocket [ie, total system], use 64654)

(For revision or replacement of BAT modulation system lead, use 64655)

(For revision or replacement of BAT modulation system pulse generator, use 64656)

~~0269T Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrogation, programming, and repositioning, when performed)~~

~~(Do not report 0269T in conjunction with 0266T-0268T, 0270T-0273T)~~

~~0270T lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performed)~~

~~(Do not report 0270T in conjunction with 0266T-0269T, 0271T-0273T)~~

~~(For bilateral lead removal, use 0270T with modifier 50)~~

~~(For removal of total carotid sinus baroreflex activation device, use 0269T)~~

~~0271T pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed)~~

~~(Do not report 0271T in conjunction with 0266T-0270T, 0272T, 0273T)~~

~~(For removal and replacement, see 0266T, 0267T, 0268T)~~

(0269T, 0270T, 0271T have been deleted)

(For removal of BAT modulation system pulse generator, use 64659)

(For revision or replacement of BAT modulation system lead, use 64655. For removal of BAT modulation system lead, use 64658)

(For revision or replacement of BAT modulation system pulse generator, use 64656. For removal of BAT modulation system pulse generator, use 64659)

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~~0272T~~ ~~Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day);~~

~~(Do not report 0272T in conjunction with 0266T-0271T, 0273T)~~

~~0273T~~ ~~with programming~~

~~(Do not report 0273T in conjunction with 0266T-0272T)~~

(0272T, 0273T have been deleted)

(For interrogation device evaluation [in person], carotid sinus BAT modulation system, including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report, see 93145, 93146)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64654 Tracking Number V1 Original Specialty Recommended RVU: **11.00**
Presented Recommended RVU: **11.00**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **11.00**

CPT Descriptor: Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male suffers from dyspnea on exertion, fatigue, and edema. He has failed guideline-directed medical therapy, has NYHA Classification of Level III and CRT therapy is not an option due to a narrow QRS. He continues to have shortness of breath while walking one block. His heart failure status is progressively worsening indicating a need for additional treatment. He is referred for implantation of a baroreflex activation therapy modulation system.

Percentage of Survey Respondents who found Vignette to be Typical: 97%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 21% , Overnight stay-less than 24 hours 55% , Overnight stay-more than 24 hours 24%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Preservice work includes review of surgical indication, physical exam findings, current medications, and all laboratory test results. A history of prior neck or chest surgeries and a history of prior radiation is specifically reviewed with the patient. Careful final review of imaging is performed. This includes review of neck cross-sectional imaging and ultrasound imaging. The proposed procedure is discussed with the patient and family, including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The surgeon ensures availability of all instruments and implants necessary for the procedure. Adequate personnel support for barostimulator localization is ensured. The surgeon supervises appropriate patient positioning on the OR table, marks the carotid bifurcation, and marks the planned incisions. The surgeon supervises sterile preparation of access site(s) and subsequent draping. The surgeon leads the preprocedural time-out.

Description of Intra-Service Work: An incision is made over the carotid bulb. After surgical exposure and mobilization of the right carotid sinus, mapping of the optimal location for placement of the baroreflex activation therapy (BAT) modulation system carotid sinus lead is performed. The BAT system is checked and the blood pressure response is assessed, to confirm correct placement of the lead. The lead is then implanted over the mapped location of the baroreceptors with 6 circumferential sutures, securing the lead to the adventia layer of the carotid wall. Next, attention is turned to creating a subcutaneous pocket in the pectoral region for placement of the implantable BAT pulse generator. A strain-relief loop in the lead is created and the lead is tunneled supraclavicularly and subcutaneously to connect to the pulse generator. The BAT system is checked. The pulse generator is then placed into the pocket. All wounds are irrigated, hemostasis is obtained, and incisions are closed in routine fashion with absorbable and/or non-absorbable sutures and/or staples.

Description of Post-Service Work: Hospital: Sterile dressings are applied. The patient is assisted with transfer from the operating table to the gurney. The patient is monitored for hemodynamic stability in transit. Assessment of neurologic function takes place in the operating room with a comprehensive neurological exam. Stability of the neurologic exam compared to baseline is ensured prior to leaving the operating room. Postoperative orders for medications, imaging, and laboratories are written. The procedure and outcome are discussed with family. A brief operative note is written. An operative report is dictated which includes a detailed description of all radiographic images. A copy is sent to the referring physician. Cardiology is notified of the patient's admission. Patients are assessed daily for hemodynamic stability, surgical site complications, and any neurological changes. Hematoma formation is a common complication given most patients are on antiplatelet and anticoagulant medications. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily. Discharge day management includes communicating with all support services, such as visiting nurses and referring physicians, reviewing interval chart notes, answering patient and family questions, evaluating all predischarge laboratory results, evaluating and redressing the incisions, assessing pain score, and performing medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office:
At the office visit, an interval history is solicited for ongoing or new symptoms; the chest is examined for infection, tenderness, complications of hematoma or seroma. The neck incision is assessed for inflammation, drainage, and wound infection. A full neurologic exam is performed. Wound care is provided, as needed. Staples and sutures are removed as indicated. Patient and family questions are answered. Prescriptions for medication and therapy are written, as necessary. Progress is discussed with the referring physician (verbal and written). Progress notes are dictated/typed for the medical chart. Follow-up with provider performing programing of the device is ensured.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Matthew Sideman,MD and Jonathon Thompson, MD					
Specialty Society(ies):	SVS					
CPT Code:	64654					
Sample Size:	2697	**Resp N:**	33			
Description of Sample:	Entire US, active MD/DO membership					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	1.00	**4.00**	7.00	44.00	
Survey RVW:	9.00	11.00	**15.00**	17.00	60.00	
Pre-Service Evaluation Time:			**59.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	40.00	64.00	**90.00**	120.00	240.00	
Immediate Post Service-Time:	**30.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	64654	**Recommended Physician Work RVU: 11.00**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**50.00**	**33.00**	**17.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64582	090	14.00	**RUC Time**

CPT Descriptor Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64568	090	9.00	**RUC Time**

CPT Descriptor Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	15.00	**RUC Time**	23,502

CPT Descriptor 1 Mastectomy, simple, complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33207	090	7.80	**RUC Time**	9,237

CPT Descriptor 2 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 **% of respondents:** 33.3 **%**

Number of respondents who choose 2nd Key Reference Code: 11 **% of respondents:** 33.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 64654	Top Key Reference CPT Code: 64582	2nd Key Reference CPT Code: **64568**
Median Pre-Service Time	70.00	69.00	51.00
Median Intra-Service Time	90.00	140.00	90.00
Median Immediate Post-service Time	50.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	20.00
Median Discharge Day Management Time	19.0	19.00	38.00
Median Office Visit Time	23.0	46.00	46.00
Median Total Time	**252.00**	**294.00**	**275.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	45%	55%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	45%	45%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	64%	36%
Physical effort required	0%	82%	18%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	45%	55%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	27%	73%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	36%	64%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	55%	45%
Physical effort required	0%	73%	27%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	36%	64%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Baroreflex Activation Therapy (BAT) modulation system received FDA approval in August 2019. With the increased utilization and the supporting literature, the CPT Panel approved conversion from a Category III code to a Category I code at the September 2024 meeting. This code set describes the implantation, replacement, revision, removal, and interrogation/programming for a baroreflex activation therapy (BAT) modulation system.

BAT works by electrically stimulating carotid baroreceptors and, in turn, the baroreflex. This triggers the autonomic nervous system to regulate heart, kidney and vascular function through both sympathetic and parasympathetic pathways. These effects reduce the heart's workload and help it pump more efficiently, to relieve the often debilitating symptoms of heart failure.

Survey Methodology

The Society for Vascular Surgery (SVS) surveyed all codes related to implantation, replacement, revision, and removal (64654-64659). Originally SVS conducted the survey using both a targeted sample (vendor list) and a random sample of the SVS membership. However, due to the low response rate, the SVS ended up surveying the entire SVS membership.

Pre-Service Time

64654, 64655, 64657, and 64658
Pre-service package 4 is appropriate for BAT procedures which involve dissection at the carotid bulb (64654, 64655, 64657, and 64658).

Pre service evaluation – Package 4 has 40 minutes. The survey median pre service evaluation time is 60 minutes (64654/64655=59). The specialties recommend deleting 20 minutes (19 minutes for 54 & 55) to achieve the package evaluation time.

Positioning – Package 4 has 3 minutes. An additional 12 minutes of positioning time is requested for these codes given the positioning related to the neck incision. This is consistent with the results of our survey. The patient is placed in the "beach chair" position. A shoulder role is typically placed. The neck is extended and rotated away from the side of surgery. This is done in concert with anesthesia to ensure the endotracheal tube is not dislodged and is secure so it does not become dislodged over the course of surgery. The endotracheal tube is secured appropriately under the observation of the surgeon to ensure an appropriate field for skin preparation. The carotid bifurcation is marked and all planned incisions are marked. This extra positioning time is consistent with other vascular codes involving carotid dissection: carotid endarterectomy (35301), carotid-carotid bypass with vein (35501), Retrograde carotid stent (37217). Extra positioning time is externally similar to other procedures in the neck region: total thyroidectomy (60240) and excision of carotid body tumor (60605)

Scrub/Dress/Wait – Package 4 has 20 minutes. The survey median time is 15 min. The specialties are recommending deleting 5 min from the "observe (wait anesthesia care)" portion to achieve 15 minutes of SDW time.

Immediate Post-Service Time

64654, 64655, 64657, and 64658
Post-service package 9B is appropriate for BAT procedures which involve dissection at the carotid bulb.

64654 – Package 9B is 33 minutes. The survey median time is 30 minutes. The societies recommend deleting 3 minutes from the "monitor patient recovery/stabilization" to achieve the surveyed time of 30 minutes

Post Operative Hospital Care

23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy

> *Excerpt from: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations*
>
> *CMS labels surgical services that are typically performed in the outpatient setting and require a hospital stay of less than 24-hours as 23-hour stay outpatient services. In the CY2011 Final Rule, CMS finalized a policy to no longer allow these codes to include bundle subsequent hospital visits (eg 99231-99233) into the surgical global period. Instead, the Agency permits the allocation of the intraservice portion of the typically performed subsequent hospital visit to the immediate post-service time of the procedure.*
>
> *If the survey results indicate that a 23-hour stay with a subsequent hospital visit is typical and the Medicare claims data (if available) show that the service is typically performed in the outpatient setting, then the surveying specialties may add the post-operative visit intra-service time to the immediate post-operative physician time and not list a subsequent hospital visit in the recommendation. For example, if the survey data for a 23-hour stay code includes 15 minutes of immediate post-service time and one 99232 post-operative visit*

(20 minutes of intra-service time), then the recommendation could include 35 minutes of immediate post-service time and no subsequent hospital visit.

The survey results indicated that these procedures were typically performed in the hospital setting. The survey data results also indicated that patients were not typically discharged on the same day as the procedure (range 14%-29%). The survey results indicated that at least a 23-hour stay with a subsequent hospital visit was typical. As such, the specialty society has added 20 minutes of intra-service time (intra time for a 99232) to the immediate post-service time of procedures 64654, 64655, 64656, 64658 and 64659 and is not recommending a subsequent hospital visit.

Post Operative Office Visits

The survey results were varied for number and complexity of all post-operative visits. The expert panel suggests one level 3 visit for all codes. A low complexity visit of at least 20 minutes is required to assess all incisions and perform wound care, perform a neurologic assessment, and coordinate care for these medically labile patients.

Comparison with Key Reference Services

There were 4 codes that were chosen most often as key reference services for 64654-64659

- 64568, *Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator*
- 64569, *Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator*
- 64583, *Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator*
- 64584, *Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array*

The following table incorporates our recommended RVW for 64654-64659 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
64656	**8.01**	**0.070**	**187**	**18**	**1**	**15**	**71**	**40**	**0.5x38**	**13**
64659	**8.23**	**0.068**	**192**	**18**	**1**	**15**	**76**	**40**	**0.5x38**	**13**
64568 KRS	9.00	0.069	275	33	3	15	90	30	31, 38	13x2
64658 Crosswalk	**10.92**	**0.078**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64569 KRS	11.00	0.044	312	40	3	15	120	30	31, 38	13x2
64654	**11.00**	**0.077**	**252**	**40**	**15**	**15**	**90**	**50**	**0.5x38**	**13**
64655	**11.30**	**0.083**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64584 KRS	12.00	0.063	275	40	15	15	120	20	0.5x38	13x2
64657	**14.25**	**0.088**	**277**	**40**	**15**	**15**	**115**	**50**	**0.5x38**	**13**
64583 KRS	14.50	0.067	309	40	20	14	150	20	0.5x38	13x2

Comparison to MPC codes

The following MPC codes bracket our recommendations for BAT

- 33207, *Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular*
- 19303, *Mastectomy, simple, complete*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33207 MPC	7.80	0.047	234	10	13	20	60	30	32, 38	13
64656	**8.01**	**0.070**	**187**	**18**	**1**	**15**	**71**	**40**	**0.5x38**	**13**
64659	**8.23**	**0.068**	**192**	**18**	**1**	**15**	**76**	**40**	**0.5x38**	**13**
64658 Crosswalk	**10.92**	**0.078**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64654	**11.00**	**0.077**	**252**	**40**	**15**	**15**	**90**	**50**	**0.5x38**	**13**
64655	**11.30**	**0.083**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64657	**14.25**	**0.088**	**277**	**40**	**15**	**15**	**115**	**50**	**0.5x38**	**13**
19303 MPC	15.00	0.102	283	40	3	15	90	30	0.5x38	13x2, 14

For CPT code 64654, the society recommends the 25th percentile survey value of 11.00 RVW.

This code represents the base for all following codes and had the highest response rate in our survey with median experience of 4 procedures. Without this procedure done first, none of the other procedures in this set would be possible.

The most complex part of this procedure involves dissecting around the carotid bulb. These patients have atherosclerotic risk factors, increasing their likelihood for concomitant carotid disease. Meticulous and careful dissection is required to minimize risk of plaque embolization. Stroke is a real possibility, particularly with these patients who already have an elevated risk of stroke based on their co-morbidities. Additionally, the vagus nerve, hypoglossal nerve, and occasionally a recurrent laryngeal nerve must be identified and preserved to avoid untoward and even devastating complications. Finally, sutures are placed into the adventia and outer media of the arterial wall to ensure the leads are secured. Suture too deep could cause hematoma and even a dissection. Suture too superficial could result in lead disruption and failure of the implant. An intensity of 0.077 seems to the society to fit nicely between carotid endartectomy (35301 IWPUT 0.104) which involves clamping of the carotid and open implantation of cranial nerve neurostimulator (64569, IWPUT 0.069, KRS) which does not require carotid wall sutures.

For post-procedure work, survey median time was 30 minutes. A 99232 hospital visit of 20 minutes, from our survey, was added to the post-time, totaling 50 minutes of immediate post time.

Summary

The new family of CPT codes for BAT represent a set of codes for this new technology. The base code 64654, will be the most commonly performed procedure in this code set. The other 5 codes, 64655-64659, represent replacement, revision, or removal. The Society for Vascular Surgery believes these codes will be infrequently used. Given the patient population with heart failure refractory to medical management and the proximity to the carotid arteries, the overall intensity of these procedures reflects these factors.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.

- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0266T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 357
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current RUC database (2023 utilization)

Specialty Vascular Surgery Frequency 357 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 60600

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64655 Tracking Number V2 Original Specialty Recommended RVU: **11.30**
Presented Recommended RVU: **11.30**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **11.30**

CPT Descriptor: Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 68-year-old male has an implanted baroreflex activation therapy (BAT) modulation system. At a recent device check, the lead was found to have fractured and is no longer functioning requiring replacement with a new lead to restore normal system function.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 19% , Overnight stay-less than 24 hours 48% , Overnight stay-more than 24 hours 33%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Preservice work includes review of surgical indication, physical exam findings, current medications, and all laboratory test results. A history of prior neck or chest surgeries and a history of prior radiation is specifically reviewed with the patient. Careful final review of imaging is performed. This includes review of neck cross-sectional imaging and ultrasound imaging. The proposed procedure is discussed with the patient and family, including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The surgeon ensures availability of all instruments and implants necessary for the procedure. Adequate personnel support for barostimulator localization is ensured. The surgeon supervises appropriate patient positioning on the OR table, marks the carotid bifurcation, and marks the planned incision. The surgeon supervises sterile preparation of access site(s) and subsequent draping. The surgeon leads the preprocedural time-out.

Description of Intra-Service Work: An incision is made over the carotid bulb. After surgical exposure and mobilization of the right carotid sinus, the baroreflex activation therapy (BAT) modulation system carotid sinus existing lead is detached from the carotid wall. Next, the subcutaneous pocket is opened and the fractured lead is disconnected and the lead is carefully extracted, possibly from both the neck incision and the subcutaneous pocket. After lead extraction, mapping of the optimal location for replacement of the lead is performed. The new lead is then implanted over the mapped location of the baroreceptors with 6 circumferential sutures, securing the lead to the adventia layer of the carotid wall. The lead is then tunneled and connected with the BAT pulse generator in the pectoral region. The BAT system is checked. The pulse generator is then placed back into the pocket. All wounds are irrigated, hemostasis is obtained, and incisions are closed in routine fashion with absorbable and/or non-absorbable sutures and/or staples.

Description of Post-Service Work: Hospital: Sterile dressings are applied. The patient is assisted with transfer from the operating table to the gurney. The patient is monitored for hemodynamic stability in transit. Assessment of neurologic function takes place in the operating room with a comprehensive neurological exam. Stability of the neurologic exam compared to baseline is ensured prior to leaving the operating room. Postoperative orders for medications, imaging, and laboratories are written. The procedure and outcome are discussed with family. A brief operative note is written. An

operative report is dictated which includes a detailed description of all radiographic images. A copy is sent to the referring physician. Cardiology is notified of the patient's admission.

Patients are assessed daily for hemodynamic stability, surgical site complications, and any neurological changes. Hematoma formation is a common complication given most patients are on antiplatelet and anticoagulant medications. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily. Discharge day management includes communicating with all support services, such as visiting nurses and referring physicians, reviewing interval chart notes, answering patient and family questions, evaluating all predischarge laboratory results, evaluating and redressing the incisions, assessing pain score, and performing medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office:
At the office visit, an interval history is solicited for ongoing or new symptoms; the chest is examined for infection, tenderness, complications of hematoma or seroma. The neck incision is assessed for inflammation, drainage, and wound infection. A full neurologic exam is performed. Wound care is provided, as needed. Staples and sutures are removed as indicated. Patient and family questions are answered. Prescriptions for medication and therapy are written, as necessary. Progress is discussed with the referring physician (verbal and written). Progress notes are dictated/typed for the medical chart. Follow-up with provider performing programing of the device is ensured.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Matthew Sideman,MD and Jonathon Thompson, MD					
Specialty Society(ies):	SVS					
CPT Code:	64655					
Sample Size:	2697	**Resp N:**	21			
Description of Sample:	Entire US, active MD/DO membership					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**0.00**	1.00	9.00	
Survey RVW:	7.60	11.30	**14.75**	17.00	60.00	
Pre-Service Evaluation Time:			**59.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	45.00	69.00	**90.00**	120.00	300.00	
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	64655	**Recommended Physician Work RVU: 11.30**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**33.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**19.00**	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64569	090	11.00	**RUC Time**

CPT Descriptor Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64583	090	14.50	**RUC Time**

CPT Descriptor Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	15.00	**RUC Time**	23,502

CPT Descriptor 1 Mastectomy, simple, complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33207	090	7.80	**RUC Time**	9,237

CPT Descriptor 2 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 **% of respondents:** 38.0 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 33.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 64655	Top Key Reference CPT Code: 64569	2nd Key Reference CPT Code: **64583**
Median Pre-Service Time	70.00	58.00	74.00
Median Intra-Service Time	90.00	120.00	150.00
Median Immediate Post-service Time	40.00	30.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	20.00	0.00
Median Discharge Day Management Time	19.0	38.00	19.00
Median Office Visit Time	23.0	46.00	46.00
Median Total Time	**242.00**	**312.00**	**309.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	38%	13%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	25%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	13%	50%	38%
Physical effort required	0%	75%	25%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	13%	50%	38%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	29%	57%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	43%	43%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	29%	71%
Physical effort required	0%	71%	29%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	29%	71%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Baroreflex Activation Therapy (BAT) modulation system received FDA approval in August 2019. With the increased utilization and the supporting literature, the CPT Panel approved conversion from a Category III code to a Category I code at the September 2024 meeting. This code set describes the implantation, replacement, revision, removal, and interrogation/programming for a baroreflex activation therapy (BAT) modulation system.

BAT works by electrically stimulating carotid baroreceptors and, in turn, the baroreflex. This triggers the autonomic nervous system to regulate heart, kidney and vascular function through both sympathetic and parasympathetic pathways. These effects reduce the heart's workload and help it pump more efficiently, to relieve the often debilitating symptoms of heart failure.

Survey Methodology

The Society for Vascular Surgery (SVS) surveyed all codes related to implantation, replacement, revision, and removal (64654-64659). Originally SVS conducted the survey using both a targeted sample (vendor list) and a random sample of the SVS membership. However, due to the low response rate, the SVS ended up surveying the entire SVS membership.

Low Survey Responses

The Code Change Application indicated that less than 33 total 64655-64659s were performed in 2023. The RUC database indicates that less than 13 64655-64659s were reported in 2022.

At the January 2018 RUC meeting, the Administrative Subcommittee reviewed the history of low survey responses and determined that the RUC should not automatically recommend contractor pricing for codes that have a low response rate (under 30) but continue its current process and review each unique code set individually. The Administrative Subcommittee recommended and the RUC approved that the RUC flag new Category I services with a survey response below 30 to be reviewed in three years by the Relativity Assessment Workgroup. Specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code. Reference: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations

After surveying the entire SVS membership, including several reminders, the specialty was not able to collect 30 completed surveys for 64655-64659. The specialty society recommends the RUC make recommendations to CMS for 64655-64659 based on the collected survey data/specialty society recommendations. The specialty also recommends the RUC flag 64655-64659 as *do not use to validate physician work* in the RUC database and review the codes in three years.

Pre-Service Time

64654, 64655, 64657, and 64658

Pre-service package 4 is appropriate for BAT procedures which involve dissection at the carotid bulb (64654, 64655, 64657, and 64658).

Evaluation - package time is 40 minutes. Survey median evaluation time is 60 minutes (59 minutes for 64654 and 64655). The specialties recommend deleting 20 minutes (19 minutes for 64654 and 64655) to achieve the package evaluation time.

Positioning – package time is 3 minutes. An additional 12 minutes of positioning time is requested for these codes given the positioning related to the neck incision. This is consistent with the results of our survey.The patient is placed in the "beach chair" position. A shoulder role is typically placed. The neck is extended and rotated away from the side of surgery. This is done in concert with anesthesia to ensure the endotracheal tube is not dislodged and is secure so it does not become dislodged over the course of surgery. The endotracheal tube is secured appropriately under the observation of the surgeon to ensure an appropriate field for skin preparation. The carotid bifurcation is marked and all planned incisions are marked. This extra positioning time is consistent with other vascular codes involving carotid dissection: carotid endarterectomy (35301), carotid-carotid bypass with vein (35501), Retrograde carotid stent (37217). Extra positioning time is externally similar to other procedures in the neck region: total thyroidectomy (60240) and excision of carotid body tumor (60605)

SDW – package time is 20 minutes. Survey median time is 15 min. The specialties are recommending deleting 5 min from the "observe (wait anesthesia care)" portion to achieve 15 minutes of SDW time.

Immediate Post-Service Time

64654, 64655, 64657, and 64658

Post-service package 9B is appropriate for BAT procedures which involve dissection at the carotid bulb (64654, 64655, 64657, and 64658).

64655, 64657, and 64658 - package time is 33 minutes. Survey median time is 20 minutes. The societies recommend deleting 13 minutes to achieve the surveyed time of 20 minutes.

Post Operative Hospital Care

23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy

> *Excerpt from: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations*
>
> *CMS labels surgical services that are typically performed in the outpatient setting and require a hospital stay of less than 24-hours as 23-hour stay outpatient services. In the CY2011 Final Rule, CMS finalized a policy to no longer allow these codes to include bundle subsequent hospital visits (eg 99231-99233) into the surgical global period. Instead, the Agency permits the allocation of the intraservice portion of the typically performed subsequent hospital visit to the immediate post-service time of the procedure.*
>
> *If the survey results indicate that a 23-hour stay with a subsequent hospital visit is typical and the Medicare claims data (if available) show that the service is typically performed in the outpatient setting, then the surveying specialties may add the post-operative visit intra-service time to the immediate post-operative physician time and not list a subsequent hospital visit in the recommendation. For example, if the survey data for a 23-hour stay code includes 15 minutes of immediate post-service time and one 99232 post-operative visit (20 minutes of intra-service time), then the recommendation could include 35 minutes of immediate post-service time and no subsequent hospital visit.*

The survey results indicated that these procedures were typically performed in the hospital setting. The survey data results also indicated that patients were not typically discharged on the same day as the procedure (range 14%-29%). The survey results indicated that at least a 23-hour stay with a subsequent hospital visit was typical. As such, the specialty society has added 20 minutes of intra-service time (intra time for a 99232) to the immediate post-service time of procedures 64654, 64655, 64656, 64658 and 64659 and is not recommending a subsequent hospital visit. Similarly, the specialty society has added 30 minutes of intra-service time (intra time for a 99233) to the immediate post-service time of the procedure 64657 and is not recommending a subsequent hospital visit.

Post Operative Office Visits

The survey results were varied for number and complexity of all post-operative visits. The expert panel suggests one level 3 visit for all codes. A low complexity visit of at least 20 minutes is required to assess all incisions and perform wound care, perform a neurologic assessment, and coordinate care for these medically labile patients.

Comparison with Key Reference Services

There were 4 codes that were chosen most often as key reference services for 64654-64659

- 64568, *Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator*
- 64569, *Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator*
- 64583, *Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator*
- 64584, *Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array*

The following table incorporates our recommended RVW for 64654-64659 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
64656	**8.01**	**0.070**	**187**	**18**	**1**	**15**	**71**	**40**	**0.5x38**	**13**
64659	**8.23**	**0.068**	**192**	**18**	**1**	**15**	**76**	**40**	**0.5x38**	**13**
64568 KRS	9.00	0.069	275	33	3	15	90	30	31, 38	13x2

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
64658 Crosswalk	**10.92**	**0.078**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64569 KRS	11.00	0.044	312	40	3	15	120	30	31, 38	13x2
64654	**11.00**	**0.077**	**252**	**40**	**15**	**15**	**90**	**50**	**0.5x38**	**13**
64655	**11.30**	**0.083**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64584 KRS	12.00	0.063	275	40	15	15	120	20	0.5x38	13x2
64657	**14.25**	**0.088**	**277**	**40**	**15**	**15**	**115**	**50**	**0.5x38**	**13**
64583 KRS	14.50	0.067	309	40	20	14	150	20	0.5x38	13x2

Comparison to MPC codes

The following MPC codes bracket our recommendations for BAT

- 33207, *Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular*
- 19303, *Mastectomy, simple, complete*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33207 MPC	7.80	0.047	234	10	13	20	60	30	32, 38	13
64656	**8.01**	**0.070**	**187**	**18**	**1**	**15**	**71**	**40**	**0.5x38**	**13**
64659	**8.23**	**0.068**	**192**	**18**	**1**	**15**	**76**	**40**	**0.5x38**	**13**
64658 Crosswalk	**10.92**	**0.078**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64654	**11.00**	**0.077**	**252**	**40**	**15**	**15**	**90**	**50**	**0.5x38**	**13**
64655	**11.30**	**0.083**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64657	**14.25**	**0.088**	**277**	**40**	**15**	**15**	**115**	**50**	**0.5x38**	**13**
19303 MPC	15.00	0.102	283	40	3	15	90	30	0.5x38	13x2, 14

For CPT code 64655, the society recommends the 25th percentile survey value of 11.30 RVW.

This procedure will be performed generally for lead malfunction or fracture. This will be a low utilization procedure. Most of our survey respondents had not performed the procedure. The ones who had, felt it was more complex than those who had not. Regardless, the RVW and IWPUT for the 25th percentile of all respondents seemed to align well with other codes in the family.

The most complex part of this procedure involves dissecting around the carotid bulb. This will be a redo field with scar tissue and greater risk for vessel wall injury and nerve injury. Meticulous and careful dissection is required to minimize risk of plaque embolization. Tissue planes are more challenging given scar tissue formation. Stroke is a real possibility. Additionally, the vagus nerve, hypoglossal nerve, and occasionally a recurrent laryngeal nerve must be identified and preserved to avoid untoward and even devastating complications. In scared operative planes, this is even more challenging. Finally, sutures are placed into the adventia and outer media of the arterial wall to ensure the leads are secured. In reoperative fields, the vessel wall can be striped of the adventia creating a challenge when securing the

leads. An intensity of 0.083 seems to the society to fit nicely between carotid endartectomy (35301 IWPUT 0.104) which involves clamping of the carotid and Revision or replacement of cranial nerve neurostimulator (64568, IWPUT 0.069, KRS) which does not require carotid wall sutures.

For post-procedure work, survey median time was 20 minutes. A 99232 hospital visit of 20 minutes, from our survey, was added to the post-time, totaling 40 minutes of immediate post time.

Summary

The new family of CPT codes for BAT represent a set of codes for this new technology. The base code 64654, will be the most commonly performed procedure in this code set. The other 5 codes, 64655-64659, represent replacement, revision, or removal. The Society for Vascular Surgery believes these codes will be infrequently used. Given the patient population with heart failure refractory to medical management and the proximity to the carotid arteries, the overall intensity of these procedures reflects these factors.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0267T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current RUC database (2023 utilization)

Specialty Vascular Surgery Frequency 4 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 60600

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64656 Tracking Number V3 Original Specialty Recommended RVU: **8.01**
Presented Recommended RVU: **8.01**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **8.01**

CPT Descriptor: Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 70-year-old male returns five years after implantation of an implanted baroreflex activation therapy (BAT) modulation system for routine replacement of the BAT pulse generator.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 95% , In the ASC 5%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 29% , Overnight stay-less than 24 hours 52% , Overnight stay-more than 24 hours 19%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Preservice work includes review of surgical indication, physical exam findings, current medications, and all laboratory test results. A history of prior chest is specifically reviewed with the patient. Careful final review of any pertinent imaging is performed. The proposed procedure is discussed with the patient and family, including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The surgeon ensures availability of all instruments and implants necessary for the procedure. Adequate personnel support for barostimulator programing is ensured. The surgeon supervises appropriate patient positioning on the OR table and marks the planned incision. The surgeon supervises sterile preparation of access site(s) and subsequent draping. The surgeon leads the preprocedural time-out.

Description of Intra-Service Work: The subcutaneous pocket in the pectoral region containing an implantable baroreflex activation therapy (BAT) modulation system pulse generator is incised with removal and replacement of the generator. The BAT system is checked to ensure the leads are functioning correctly. The new pulse generator is then placed into the pocket. All wounds are irrigated, hemostasis is obtained, and incisions are closed in routine fashion with absorbable and/or non-absorbable sutures and/or staples.

Description of Post-Service Work: Hospital: Sterile dressings are applied. The patient is assisted with transfer from the operating table to the gurney. The patient is monitored for hemodynamic stability in transit. Postoperative orders for medications, imaging, and laboratories are written. The procedure and outcome are discussed with family. A brief operative note is written. An operative report is dictated which includes a detailed description of all radiographic images. A copy is sent to the referring physician.

Discharge day management includes communicating with all support services, such as visiting nurses and referring physicians, reviewing interval chart notes, answering patient and family questions, evaluating all predischarge laboratory results, evaluating and redressing the incisions, assessing pain score, and performing medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office:
At the office visit, an interval history is solicited for ongoing or new symptoms; the chest is examined for infection, tenderness, complications of hematoma or seroma. Wound care is provided, as needed. Staples and sutures are removed as indicated. Patient and family questions are answered. Prescriptions for medication and therapy are written, as necessary. Progress is discussed with the referring physician (verbal and written). Progress notes are dictated/typed for the medical chart. Follow-up with provider performing programing of the device is ensured as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Matthew Sideman,MD and Jonathon Thompson, MD					
Specialty Society(ies):	SVS					
CPT Code:	64656					
Sample Size:	2697	**Resp N:**	22			
Description of Sample:	Entire US, active MD/DO membership					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**1.00**	2.00	10.00	
Survey RVW:	5.00	8.01	**12.25**	15.92	60.00	
Pre-Service Evaluation Time:			**60.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	30.00	60.00	**71.00**	115.00	300.00	
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**23.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	64656	**Recommended Physician Work RVU: 8.01**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**6.00**	**9.00**
Intra-Service Time:		**71.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**25.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64583	090	14.50	**RUC Time**

CPT Descriptor Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64569	090	11.00	**RUC Time**

CPT Descriptor Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator5

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	15.00	**RUC Time**	23,502

CPT Descriptor 1 Mastectomy, simple, complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33207	090	7.80	**RUC Time**	9,237

CPT Descriptor 2 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 5 **% of respondents:** 22.7 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 18.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 64656	Top Key Reference CPT Code: 64583	2nd Key Reference CPT Code: **64569**
Median Pre-Service Time	34.00	74.00	58.00
Median Intra-Service Time	71.00	150.00	120.00
Median Immediate Post-service Time	40.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	20.00
Median Discharge Day Management Time	19.0	19.00	38.00
Median Office Visit Time	23.0	46.00	46.00
Median Total Time	**187.00**	**309.00**	**312.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	40%	60%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	20%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	60%	40%
Physical effort required	0%	60%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	0%	60%	40%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	25%	75%	0%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	100%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	100%	0%
Physical effort required	0%	100%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	100%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Baroreflex Activation Therapy (BAT) modulation system received FDA approval in August 2019. With the increased utilization and the supporting literature, the CPT Panel approved conversion from a Category III code to a Category I code at the September 2024 meeting. This code set describes the implantation, replacement, revision, removal, and interrogation/programming for a baroreflex activation therapy (BAT) modulation system.

BAT works by electrically stimulating carotid baroreceptors and, in turn, the baroreflex. This triggers the autonomic nervous system to regulate heart, kidney and vascular function through both sympathetic and parasympathetic pathways. These effects reduce the heart's workload and help it pump more efficiently, to relieve the often debilitating symptoms of heart failure.

Survey Methodology

The Society for Vascular Surgery (SVS) surveyed all codes related to implantation, replacement, revision, and removal (64654-64659). Originally SVS conducted the survey using both a targeted sample (vendor list) and a random sample of the SVS membership. However, due to the low response rate, the SVS ended up surveying the entire SVS membership.

Low Survey Responses

The Code Change Application indicated that less than 33 total 64655-64659s were performed in 2023. The RUC database indicates that less than 13 64655-64659s were reported in 2022.

At the January 2018 RUC meeting, the Administrative Subcommittee reviewed the history of low survey responses and determined that the RUC should not automatically recommend contractor pricing for codes that have a low response rate (under 30) but continue its current process and review each unique code set individually. The Administrative Subcommittee recommended and the RUC approved that the RUC flag new Category I services with a survey response below 30 to be reviewed in three years by the Relativity Assessment Workgroup. Specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code. Reference: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations

After surveying the entire SVS membership, including several reminders, the specialty was not able to collect 30 completed surveys for 64655-64659. The specialty society recommends the RUC make recommendations to CMS for 64655-64659 based on the collected survey data/specialty society recommendations. The specialty also recommends the RUC flag 64655-64659 as *do not use to validate physician work* in the RUC database and review the codes in three years.

Pre-Service Time

64656 and 64659

Pre-service package 2 is appropriate for codes related to generator replacement or removal (64656 and 64659).

Evaluation - package time is 18 minutes. Survey median evaluation time is 60 minutes. The specialties recommend deleting 42 minutes to achieve the package evaluation time.

Positioning – package time is 1 minute. With a chest wall incision, no additional positioning time is requested. Our survey median for positioning time is between 14 and 15 minutes. The specialties recommend deleting the additional time to achieve the package evaluation time.

SDW – package time is 6 minutes. Survey median time is 15 min. These procedures are typically done under general anesthesia. The specialties are recommending deleting 1 min for local anesthesia administration and adding 10 min from the "observe (wait anesthesia care)" portion to achieve 15 minutes of SDW time.

Immediate Post-Service Time

64656 and 64659

Post-service package 9A is appropriate for codes related to generator replacement or removal (64656 and 64659).

64656 and 64659 – package time is 30 minutes. Survey median time is 20 minutes. The societies recommend deleting 10 minutes to achieve the surveyed time of 20 minutes.

Post Operative Hospital Care

23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy

> *Excerpt from: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations*

CMS labels surgical services that are typically performed in the outpatient setting and require a hospital stay of less than 24-hours as 23-hour stay outpatient services. In the CY2011 Final Rule, CMS finalized a policy to no longer allow these codes to include bundle subsequent hospital visits (eg 99231-99233) into the surgical global period. Instead, the Agency permits the allocation of the intraservice portion of the typically performed subsequent hospital visit to the immediate post-service time of the procedure.

If the survey results indicate that a 23-hour stay with a subsequent hospital visit is typical and the Medicare claims data (if available) show that the service is typically performed in the outpatient setting, then the surveying specialties may add the post-operative visit intra-service time to the immediate post-operative physician time and not list a subsequent hospital visit in the recommendation. For example, if the survey data for a 23-hour stay code includes 15 minutes of immediate post-service time and one 99232 post-operative visit (20 minutes of intra-service time), then the recommendation could include 35 minutes of immediate post-service time and no subsequent hospital visit.

The survey results indicated that these procedures were typically performed in the hospital setting. The survey data results also indicated that patients were not typically discharged on the same day as the procedure (range 14%-29%). The survey results indicated that at least a 23-hour stay with a subsequent hospital visit was typical. As such, the specialty society has added 20 minutes of intra-service time (intra time for a 99232) to the immediate post-service time of procedures 64654, 64655, 64656, 64658 and 64659 and is not recommending a subsequent hospital visit. Similarly, the specialty society has added 30 minutes of intra-service time (intra time for a 99233) to the immediate post-service time of the procedure 64657 and is not recommending a subsequent hospital visit.

Post Operative Office Visits

The survey results were varied for number and complexity of all post-operative visits. The expert panel suggests one level 3 visit for all codes. A low complexity visit of at least 20 minutes is required to assess all incisions and perform wound care, perform a neurologic assessment, and coordinate care for these medically labile patients.

Comparison with Key Reference Services

There were 4 codes that were chosen most often as key reference services for 64654-64659

- 64568, *Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator*
- 64569, *Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator*
- 64583, *Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator*
- 64584, *Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array*

The following table incorporates our recommended RVW for 64654-64659 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
64656	**8.01**	**0.070**	**187**	**18**	**1**	**15**	**71**	**40**	**0.5x38**	**13**
64659	**8.23**	**0.068**	**192**	**18**	**1**	**15**	**76**	**40**	**0.5x38**	**13**
64568 KRS	9.00	0.069	275	33	3	15	90	30	31, 38	13x2
64658 Crosswalk	**10.92**	**0.078**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64569 KRS	11.00	0.044	312	40	3	15	120	30	31, 38	13x2
64654	**11.00**	**0.077**	**252**	**40**	**15**	**15**	**90**	**50**	**0.5x38**	**13**
64655	**11.30**	**0.083**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
64584 KRS	12.00	0.063	275	40	15	15	120	20	0.5x38	13x2
64657	**14.25**	**0.088**	**277**	**40**	**15**	**15**	**115**	**50**	**0.5x38**	**13**
64583 KRS	14.50	0.067	309	40	20	14	150	20	0.5x38	13x2

Comparison to MPC codes

The following MPC codes bracket our recommendations for BAT

- 33207, *Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular*
- 19303, *Mastectomy, simple, complete*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33207 MPC	7.80	0.047	234	10	13	20	60	30	32, 38	13
64656	**8.01**	**0.070**	**187**	**18**	**1**	**15**	**71**	**40**	**0.5x38**	**13**
64659	**8.23**	**0.068**	**192**	**18**	**1**	**15**	**76**	**40**	**0.5x38**	**13**
64658 Crosswalk	**10.92**	**0.078**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64654	**11.00**	**0.077**	**252**	**40**	**15**	**15**	**90**	**50**	**0.5x38**	**13**
64655	**11.30**	**0.083**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64657	**14.25**	**0.088**	**277**	**40**	**15**	**15**	**115**	**50**	**0.5x38**	**13**
19303 MPC	15.00	0.102	283	40	3	15	90	30	0.5x38	13x2, 14

For CPT code 64656, the society recommends the 25th percentile survey value of 8.01 RVW.

This procedure is one unfamiliar to most vascular surgeons who have minimal experience with generator replacement or revision compared to other specialties. Survey response was low at 22 with a median experience of 1 procedure. The society suspects the intra-procedure time is related to troubleshooting connections and ensuring a functioning device. This is different work from a simple battery exchange common in most electrocardiology procedures. In a patient population with heart failure, any anesthetic time should be minimized. The societies do not believe these times are over-estimated.

For post-procedure work, survey median time was 20 minutes. A 99232 hospital visit of 20 minutes, from our survey, was added to the post-time, totaling 40 minutes of immediate post time.

Summary

The new family of CPT codes for BAT represent a set of codes for this new technology. The base code 64654, will be the most commonly performed procedure in this code set. The other 5 codes, 64655-64659, represent replacement, revision, or removal. The Society for Vascular Surgery believes these codes will be infrequently used. Given the patient population with heart failure refractory to medical management and the proximity to the carotid arteries, the overall intensity of these procedures reflects these factors.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0268T and 0271T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 10 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current RUC database (2023 utilization)

Specialty Vascular Surgery Frequency 10 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 60600

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64657 Tracking Number V4 Original Specialty Recommended RVU: **14.25**
Presented Recommended RVU: **14.25**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **12.13**

CPT Descriptor: Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male has an implanted baroreflex activation therapy (BAT) modulation system. One year ago, the patient underwent elective replacement of the pulse generator and developed an inflammatory response (suspect infection) of the pulse generator pocket lead system. After several months of antibiotic therapy, he continues to have recurrence of low-grade fevers, erythema, effusion of the pulse generator pocket, and positive blood cultures. It is determined that the BAT system is infected, and extraction of the total system is required.

Percentage of Survey Respondents who found Vignette to be Typical: 96%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 14% , Overnight stay-less than 24 hours 46% , Overnight stay-more than 24 hours 41%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Preservice work includes review of surgical indication, physical exam findings, current medications, and all laboratory test results. A history of prior neck or chest surgeries and a history of prior radiation is specifically reviewed with the patient. Careful final review of imaging is performed. This includes review of neck cross-sectional imaging and ultrasound imaging. The proposed procedure is discussed with the patient and family, including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The surgeon ensures availability of all instruments and implants necessary for the procedure. The surgeon supervises appropriate patient positioning on the OR table, marks the carotid bifurcation,and marks the planned incisions. The surgeon supervises sterile preparation of access site(s) and subsequent draping. The surgeon leads the preprocedural time-out.

Description of Intra-Service Work: After surgical exposure and mobilization of the right carotid sinus, the baroreflex activation therapy (BAT) modulation system carotid sinus lead is detached from the carotid wall. This is a re-operative field with inflamed and infected tissues, so care is taken to ensure structures are correctly identified, including the vagus nerve and hypoglossal nerve. Hemostasis of the carotid wall is ensured. Doppler is uses to ensure there are no dissections or abnormal flow characteristics after removing the leads from the carotid wall. Next, the subcutaneous pocket is opened and the lead is disconnected. The lead is extracted and the pulse generator is removed. All wounds are copiously irrigated, hemostasis is obtained. Incisions may be left open and packed if severe infection is suspected. Incisions are loosely closed if there is no gross purulence.

Description of Post-Service Work: Hospital: Sterile dressings are applied. The patient is assisted with transfer from the operating table to the gurney. The patient is monitored for hemodynamic stability in transit. Assessment of neurologic function takes place in the operating room with a comprehensive neurological exam. Stability of the neurologic exam compared to baseline is ensured prior to leaving the operating room. Postoperative orders for wound care, medications, imaging, and laboratories are written. The procedure and outcome are discussed with family. A brief operative note is

written. An operative report is dictated which includes a detailed description of all radiographic images. A copy is sent to the referring physician. Cardiology is notified of the patient's admission.

Patients are assessed daily for hemodynamic stability, surgical site complications, and any neurological changes. Hematoma formation is a common complication given most patients are on antiplatelet and anticoagulant medications. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily. Discharge day management includes communicating with all support services, such as visiting nurses and referring physicians, reviewing interval chart notes, answering patient and family questions, evaluating all predischarge laboratory results, evaluating and redressing the incisions, assessing pain score, and performing medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office:
At the office visit, an interval history is solicited for ongoing or new symptoms; the chest is examined for infection, tenderness, complications of hematoma or seroma. The neck incision is assessed for inflammation, drainage, and wound infection. A full neurologic exam is performed. Wound care is provided, as needed. Staples and sutures are removed as indicated. Patient and family questions are answered. Prescriptions for medication and therapy are written, as necessary. Progress is discussed with the referring physician (verbal and written). Progress notes are dictated/typed for the medical chart. Follow-up with provider performing programing of the device is ensured.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Matthew Sideman,MD and Jonathon Thompson, MD					
Specialty Society(ies):	SVS					
CPT Code:	64657					
Sample Size:	2697	**Resp N:**	22			
Description of Sample:	Entire US, active MD/DO membership					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**1.00**	2.00	10.00	
Survey RVW:	6.50	12.13	**14.25**	17.58	50.00	
Pre-Service Evaluation Time:			**60.00**			
Pre-Service Positioning Time:			**15.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	45.00	83.00	**115.00**	139.00	300.00	
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**55.00**	99231x **0.00** 99232x **0.00** 99233x **1.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	64657	**Recommended Physician Work RVU: 12.13**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**115.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**50.00**	**33.00**	**17.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64584	090	12.00	**RUC Time**

CPT Descriptor
Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64570	090	9.10	**RUC Time**

CPT Descriptor Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	15.00	**RUC Time**	23,502

CPT Descriptor 1 Mastectomy, simple, complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33207	090	7.20	**RUC Time**	9,237

CPT Descriptor 2 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 40.9 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 18.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 64657	Top Key Reference CPT Code: 64584	2nd Key Reference CPT Code: **64570**
Median Pre-Service Time	70.00	70.00	58.00
Median Intra-Service Time	115.00	120.00	90.00
Median Immediate Post-service Time	50.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	20.00
Median Discharge Day Management Time	19.0	19.00	38.00
Median Office Visit Time	23.0	46.00	23.00
Median Total Time	**277.00**	**275.00**	**259.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	22%	67%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	22%	78%
Physical effort required	0%	56%	44%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	0%	22%	78%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	22%	67%	11%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	22%	78%
Physical effort required	0%	56%	44%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	22%	78%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Baroreflex Activation Therapy (BAT) modulation system received FDA approval in August 2019. With the increased utilization and the supporting literature, the CPT Panel approved conversion from a Category III code to a Category I code at the September 2024 meeting. This code set describes the implantation, replacement, revision, removal, and interrogation/programming for a baroreflex activation therapy (BAT) modulation system.

BAT works by electrically stimulating carotid baroreceptors and, in turn, the baroreflex. This triggers the autonomic nervous system to regulate heart, kidney and vascular function through both sympathetic and parasympathetic pathways. These effects reduce the heart's workload and help it pump more efficiently, to relieve the often debilitating symptoms of heart failure.

Survey Methodology

The Society for Vascular Surgery (SVS) surveyed all codes related to implantation, replacement, revision, and removal (64654-64659). Originally SVS conducted the survey using both a targeted sample (vendor list) and a random sample of the SVS membership. However, due to the low response rate, the SVS ended up surveying the entire SVS membership.

Low Survey Responses

The Code Change Application indicated that less than 33 total 64655-64659s were performed in 2023. The RUC database indicates that less than 13 64655-64659s were reported in 2022.

At the January 2018 RUC meeting, the Administrative Subcommittee reviewed the history of low survey responses and determined that the RUC should not automatically recommend contractor pricing for codes that have a low response rate (under 30) but continue its current process and review each unique code set individually. The Administrative Subcommittee recommended and the RUC approved that the RUC flag new Category I services with a survey response below 30 to be reviewed in three years by the Relativity Assessment Workgroup. Specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code. Reference: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations

After surveying the entire SVS membership, including several reminders, the specialty was not able to collect 30 completed surveys for 64655-64659. The specialty society recommends the RUC make recommendations to CMS for 64655-64659 based on the collected survey data/specialty society recommendations. The specialty also recommends the RUC flag 64655-64659 as *do not use to validate physician work* in the RUC database and review the codes in three years.

Pre-Service Time

64654, 64655, 64657, and 64658

Pre-service package 4 is appropriate for BAT procedures which involve dissection at the carotid bulb (64654, 64655, 64657, and 64658).

Evaluation - package time is 40 minutes. Survey median evaluation time is 60 minutes. The specialties recommend deleting 20 minutes to achieve the package evaluation time.

Positioning – package time is 3 minutes. An additional 12 minutes of positioning time is requested for these codes given the positioning related to the neck incision. This is consistent with the results of our survey.The patient is placed in the "beach chair" position. A shoulder role is typically placed. The neck is extended and rotated away from the side of surgery. This is done in concert with anesthesia to ensure the endotracheal tube is not dislodged and is secure so it does not become dislodged over the course of surgery. The endotracheal tube is secured appropriately under the observation of the surgeon to ensure an appropriate field for skin preparation. The carotid bifurcation is marked and all planned incisions are marked. This extra positioning time is consistent with other vascular codes involving carotid dissection: carotid endarterectomy (35301), carotid-carotid bypass with vein (35501), Retrograde carotid stent (37217). Extra positioning time is externally similar to other procedures in the neck region: total thyroidectomy (60240) and excision of carotid body tumor (60605)

SDW – package time is 20 minutes. Survey median time is 15 min. The specialties are recommending deleting 5 min from the "observe (wait anesthesia care)" portion to achieve 15 minutes of SDW time.

Immediate Post-Service Time

64654, 64655, 64657, and 64658

Post-service package 9B is appropriate for BAT procedures which involve dissection at the carotid bulb (64654, 64655, 64657, and 64658).

64655, 64657, and 64658 - package time is 33 minutes. Survey median time is 20 minutes. The societies recommend deleting 13 minutes to achieve the surveyed time of 20 minutes.

Post Operative Hospital Care

23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy

> *Excerpt from: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations*
>
> *CMS labels surgical services that are typically performed in the outpatient setting and require a hospital stay of less than 24-hours as 23-hour stay outpatient services. In the CY2011 Final Rule, CMS finalized a policy to no longer allow these codes to include bundle subsequent hospital visits (eg 99231-99233) into the surgical global period. Instead, the Agency permits the allocation of the intraservice portion of the typically performed subsequent hospital visit to the immediate post-service time of the procedure.*
>
> *If the survey results indicate that a 23-hour stay with a subsequent hospital visit is typical and the Medicare claims data (if available) show that the service is typically performed in the outpatient setting, then the surveying specialties may add the post-operative visit intra-service time to the immediate post-operative physician time and not list a subsequent hospital visit in the recommendation. For example, if the survey data for a 23-hour stay code includes 15 minutes of immediate post-service time and one 99232 post-operative visit (20 minutes of intra-service time), then the recommendation could include 35 minutes of immediate post-service time and no subsequent hospital visit.*

The survey results indicated that these procedures were typically performed in the hospital setting. The survey data results also indicated that patients were not typically discharged on the same day as the procedure (range 14%-29%). The survey results indicated that at least a 23-hour stay with a subsequent hospital visit was typical. As such, the specialty society has added 20 minutes of intra-service time (intra time for a 99232) to the immediate post-service time of procedures 64654, 64655, 64656, 64658 and 64659 and is not recommending a subsequent hospital visit. Similarly, the specialty society has added 30 minutes of intra-service time (intra time for a 99233) to the immediate post-service time of the procedure 64657 and is not recommending a subsequent hospital visit.

Post Operative Office Visits

The survey results were varied for number and complexity of all post-operative visits. The expert panel suggests one level 3 visit for all codes. A low complexity visit of at least 20 minutes is required to assess all incisions and perform wound care, perform a neurologic assessment, and coordinate care for these medically labile patients.

Comparison with Key Reference Services

There were 4 codes that were chosen most often as key reference services for 64654-64659

- 64568, *Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator*
- 64569, *Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator*
- 64583, *Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator*
- 64584, *Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array*

The following table incorporates our recommended RVW for 64654-64659 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
64656	**8.01**	**0.070**	**187**	**18**	**1**	**15**	**71**	**40**	**0.5x38**	**13**
64659	**8.23**	**0.068**	**192**	**18**	**1**	**15**	**76**	**40**	**0.5x38**	**13**
64568 KRS	9.00	0.069	275	33	3	15	90	30	31, 38	13x2
64658	**10.92**	**0.078**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
Crosswalk										
64569 KRS	11.00	0.044	312	40	3	15	120	30	31, 38	13x2
64654	**11.00**	**0.077**	**252**	**40**	**15**	**15**	**90**	**50**	**0.5x38**	**13**
64655	**11.30**	**0.083**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64584 KRS	12.00	0.063	275	40	15	15	120	20	0.5x38	13x2
64657	**14.25**	**0.088**	**277**	**40**	**15**	**15**	**115**	**50**	**0.5x38**	**13**
64583 KRS	14.50	0.067	309	40	20	14	150	20	0.5x38	13x2

Comparison to MPC codes

The following MPC codes bracket our recommendations for BAT

- 33207, *Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular*
- 19303, *Mastectomy, simple, complete*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33207 MPC	7.80	0.047	234	10	13	20	60	30	32, 38	13
64656	**8.01**	**0.070**	**187**	**18**	**1**	**15**	**71**	**40**	**0.5x38**	**13**
64659	**8.23**	**0.068**	**192**	**18**	**1**	**15**	**76**	**40**	**0.5x38**	**13**
64658 Crosswalk	**10.92**	**0.078**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64654	**11.00**	**0.077**	**252**	**40**	**15**	**15**	**90**	**50**	**0.5x38**	**13**
64655	**11.30**	**0.083**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64657	**14.25**	**0.088**	**277**	**40**	**15**	**15**	**115**	**50**	**0.5x38**	**13**
19303 MPC	15.00	0.102	283	40	3	15	90	30	0.5x38	13x2, 14

For CPT code 64657, the society recommends the 25th percentile survey value of 12.13 RVW.

This is the most complicated procedure with regards to time and intensity. The typical patient has complete explant of the lead and generator for infection. The system may be functioning properly and explant may have intra-operative complications including cardiovascular instability from sympathetic/parasympathetic dysregulation and/or an SIRS/Sepsis response in the setting of infection, which is typical. Like the other revision codes in this code set, this procedure is always in non-virgin tissue planes and scar tissue can increase the risk for vessel damage and stroke.

Additionally, infection can make the tissue planes inflamed difficult to determine. Nerve identification can be challenging. Patients are at risk for vagus, hypoglossal, or recurrent laryngeal nerve injury. All implants must be removed in their entirety and wound care is performed. Incisions may not be closed, depending on the clinical situation. This procedure is more intense than the KRS 64584 (IWPUT 0.063), removal of hypoglossal nerve neurostimulator array, as removal of this device for the typical patient for 64584 was not done for infection.

For post-procedure work, survey median time was 20 minutes. A 99233 hospital visit of 30 minutes, from our survey, was added to the post-time, totaling 50 minutes of immediate post time. This extra complexity is likely due to wound care and other hemodynamic monitoring following explanation.

Summary

The new family of CPT codes for BAT represent a set of codes for this new technology. The base code 64654, will be the most commonly performed procedure in this code set. The other 5 codes, 64655-64659, represent replacement, revision, or removal. The Society for Vascular Surgery believes these codes will be infrequently used. Given the patient population with heart failure refractory to medical management and the proximity to the carotid arteries, the overall intensity of these procedures reflects these factors.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0269T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current RUC database (2023 utilization)

Specialty Vascular Surgery Frequency 1 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 60600

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64658 Tracking Number V5 Original Specialty Recommended RVU: **10.92**
Presented Recommended RVU: **10.92**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **8.95**

CPT Descriptor: Removal of baroreflex activation therapy (BAT) modulation system; lead only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male has an implanted baroreflex activation therapy (BAT) modulation system. He has recently developed fever and tenderness near the lead placement site on the carotid sinus. Aspiration cultures were positive for staphylococcus epidermitis and gram-negative bacilli. It is determined that the lead is infected, and removal is required.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 100% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 20% , Overnight stay-less than 24 hours 40% , Overnight stay-more than 24 hours 40%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Preservice work includes review of surgical indication, physical exam findings, current medications, and all laboratory test results. A history of prior neck surgeries and a history of prior radiation is specifically reviewed with the patient. Careful final review of imaging is performed. This includes review of neck cross-sectional imaging and ultrasound imaging. The proposed procedure is discussed with the patient and family, including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The surgeon ensures availability of all instruments and implants necessary for the procedure. The surgeon supervises appropriate patient positioning on the OR table, marks the carotid bifurcation, and marks the planned incisions. The surgeon supervises sterile preparation of access site(s) and subsequent draping. The surgeon leads the preprocedural time-out.

Description of Intra-Service Work: After surgical exposure and mobilization of the right carotid sinus, the baroreflex activation therapy (BAT) modulation system carotid sinus lead is detached from the carotid wall. This is a re-operative field with inflamed and infected tissues, so care is taken to ensure structures are correctly identified, including the vagus nerve and hypoglossal nerve. Hemostasis of the carotid wall is ensured. Doppler is uses to ensure there are no dissections or abnormal flow characteristics after removing the leads from the carotid wall. Next, the subcutaneous pocket is opened and the lead is disconnected. The lead is carefully extracted from the neck incision. After lead extraction, all wounds are copiously irrigated, hemostasis is obtained. Incisions may be left open and packed if severe infection is suspected. Incisions are loosely closed if there is no gross purulence.

Description of Post-Service Work: Hospital: Sterile dressings are applied. The patient is assisted with transfer from the operating table to the gurney. The patient is monitored for hemodynamic stability in transit. Assessment of neurologic function takes place in the operating room with a comprehensive neurological exam. Stability of the neurologic exam compared to baseline is ensured prior to leaving the operating room. Postoperative orders for wound care, medications, imaging, and laboratories are written. The procedure and outcome are discussed with family. A brief operative note is written. An operative report is dictated which includes a detailed description of all radiographic images. A copy is sent to the referring physician. Cardiology is notified of the patient's admission.

Patients are assessed daily for hemodynamic stability, surgical site complications, and any neurological changes. Hematoma formation is a common complication given most patients are on antiplatelet and anticoagulant medications. Progress notes are recorded daily. Patient and family questions are answered. Orders are updated daily. Rounds with nursing staff and other consultants are performed daily. Discharge day management includes communicating with all support services, such as visiting nurses and referring physicians, reviewing interval chart notes, answering patient and family questions, evaluating all predischarge laboratory results, evaluating and redressing the incisions, assessing pain score, and performing medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office:
At the office visit, an interval history is solicited for ongoing or new symptoms; the chest is examined for infection, tenderness, complications of hematoma or seroma. The neck incision is assessed for inflammation, drainage, and wound infection. A full neurologic exam is performed. Wound care is provided, as needed. Staples and sutures are removed as indicated. Patient and family questions are answered. Prescriptions for medication and therapy are written, as necessary. Progress is discussed with the referring physician (verbal and written). Progress notes are dictated/typed for the medical chart. Follow-up with provider performing programing of the device is ensured.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Matthew Sideman,MD and Jonathon Thompson, MD					
Specialty Society(ies):	SVS					
CPT Code:	64658					
Sample Size:	2697	**Resp N:**	20			
Description of Sample:	Entire US, active MD/DO membership					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	0.00	**0.00**	1.00	10.00
Survey RVW:		5.90	8.95	**12.25**	15.17	50.00
Pre-Service Evaluation Time:				**60.00**		
Pre-Service Positioning Time:				**15.00**		
Pre-Service Scrub, Dress, Wait Time:				**15.00**		
Intra-Service Time:		30.00	70.00	**90.00**	120.00	300.00
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**55.00**	99231x **0.00** 99232x **0.00** 99233x **1.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**63.00**	99211x **0.00** 12x **0.00** 13x **1.00** 14x **1.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

4-FAC Difficult Patient/Difficult Procedure

CPT Code:	64658	**Recommended Physician Work RVU: 8.95**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**40.00**	**40.00**	**0.00**
Pre-Service Positioning Time:		**15.00**	**3.00**	**12.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**20.00**	**-5.00**
Intra-Service Time:		**90.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**33.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64584	090	12.00	**RUC Time**

CPT Descriptor Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64570	090	9.10	**RUC Time**

CPT Descriptor Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	15.00	**RUC Time**	23,502

CPT Descriptor 1 Mastectomy, simple, complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33207	090	7.20	**RUC Time**	9,237

CPT Descriptor 2 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 4 **% of respondents:** 20.0 **%**

Number of respondents who choose 2nd Key Reference Code: 3 **% of respondents:** 15.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 64658	Top Key Reference CPT Code: 64584	2nd Key Reference CPT Code: **64570**
Median Pre-Service Time	70.00	70.00	58.00
Median Intra-Service Time	90.00	120.00	90.00
Median Immediate Post-service Time	40.00	20.00	30.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	20.00
Median Discharge Day Management Time	19.0	19.00	38.00
Median Office Visit Time	23.0	46.00	23.00
Median Total Time	**242.00**	**275.00**	**259.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	25%	0%	50%	25%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	0%	75%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	25%	25%	50%
Physical effort required	25%	25%	50%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	25%	50%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	33%	33%	33%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	33%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	33%	33%
Physical effort required	33%	33%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	33%	33%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Baroreflex Activation Therapy (BAT) modulation system received FDA approval in August 2019. With the increased utilization and the supporting literature, the CPT Panel approved conversion from a Category III code to a Category I code at the September 2024 meeting. This code set describes the implantation, replacement, revision, removal, and interrogation/programming for a baroreflex activation therapy (BAT) modulation system.

BAT works by electrically stimulating carotid baroreceptors and, in turn, the baroreflex. This triggers the autonomic nervous system to regulate heart, kidney and vascular function through both sympathetic and parasympathetic pathways. These effects reduce the heart's workload and help it pump more efficiently, to relieve the often debilitating symptoms of heart failure.

Survey Methodology

The Society for Vascular Surgery (SVS) surveyed all codes related to implantation, replacement, revision, and removal (64654-64659). Originally SVS conducted the survey using both a targeted sample (vendor list) and a random sample of the SVS membership. However, due to the low response rate, the SVS ended up surveying the entire SVS membership.

Low Survey Responses

The Code Change Application indicated that less than 33 total 64655-64659s were performed in 2023. The RUC database indicates that less than 13 64655-64659s were reported in 2022.

At the January 2018 RUC meeting, the Administrative Subcommittee reviewed the history of low survey responses and determined that the RUC should not automatically recommend contractor pricing for codes that have a low response rate (under 30) but continue its current process and review each unique code set individually. The Administrative Subcommittee recommended and the RUC approved that the RUC flag new Category I services with a survey response below 30 to be reviewed in three years by the Relativity Assessment Workgroup. Specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code. Reference: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations

After surveying the entire SVS membership, including several reminders, the specialty was not able to collect 30 completed surveys for 64655-64659. The specialty society recommends the RUC make recommendations to CMS for 64655-64659 based on the collected survey data/specialty society recommendations. The specialty also recommends the RUC flag 64655-64659 as *do not use to validate physician work* in the RUC database and review the codes in three years.

Pre-Service Time

64654, 64655, 64657, and 64658

Pre-service package 4 is appropriate for BAT procedures which involve dissection at the carotid bulb (64654, 64655, 64657, and 64658).

Evaluation - package time is 40 minutes. Survey median evaluation time is 60 minutes. The specialties recommend deleting 20 minutes to achieve the package evaluation time.

Positioning – package time is 3 minutes. An additional 12 minutes of positioning time is requested for these codes given the positioning related to the neck incision. This is consistent with the results of our survey.The patient is placed in the "beach chair" position. A shoulder role is typically placed. The neck is extended and rotated away from the side of surgery. This is done in concert with anesthesia to ensure the endotracheal tube is not dislodged and is secure so it does not become dislodged over the course of surgery. The endotracheal tube is secured appropriately under the observation of the surgeon to ensure an appropriate field for skin preparation. The carotid bifurcation is marked and all planned incisions are marked. This extra positioning time is consistent with other vascular codes involving carotid dissection: carotid endarterectomy (35301), carotid-carotid bypass with vein (35501), Retrograde carotid stent (37217). Extra positioning time is externally similar to other procedures in the neck region: total thyroidectomy (60240) and excision of carotid body tumor (60605)

SDW – package time is 20 minutes. Survey median time is 15 min. The specialties are recommending deleting 5 min from the "observe (wait anesthesia care)" portion to achieve 15 minutes of SDW time.

Immediate Post-Service Time

64654, 64655, 64657, and 64658

Post-service package 9B is appropriate for BAT procedures which involve dissection at the carotid bulb (64654, 64655, 64657, and 64658).

64655, 64657, and 64658 - package time is 33 minutes. Survey median time is 20 minutes. The societies recommend deleting 13 minutes to achieve the surveyed time of 20 minutes.

Post Operative Hospital Care

23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy

> *Excerpt from: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations*
>
> *CMS labels surgical services that are typically performed in the outpatient setting and require a hospital stay of less than 24-hours as 23-hour stay outpatient services. In the CY2011 Final Rule, CMS finalized a policy to no longer allow these codes to include bundle subsequent hospital visits (eg 99231-99233) into the surgical global period. Instead, the Agency permits the allocation of the intraservice portion of the typically performed subsequent hospital visit to the immediate post-service time of the procedure.*
>
> *If the survey results indicate that a 23-hour stay with a subsequent hospital visit is typical and the Medicare claims data (if available) show that the service is typically performed in the outpatient setting, then the surveying specialties may add the post-operative visit intra-service time to the immediate post-operative physician time and not list a subsequent hospital visit in the recommendation. For example, if the survey data for a 23-hour stay code includes 15 minutes of immediate post-service time and one 99232 post-operative visit (20 minutes of intra-service time), then the recommendation could include 35 minutes of immediate post-service time and no subsequent hospital visit.*

The survey results indicated that these procedures were typically performed in the hospital setting. The survey data results also indicated that patients were not typically discharged on the same day as the procedure (range 14%-29%). The survey results indicated that at least a 23-hour stay with a subsequent hospital visit was typical. As such, the specialty society has added 20 minutes of intra-service time (intra time for a 99232) to the immediate post-service time of procedures 64654, 64655, 64656, 64658 and 64659 and is not recommending a subsequent hospital visit. Similarly, the specialty society has added 30 minutes of intra-service time (intra time for a 99233) to the immediate post-service time of the procedure 64657 and is not recommending a subsequent hospital visit.

Post Operative Office Visits

The survey results were varied for number and complexity of all post-operative visits. The expert panel suggests one level 3 visit for all codes. A low complexity visit of at least 20 minutes is required to assess all incisions and perform wound care, perform a neurologic assessment, and coordinate care for these medically labile patients.

Comparison with Key Reference Services

There were 4 codes that were chosen most often as key reference services for 64654-64659

- 64568, *Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator*
- 64569, *Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator*
- 64583, *Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator*
- 64584, *Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array*

The following table incorporates our recommended RVW for 64654-64659 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
64656	**8.01**	**0.070**	**187**	**18**	**1**	**15**	**71**	**40**	**0.5x38**	**13**
64659	**8.23**	**0.068**	**192**	**18**	**1**	**15**	**76**	**40**	**0.5x38**	**13**
64568 KRS	9.00	0.069	275	33	3	15	90	30	31, 38	13x2
64658	**10.92**	**0.078**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
Crosswalk										
64569 KRS	11.00	0.044	312	40	3	15	120	30	31, 38	13x2
64654	**11.00**	**0.077**	**252**	**40**	**15**	**15**	**90**	**50**	**0.5x38**	**13**
64655	**11.30**	**0.083**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64584 KRS	12.00	0.063	275	40	15	15	120	20	0.5x38	13x2
64657	**14.25**	**0.088**	**277**	**40**	**15**	**15**	**115**	**50**	**0.5x38**	**13**
64583 KRS	14.50	0.067	309	40	20	14	150	20	0.5x38	13x2

Comparison to MPC codes

The following MPC codes bracket our recommendations for BAT

- 33207, *Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular*
- 19303, *Mastectomy, simple, complete*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33207 MPC	7.80	0.047	234	10	13	20	60	30	32, 38	13
64656	**8.01**	**0.070**	**187**	**18**	**1**	**15**	**71**	**40**	**0.5x38**	**13**
64659	**8.23**	**0.068**	**192**	**18**	**1**	**15**	**76**	**40**	**0.5x38**	**13**
64658 Crosswalk	**10.92**	**0.078**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64654	**11.00**	**0.077**	**252**	**40**	**15**	**15**	**90**	**50**	**0.5x38**	**13**
64655	**11.30**	**0.083**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64657	**14.25**	**0.088**	**277**	**40**	**15**	**15**	**115**	**50**	**0.5x38**	**13**
19303 MPC	15.00	0.102	283	40	3	15	90	30	0.5x38	13x2, 14

For CPT Code 64658, the society recommends a crosswalk to CPT Code 63655. We believe the 25th percentile for the survey did not accurately reflect the work. The 50th percentile result from the survey did not accurately reflect the intensity for this procedure. Given our low survey response for this procedure, 20 total responses, the survey data is varied. Additionally, only 7 of the 20 respondents have a performance rate greater than zero, indicating this is a very rare procedure. A crosswalk seems to be the most appropriate in this particularly scenario.

Similar to 64657, this procedure is typically performed in the setting of infection. Similar to the other revision codes in this code set, this procedure is always in non-virgin tissue planes and scar tissue can increase the risk for vessel damage and stroke. Additionally, infection can make the tissue planes inflamed difficult to determine. Nerve identification can be challenging. Patients are at risk for vagus, hypoglossal, or recurrent laryngeal nerve injury. All implants must be removed in their entirety and wound care is performed. Incisions may not be closed, depending on the clinical situation. This procedure is more intense than the KRS 64584 (IWPUT 0.063), removal of hypoglossal nerve neurostimulator array, as removal of this device for the typical patient for 64584 was not done for infection.

Summary

The new family of CPT codes for BAT represent a set of codes for this new technology. The base code 64654, will be the most commonly performed procedure in this code set. The other 5 codes, 64655-64659, represent replacement,

revision, or removal. The Society for Vascular Surgery believes these codes will be infrequently used. Given the patient population with heart failure refractory to medical management and the proximity to the carotid arteries, the overall intensity of these procedures reflects these factors.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0270T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current RUC database (2023 utilization)

Specialty Vascular Surgery Frequency 1 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment
Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 60600

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64659 Tracking Number V6 Original Specialty Recommended RVU: **8.23**
Presented Recommended RVU: **8.23**
Global Period: 090 Current Work RVU: **N/A** RUC Recommended RVU: **8.23**

CPT Descriptor: Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old male has an implanted baroreflex activation therapy (BAT) modulation system. He has recently developed erythema and an effusion within the pulse generator pocket. Aspiration cultures were positive for staphylococcus epidermitis and gram-negative bacilli requiring removal of the pulse generator.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 95% , In the ASC 5%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 21% , Overnight stay-less than 24 hours 47% , Overnight stay-more than 24 hours 32%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 100%

Description of Pre-Service Work: Preservice work includes review of surgical indication, physical exam findings, current medications, and all laboratory test results. A history of prior chest is specifically reviewed with the patient. Careful final review of any pertinent imaging is performed. The proposed procedure is discussed with the patient and family, including risks and expected recovery. Final informed consent is obtained. The physical exam, procedural plan, and consent are documented in the medical record. The access site(s) is marked. The surgeon ensures availability of all instruments and implants necessary for the procedure. The surgeon supervises appropriate patient positioning on the OR table and marks the planned incision. The surgeon supervises sterile preparation of access site(s) and subsequent draping. The surgeon leads the preprocedural time-out.

Description of Intra-Service Work: The subcutaneous pocket in the pectoral region containing an implantable baroreflex activation therapy (BAT) modulation system pulse generator is incised. The BAT pulse generator is disconnected from the lead and extracted. All wounds are copiously irrigated, hemostasis is obtained. Incisions may be left open and packed if severe infection is suspected. Incisions are loosely closed if there is no gross purulence.

Description of Post-Service Work: Hospital: Sterile dressings are applied. The patient is assisted with transfer from the operating table to the gurney. The patient is monitored for hemodynamic stability in transit. Postoperative orders for wound care, medications, imaging, and laboratories are written. The procedure and outcome are discussed with family. A brief operative note is written. An operative report is dictated which includes a detailed description of all radiographic images. A copy is sent to the referring physician. Cardiology is notified of the patient's admission.

Discharge day management includes communicating with all support services, such as visiting nurses and referring physicians, reviewing interval chart notes, answering patient and family questions, evaluating all predischarge laboratory results, evaluating and redressing the incisions, assessing pain score, and performing medication reconciliation. Surgeon discusses home restrictions (ie, diet, activity, bathing) with patient and family members; writes orders for home care, discharge medications and supplies; and completes all appropriate medical records, including day of discharge progress notes and final discharge instructions.

Office:

At the office visit, an interval history is solicited for ongoing or new symptoms; the chest is examined for infection, tenderness, complications of hematoma or seroma. Wound care is provided, as needed. Staples and sutures are removed as indicated. Patient and family questions are answered. Prescriptions for medication and therapy are written, as necessary. Progress is discussed with the referring physician (verbal and written). Progress notes are dictated/typed for the medical chart. Follow-up with provider performing programing of the device is ensured as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Matthew Sideman,MD and Jonathon Thompson, MD					
Specialty Society(ies):	SVS					
CPT Code:	64659					
Sample Size:	2697	**Resp N:**	20			
Description of Sample:	Entire US, active MD/DO membership					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**1.00**	1.00	20.00	
Survey RVW:	4.50	8.23	**11.50**	14.19	50.00	
Pre-Service Evaluation Time:			**60.00**			
Pre-Service Positioning Time:			**14.00**			
Pre-Service Scrub, Dress, Wait Time:			**15.00**			
Intra-Service Time:	25.00	49.00	**76.00**	120.00	300.00	
Immediate Post Service-Time:	**20.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**40.00**	99231x **0.00** 99232x **1.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**46.00**	99211x **0.00** 12x **0.00** 13x **2.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

2-FAC Diff Pat/Straightfor Proc(no sedation/anes)

CPT Code:	64659	**Recommended Physician Work RVU: 8.23**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**18.00**	**0.00**
Pre-Service Positioning Time:		**1.00**	**1.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**15.00**	**6.00**	**9.00**
Intra-Service Time:		**76.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

8A IV Sedation/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**40.00**	**25.00**	**15.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	23.00	99211x **0.00** 12x **0.00** 13x **1.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
64584	090	12.00	**RUC Time**

CPT Descriptor Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
33262	090	5.81	**RUC Time**

CPT Descriptor Removal of implantable defibrillator pulse generator with replacement of implantable defibrillator pulse generator; single lead system

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
19303	090	15.00	**RUC Time**	23,502

CPT Descriptor 1 Mastectomy, simple, complete

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
33207	090	7.80	**RUC Time**	9,237

CPT Descriptor 2 Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 5 **% of respondents:** 25.0 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 20.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 64659	Top Key Reference CPT Code: 64584	2nd Key Reference CPT Code: **33262**
Median Pre-Service Time	34.00	70.00	28.00
Median Intra-Service Time	76.00	120.00	60.00
Median Immediate Post-service Time	40.00	20.00	20.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	23.0	46.00	23.00
Median Total Time	**192.00**	**275.00**	**150.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	20%	0%	60%	20%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	20%	60%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	20%	20%	60%
Physical effort required	20%	40%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	20%	20%	60%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	75%	25%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	75%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	75%	25%
Physical effort required	0%	100%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	75%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Baroreflex Activation Therapy (BAT) modulation system received FDA approval in August 2019. With the increased utilization and the supporting literature, the CPT Panel approved conversion from a Category III code to a Category I code at the September 2024 meeting. This code set describes the implantation, replacement, revision, removal, and interrogation/programming for a baroreflex activation therapy (BAT) modulation system.

BAT works by electrically stimulating carotid baroreceptors and, in turn, the baroreflex. This triggers the autonomic nervous system to regulate heart, kidney and vascular function through both sympathetic and parasympathetic pathways. These effects reduce the heart's workload and help it pump more efficiently, to relieve the often debilitating symptoms of heart failure.

Survey Methodology
The Society for Vascular Surgery (SVS) surveyed all codes related to implantation, replacement, revision, and removal (64654-64659). Originally SVS conducted the survey using both a targeted sample (vendor list) and a random sample of the SVS membership. However, due to the low response rate, the SVS ended up surveying the entire SVS membership.

Low Survey Responses
The Code Change Application indicated that less than 33 total 64655-64659s were performed in 2023. The RUC database indicates that less than 13 64655-64659s were reported in 2022.

At the January 2018 RUC meeting, the Administrative Subcommittee reviewed the history of low survey responses and determined that the RUC should not automatically recommend contractor pricing for codes that have a low response rate (under 30) but continue its current process and review each unique code set individually. The Administrative Subcommittee recommended and the RUC approved that the RUC flag new Category I services with a survey response below 30 to be reviewed in three years by the Relativity Assessment Workgroup. Specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code. Reference: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations

After surveying the entire SVS membership, including several reminders, the specialty was not able to collect 30 completed surveys for 64655-64659. The specialty society recommends the RUC make recommendations to CMS for 64655-64659 based on the collected survey data/specialty society recommendations. The specialty also recommends the RUC flag 64655-64659 as *do not use to validate physician work* in the RUC database and review the codes in three years.

Pre-Service Time

64656 and 64659
Pre-service package 2 is appropriate for codes related to generator replacement or removal (64656 and 64659).

Evaluation - package time is 18 minutes. Survey median evaluation time is 60 minutes. The specialties recommend deleting 42 minutes to achieve the package evaluation time.

Positioning – package time is 1 minute. With a chest wall incision, no additional positioning time is requested. Our survey median for positioning time is between 14 and 15 minutes. The specialties recommend deleting the additional time to achieve the package evaluation time.

SDW – package time is 6 minutes. Survey median time is 15 min. These procedures are typically done under general anesthesia. The specialties are recommending deleting 1 min for local anesthesia administration and adding 10 min from the "observe (wait anesthesia care)" portion to achieve 15 minutes of SDW time.

Immediate Post-Service Time

64656 and 64659
Post-service package 9A is appropriate for codes related to generator replacement or removal (64656 and 64659).

64656 and 64659 – package time is 30 minutes. Survey median time is 20 minutes. The societies recommend deleting 10 minutes to achieve the surveyed time of 20 minutes.

Post Operative Hospital Care

23-Hour Stay Outpatient Surgical Services with Subsequent Hospital Visits Policy

> *Excerpt from: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations*

CMS labels surgical services that are typically performed in the outpatient setting and require a hospital stay of less than 24-hours as 23-hour stay outpatient services. In the CY2011 Final Rule, CMS finalized a policy to no longer allow these codes to include bundle subsequent hospital visits (eg 99231-99233) into the surgical global period. Instead, the Agency permits the allocation of the intraservice portion of the typically performed subsequent hospital visit to the immediate post-service time of the procedure.

If the survey results indicate that a 23-hour stay with a subsequent hospital visit is typical and the Medicare claims data (if available) show that the service is typically performed in the outpatient setting, then the surveying specialties may add the post-operative visit intra-service time to the immediate post-operative physician time and not list a subsequent hospital visit in the recommendation. For example, if the survey data for a 23-hour stay code includes 15 minutes of immediate post-service time and one 99232 post-operative visit (20 minutes of intra-service time), then the recommendation could include 35 minutes of immediate post-service time and no subsequent hospital visit.

The survey results indicated that these procedures were typically performed in the hospital setting. The survey data results also indicated that patients were not typically discharged on the same day as the procedure (range 14%-29%). The survey results indicated that at least a 23-hour stay with a subsequent hospital visit was typical. As such, the specialty society has added 20 minutes of intra-service time (intra time for a 99232) to the immediate post-service time of procedures 64654, 64655, 64656, 64658 and 64659 and is not recommending a subsequent hospital visit. Similarly, the specialty society has added 30 minutes of intra-service time (intra time for a 99233) to the immediate post-service time of the procedure 64657 and is not recommending a subsequent hospital visit.

Post Operative Office Visits

The survey results were varied for number and complexity of all post-operative visits. The expert panel suggests one level 3 visit for all codes. A low complexity visit of at least 20 minutes is required to assess all incisions and perform wound care, perform a neurologic assessment, and coordinate care for these medically labile patients.

Comparison with Key Reference Services

There were 4 codes that were chosen most often as key reference services for 64654-64659

- 64568, *Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator*
- 64569, *Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator*
- 64583, *Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator*
- 64584, *Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array*

The following table incorporates our recommended RVW for 64654-64659 along with the key reference services identified for these codes arranged in ascending order of values.

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
64656	**8.01**	**0.070**	**187**	**18**	**1**	**15**	**71**	**40**	**0.5x38**	**13**
64659	**8.23**	**0.068**	**192**	**18**	**1**	**15**	**76**	**40**	**0.5x38**	**13**
64568 KRS	9.00	0.069	275	33	3	15	90	30	31, 38	13x2
64658 Crosswalk	**10.92**	**0.078**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64569	11.00	0.044	312	40	3	15	120	30	31, 38	13x2

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
KRS										
64654	**11.00**	**0.077**	**252**	**40**	**15**	**15**	**90**	**50**	**0.5x38**	**13**
64655	**11.30**	**0.083**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64584 KRS	12.00	0.063	275	40	15	15	120	20	0.5x38	13x2
64657	**14.25**	**0.088**	**277**	**40**	**15**	**15**	**115**	**50**	**0.5x38**	**13**
64583 KRS	14.50	0.067	309	40	20	14	150	20	0.5x38	13x2

Comparison to MPC codes

The following MPC codes bracket our recommendations for BAT

- 33207, *Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular*
- 19303, *Mastectomy, simple, complete*

	RVW	IWPUT	Total Time	Eval	Posit	SDW	INTRA	Post	Hosp	Office
33207 MPC	7.80	0.047	234	10	13	20	60	30	32, 38	13
64656	**8.01**	**0.070**	**187**	**18**	**1**	**15**	**71**	**40**	**0.5x38**	**13**
64659	**8.23**	**0.068**	**192**	**18**	**1**	**15**	**76**	**40**	**0.5x38**	**13**
64658 Crosswalk	**10.92**	**0.078**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64654	**11.00**	**0.077**	**252**	**40**	**15**	**15**	**90**	**50**	**0.5x38**	**13**
64655	**11.30**	**0.083**	**242**	**40**	**15**	**15**	**90**	**40**	**0.5x38**	**13**
64657	**14.25**	**0.088**	**277**	**40**	**15**	**15**	**115**	**50**	**0.5x38**	**13**
19303 MPC	15.00	0.102	283	40	3	15	90	30	0.5x38	13x2, 14

For CPT code 64659, the society recommends the 25th percentile survey value of 8.23 RVW.

Similar to 64657 and 64658, this procedure is typically performed in the setting of infection. Given the infectious nature, the additional time relative to 64656 is likely related to dealing with the infection including providing intra-operative wound care. The system may be functioning properly and explant may have intra-operative complications including cardiovascular instability from sympathetic/parasympathetic dysregulation and/or an SIRS/Sepsis response.

For post-procedure work, survey median time was 20 minutes. A 99232 hospital visit of 20 minutes, from our survey, was added to the post-time, totaling 40 minutes of immediate post time.

Summary

The new family of CPT codes for BAT represent a set of codes for this new technology. The base code 64654, will be the most commonly performed procedure in this code set. The other 5 codes, 64655-64659, represent replacement, revision, or removal. The Society for Vascular Surgery believes these codes will be infrequently used. Given the patient population with heart failure refractory to medical management and the proximity to the carotid arteries, the overall intensity of these procedures reflects these factors.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0271T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Vascular Surgery How often? Sometimes

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National utilization is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Current RUC database (2023 utilization)

Specialty Vascular Surgery Frequency 3 Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 60600

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93145 Tracking Number V7 Original Specialty Recommended RVU: **0.79**
Presented Recommended RVU: **0.79**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.79**

CPT Descriptor: Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (bat) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); without programming

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents for evaluation of an implanted baroreflex activation therapy (bat) modulation system. the device is working properly, and he does not require adjustment to his program therapy values.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: History for stimulator indications and changes in symptoms or development of new symptoms are reviewed. Prior records of the implanted stimulator, lead hardware, programmed parameters, prior assessments of capture thresholds, sensing thresholds, and stimulator dependency are reviewed.

Description of Intra-Service Work: A telemetry communication link between the baroreflex activation therapy (BAT) modulation system implanted pulse generator and the programming software system is established. Data is retrieved regarding the expected longevity of the IPG battery, the integrity of the implanted leads and the full set of the therapy programmed parameters including pulse amplitude, pulse frequency, pulse width, therapy pathway, time(s) of day for therapy start and stop, and additional information. Based on the results, the physician determines no additional action is necessary; in this case, the procedure is concluded by discontinuing communication and removing the programmer head. .

Description of Post-Service Work: The data retrieved is documented in the patient medical record including interpretation of the data by the physician. The patient's clinical status is assessed for interim health changes. Results of the device interrogation are discussed. A final report is prepared and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Dr. David Slotwiner, Dr. Richard Wright, Dr. Ed Tuohy					
Specialty Society(ies):	HRS, ACC					
CPT Code:	93145					
Sample Size:	1342	**Resp N:**	27			
Description of Sample:	The sample consisted of 542 expected users provide by the manufacturer, CVRX, 200 random EPs from HRS membership and 600 random cardiologists from ACC, 200 each from the subspecialties of EP, Heart Failrure and Interventionalist					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	2.00	**5.00**	9.00	40.00	
Survey RVW:	0.20	0.79	**0.95**	1.50	10.00	
Pre-Service Evaluation Time:			**7.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	2.00	8.00	**10.00**	15.00	60.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93145	**Recommended Physician Work RVU: 0.79**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**7.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**5.00**	**5.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93279	XXX	0.65	**RUC Time**

CPT Descriptor Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93281	XXX	0.85	**RUC Time**

CPT Descriptor Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	815,131

CPT Descriptor 1 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99202	XXX	0.93	**RUC Time**	1,312,101

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.

Other Reference CPT Code	Global	Work RVU	Time Source
76770	XXX	0.74	**RUC Time**

CPT Descriptor Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 33.3 **%**

Number of respondents who choose 2nd Key Reference Code: 7 **% of respondents:** 25.9 **%**

TIME ESTIMATES (Median)

	CPT Code: 93145	Top Key Reference CPT Code: 93279	2nd Key Reference CPT Code: **93281**
Median Pre-Service Time	7.00	10.00	15.00
Median Intra-Service Time	10.00	0.00	0.00
Median Immediate Post-service Time	5.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**22.00**	**10.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	56%	44%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	67%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	89%	11%
Physical effort required	11%	89%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	67%	22%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	14%	43%	43%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	14%	29%	57%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	14%	43%	43%
Physical effort required	14%	43%	43%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	14%	29%	57%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Baroreflex Activation Therapy (BAT) modulation system received FDA approval in August 2019. With utilization deemed adequate and the supporting literature, the CPT Panel approved conversion from a Category III code to a Category I code at the September 2024 meeting. This code set describes the implantation,

replacement, revision, removal, and interrogation/programming for a baroreflex activation therapy (BAT) modulation system.

BAT electrically stimulates carotid baroreceptors and, in turn, the baroreflex. This triggers the autonomic nervous system to regulate heart, kidney and vascular function through both sympathetic and parasympathetic pathways. These effects reduce the heart's workload and help it pump more efficiently, to relieve the often-debilitating symptoms of heart failure.

Low Survey Responses

The Baroreflex Activation Therapy system is a relatively new technology. The most recent full year of manufacturer data indicates that the system was implanted less than 1,000 times in the United States in 2023. This yielded just a few thousand uses of these new interrogation and programming services in 2023 per the code change application and just 150 such services per the RUC data base for 2022.

At the January 2018 RUC meeting, the Administrative Subcommittee reviewed the history of low survey responses and determined that the RUC should not automatically recommend contractor pricing for codes that have a low response rate (under 30) but continue its current process and review each unique code set individually. The Administrative Subcommittee recommended and the RUC approved that the RUC flag new Category I services with a survey response below 30 to be reviewed in three years by the Relativity Assessment Workgroup. Specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code. Reference: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations

The surveying societies utilized a vendor list of known operators for a targeted survey of these services as well as a random sample of ACC and HRS membership comprised of those indicating subspecialities in electrophysiology, interventional cardiology and heart failure care. Numerous reminder messages were sent and the deadline for the survey was extended to obtain the required 30 responses. However, at the conclusion of our survey we fell just short of the threshold with 27 responses for 93145 and 28 for 93146. As such, the societies recommend the RUC make recommendations to CMS for 93145 and 93146 based on the collected survey data/specialty society recommendations. The societies also recommend the RUC flag 93145-93146 as *do not use to validate physician work* in the RUC database and review of the codes in three years by the RAW.

93145

The societies convened a panel of physicians to review the survey data. Code 93145 will be used o report the interrogation of the BAT modulation system to monitor device diagnostics and programmed therapy values with interpretation and report without programming. The survey median pre-service time was 7 minutes, intra-service time was 10 minutes, and post-service time was 5 minutes.

The key reference service is 93279, programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; single lead pacemaker system or leadless pacemaker system in one cardiac chamber.

The societies **recommend the survey 25th percentile wRVU of 0.79 with times of 7/10/5**. Surveys show a significant portion of respondents choosing 93279 as the KRS found this service to be more intense/complex than 93279 while the services have the same total time. The same was true of those choosing 93281 as the KRS regarding overall intensity/complexity, while this group also found 93145 to require more mental effort and judgement and psychological stress than 93281. However, 93281 has a notable longer time than 93145. The 25th percentile of 0.79 places this code between the top two KRS codes with greater intensity than each but lower time than 93281. This recommendation can be further supported by comparison to codes 76770 for retroperitoneal ultrasound (0.74 RVUs, 5/10/5) and 93289 for interrogation of implantable defibrillator system

(0.75 RVU, 5/10/8.5)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0272T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrophysiologist How often? Sometimes

Specialty Cardiologist How often? Rarely

Specialty Interventional Cardiologist How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 2436
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate arrived at by extrapolating the number of procedures performed as of 4/30/2024 (812) to a full year.

Specialty Electrophysiologist Frequency 1218 Percentage 50.00 %

Specialty Cardiologist Frequency 609 Percentage 25.00 %

Specialty Interventional Cardiologist Frequency 609 Percentage 25.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,218
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate arrived at by extrapolating the number of procedures performed as of

4/30/2024 (812) to a full year and then divded by two, presuming half of the population for the service would be on Medicare.

Specialty Electrophysiologist Frequency 609 Percentage 50.00 %

Specialty Cardiologist Frequency 305 Percentage 25.04 %

Specialty Interventional Cardiologist Frequency 304 Percentage 24.95 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93279

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:93146 Tracking Number V8 Original Specialty Recommended RVU: **0.90**
Presented Recommended RVU: **0.90**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.90**

CPT Descriptor: Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (bat) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming, including optimization of tolerated therapeutic level setting

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: a 65-year-old male presents for evaluation of an implanted baroreflex activation therapy (bat) modulation system. the device is working properly but requires additional device programming in an effort to continue to increase stimulation levels in order to achieve his optimal therapeutic levels.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: History for stimulator indications and changes in symptoms or development of new symptoms are reviewed. Prior records of the implanted stimulator, lead hardware, programmed parameters, prior assessments of capture thresholds, sensing thresholds, and stimulator dependency are reviewed. Interim remote monitoring results, if available, are reviewed.

Description of Intra-Service Work: A telemetry communication link between the baroreflex activation therapy (BAT) modulation system implanted pulse generator and the programming software system is established. Data is retrieved regarding the expected longevity of the IPG battery, the integrity of the implanted leads and the full set of the therapy programmed parameters including pulse amplitude, pulse frequency, pulse width, therapy pathway, time(s) of day for therapy start and stop, and additional information. Based on the results, determination is made by the physician that programming changes are indicated. Commands issued through the programming software are made to deliver a new selected test therapy level including pulse amplitude, pulse frequency, pulse width, therapy pathway, time(s) of day for therapy start and stop, and additional information. The patient’s blood pressure and heart rate response to the test therapy are noted. The patient’s tolerance for the new level of therapy is noted. If fully tolerated, the physician may elect to issue additional commands to a higher selected test therapy level. Typically, multiple increases of the therapy are performed in the session to reach maximum tolerated level. Typically, multiple programming visits are needed to reach the patient tolerated optimal therapy levels.

Description of Post-Service Work: At each visit the data retrieved is documented in the patient medical record including interpretation of the data by the physician. The patient's clinical status is assessed for interim health changes. Results of the device interrogation are discussed, and any programming changes to the device are explained. Medication review and titration of medication. A final report is prepared and signed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Dr. David Slotwiner, Dr. Richard Wright, Dr. Ed Tuohy					
Specialty Society(ies):	HRS, ACC					
CPT Code:	93146					
Sample Size:	1342	**Resp N:**	28			
Description of Sample:	The sample consisted of 542 expected users provide by the manufacturer, CVRX, 200 random EPs from HRS membership and 600 random cardiologists from ACC, 200 each from the subspecialties of EP, Heart Failrure and Interventionalist					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	2.00	**4.00**	10.00	100.00
Survey RVW:		0.20	0.90	**1.50**	2.13	10.00
Pre-Service Evaluation Time:				**8.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		2.00	10.00	**15.00**	20.00	182.00
Immediate Post Service-Time:	**7.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	93146	**Recommended Physician Work RVU: 0.90**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**8.00**	**0.00**	**8.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93281	XXX	0.85	**RUC Time**

CPT Descriptor Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.92	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	815,131

CPT Descriptor 1 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95819	XXX	1.08	**RUC Time**	156,540

CPT Descriptor 2 Electroencephalogram (EEG); including recording awake and asleep

Other Reference CPT Code	Global	Work RVU	Time Source
92012	XXX	0.92	**RUC Time**

CPT Descriptor Ophthalmological services: medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 10 **% of respondents:** 35.7 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 17.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 93146	Top Key Reference CPT Code: 93281	2nd Key Reference CPT Code: **99214**
Median Pre-Service Time	8.00	7.00	7.00
Median Intra-Service Time	15.00	15.00	30.00
Median Immediate Post-service Time	8.00	10.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**30.00**	**32.00**	**47.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	10%	10%	60%	20%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	30%	70%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	40%	50%
Physical effort required	10%	40%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	10%	80%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	20%	80%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	20%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	40%	60%
Physical effort required	0%	80%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	40%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

The Baroreflex Activation Therapy (BAT) modulation system received FDA approval in August 2019. With utilization deemed adequate and the supporting literature, the CPT Panel approved conversion from a Category III code to a Category I code at the September 2024 meeting. This code set describes the implantation,

replacement, revision, removal, and interrogation/programming for a baroreflex activation therapy (BAT) modulation system.

BAT electrically stimulates carotid baroreceptors and, in turn, the baroreflex. This triggers the autonomic nervous system to regulate heart, kidney and vascular function through both sympathetic and parasympathetic pathways. These effects reduce the heart's workload and help it pump more efficiently, to relieve the often-debilitating symptoms of heart failure.

Low Survey Responses

The Baroreflex Activation Therapy system is a relatively new technology. The most recent full year of manufacturer data indicates that the system was implanted less than 1,000 times in the United States in 2023. This yielded just a few thousand uses of these new interrogation and programming services in 2023 per the code change application and just 150 such services per the RUC data base for 2022.

At the January 2018 RUC meeting, the Administrative Subcommittee reviewed the history of low survey responses and determined that the RUC should not automatically recommend contractor pricing for codes that have a low response rate (under 30) but continue its current process and review each unique code set individually. The Administrative Subcommittee recommended and the RUC approved that the RUC flag new Category I services with a survey response below 30 to be reviewed in three years by the Relativity Assessment Workgroup. Specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code. Reference: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations

The surveying societies utilized a vendor list of known operators for a targeted survey of these services as well as a random sample of ACC and HRS membership comprised of those indicating subspecialities in electrophysiology, interventional cardiology and heart failure care. Numerous reminder messages were sent and the deadline for the survey was extended to obtain the required 30 responses. However, at the conclusion of our survey we fell just short of the threshold with 27 responses for 93145 and 28 for 93146. As such, the societies recommend the RUC make recommendations to CMS for 93145 and 93146 based on the collected survey data/specialty society recommendations. The societies also recommend the RUC flag 93145-93146 as *do not use to validate physician work* in the RUC database and review of the codes in three years by the RAW.

93146

The societies convened a panel of physicians to review the survey data. Code 93146 will be used to report the interrogation of the BAT modulation system to monitor device diagnostics and programmed therapy values with interpretation, report, and programming, including optimization of tolerated therapeutic level setting. The survey median pre-service time was 8 minutes, intra-service time was 15 minutes, and the post-service time was 7 minutes.

The key reference service is 93281, programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; multiple lead pacemaker system. This comparison is helpful as it is also programming of an implanted device. 80% of key reference respondents found the surveyed code 93146 to be somewhat or much more intense/complex than 93281. 70% found 93146 to require more mental effort and judgement than 93281. 80% responded that 93146 cause more psychological stress than KRS 93281.

The societies **recommend the survey 25th percentile wRVU of 0.90 with times of 8/15/7.** While 93146 has an identical intra-service time to KRS 93281 and slightly lower total time, the clear survey consensus that 93146 is more intense, complex, psychologically stressful and requires more mental effort and judgement justifies the slightly higher wRVU. This recommendation can be further supported by comparison codes 92012 for

ophthalmological exam with diagnostic and treatment program (0.92 RVU, 5/15/5) and 99202 for a straightforward new patient E/M (0.93 RVU, 2/15/3)

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0273T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Electrophysiologist How often? Sometimes

Specialty Cardiologist How often? Rarely

Specialty Interventional Cardiologist How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 4872
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate arrived at by extrapolating the number of procedures performed as of 4/30/2024 (1624) to a full year.

Specialty Electrophysiologist Frequency 2436 Percentage 50.00 %

Specialty Cardiologist Frequency 1218 Percentage 25.00 %

Specialty Interventional Cardiologist Frequency 1218 Percentage 25.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,436
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate arrived at by extrapolating the number of procedures performed as of 4/30/2024 (1624) to a full year and then divded by two, presuming half of the population for the service would be on Medicare.

Specialty Electrophysiologist Frequency 1218 Percentage 50.00 %

Specialty Cardiologist Frequency 609 Percentage 25.00 %

Specialty Interventional Cardiologist Frequency 609 Percentage 25.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 93281

SS Rec Summary

ISSUE: Baroreflex Activation Therapy

TAB: 12

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and	090	2021	11	0.069	0.048			14.00			294	35	20	14			140			20						0.5		2								
2nd REF	64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and	090	2010	11	0.038	0.033			9.00			275	33	3	15			90			30					1	1.0		2								
CURRENT	0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system				-	-						0																								
SVY	64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system,	090		33	0.099	0.048	9.00	11.00	15.00	17.00	60.00	310	59	15	15	40	64	90	120	240	30					1	1.0		1					0	1	4	7	44
REC	64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system,	090			0.077	0.044			11.00			252	40	15	15			90			50						0.5		1								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array,	090	2010	8	0.044	0.035			11.00			312	40	3	15			120			30					1	1.0		2								
2nd REF	64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory	090	2021	7	0.067	0.047			14.50			309	40	20	14			150			20						0.5		2								
CURRENT	0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only,				-	-						0																								
SVY	64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system;	090		21	0.088	0.046	7.60	11.30	14.75	17.00	60.00	323	59	15	15	45	69	90	120	300	20					1	1.0		2					0	0	0	1	9
REC	64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system;	090			0.083	0.047			11.30			242	40	15	15			90			40						0.5		1								
SPR>0			*090*		*11*	*0.061*	*0.038*	*7.60*	*13.50*	*16.25*	*17.75*	*60.00*	*424*	*75*	*18*	*18*	*65*	*79*	*120*	*180*	*300*	*20*		*1*				*1.0*		*2*								
SPR=0			*090*		*10*	*0.082*	*0.043*	*10.00*	*11.00*	*12.00*	*15.13*	*18.90*	*282*	*48*	*15*	*13*	*45*	*64*	*75*	*96*	*175*	*30*				*1*		*1.0*		*1*								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory	090	2021	5	0.067	0.047			14.50			309	40	20	14			150			20						0.5		2								
2nd REF	64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array,	090	2010	4	0.044	0.035			11.00			312	40	3	15			120			30					1	1.0		2								
CURRENT	0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator				-	-						0																								
SVY	64656	Revision or replacement of baroreflex activation therapy (BAT) modulation system;	090		22	0.090	0.043	5.00	8.01	12.25	15.92	60.00	282	60	15	15	30	60	71	115	300	20					1	1.0		1					0	0	1	2	10
REC	64656	Revision or replacement of baroreflex activation therapy (BAT) modulation system;	090			0.070	0.043			8.01			187	18	1	15			71			40						0.5		1								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory	090	2021	9	0.063	0.044			12.00			275	40	15	15			120			20						0.5		2								
2nd REF	64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse	090	2010	4	0.048	0.035			9.10			259	40	3	15			90			30					1	1.0		1								
CURRENT	0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes				-	-						0																								
SVY	64657	Removal of baroreflex activation therapy (BAT) modulation system; total system, including	090		22	0.054	0.037	6.50	12.13	14.25	17.58	50.00	381	60	15	15	45	83	115	139	300	20					1	1.0		1	1				0	0	1	2	10
REC	64657	Removal of baroreflex activation therapy (BAT) modulation system; total system, including	090			0.070	0.044			12.13			277	40	15	15			115			50						0.5		1								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 15	14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory	090	2021	4	0.063	0.044			12.00			275	40	15	15			120			20						0.5		2								
2nd REF	64570	Removal of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse	090	2010	3	0.048	0.035			9.10			259	40	3	15			90			30					1	1.0		1								
CURRENT	0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral				-	-						0																								
SVY	64658	Removal of baroreflex activation therapy (BAT) modulation system; lead only	090		20	0.047	0.034	5.90	8.95	12.25	15.17	50.00	356	60	15	15	30	70	90	120	300	20					1	1.0		1	1				0	0	0	1	10

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN
3					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
4	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
43	REC	64658	Removal of baroreflex activation therapy (BAT) modulation system; lead only	090			0.057	0.037			8.95			242	40	15	15			90			40						0.5				1								
44			*SPR>0*	*090*		*7*	*0.059*	*0.037*	*5.90*	*11.70*	*14.00*	*17.50*	*26.00*	*378*	*75*	*30*	*15*	*75*	*89*	*100*	*180*					*1*			*1.0*			*2*								
45			*SPR=0*	*090*		*13*	*0.059*	*0.037*	*6.00*	*8.50*	*12.00*	*15.12*	*50.00*	*327*	*59*	*15*	*15*	*30*	*60*	*85*	*100*	*175*	*20*			*1*			*1.0*			*1*								
46																																								
47					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
48	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
49	1st REF	64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory	090	2021	9	0.063	0.044			12.00			275	40	15	15			120			20						0.5				2								
50	2nd REF	33262	Removal of implantable defibrillator pulse generator with replacement of implantable	090	2011	4	0.056	0.039			5.81			150	10	3	15			60			20						0.5				1								
51	CURRENT	0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only	090			-	-						0																										
52	SVY	64659	Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only	090		20	0.061	0.037	4.50	8.23	11.50	14.19	50.00	309	60	14	15	25	49	76	120	300	20				1		1.0				2			0	0	1	1	20
53	REC	64659	Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only	090			0.068	0.043			8.23			192	18	1	15			76			40						0.5				1								
54																																								
55					RUC			Work Per	RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
56	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
57	1st REF	93279	Programming device evaluation (in person) with iterative adjustment of the implantable	XXX	2016	9	0.038	0.030			0.65			22	5					10			7																	
58	2nd REF	93281	Programming device evaluation (in person) with iterative adjustment of the implantable	XXX	2016	7	0.031	0.027			0.85			32	7					15			10																	
59	CURRENT	0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system,				-	-						0																										
60	SVY	93145	interrogation device evaluation (in person), carotid sinus baroreflex activation therapy	XXX		27	0.068	0.043	0.20	0.79	0.95	1.50	10.00	22	7			2	8	10	15	60	5														0	2	5	9	40
61	REC	93145	interrogation device evaluation (in person), carotid sinus baroreflex activation therapy	XXX			0.052	0.036			0.79			22	7					10			5																	
62																																								
63									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	FAC-inpt or obs/disch							Office					SURVEY EXPERIENCE				
64	Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	91	92	33	32	31	38	39	15	14	13	12	11	MIN	25th	MED	75th	MAX
65	1st REF	93281	Programming device evaluation (in person) with iterative adjustment of the implantable	XXX	2016	10	0.031	0.027			0.85			32	7					15			10																	
66	2nd REF	99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate	XXX	2016	5	0.051	0.041			1.92			47	7					30			10																	
67	CURRENT	0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication				-	-						0																										
68	SVY	93146	interrogation device evaluation (in person), carotid sinus baroreflex activation therapy	XXX		28	0.078	0.050	0.20	0.90	1.50	2.13	10.00	30	8			2	10	15	20	182	7														0	2	4	10	100
69	REC	93146	interrogation device evaluation (in person), carotid sinus baroreflex activation therapy	XXX			0.038	0.030			0.90			30	8					15			7																	

FACILITY DIRECT PE INPUTS

CPT CODE(S):64654-64659
SPECIALTY SOCIETY(IES): SVS
PRESENTER(S): Jonathon Thompson, MD & Matthew Sideman, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
64654	Initial open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, lead tunnelling, connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system), and intraoperative interrogation and programming	090
64655	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; lead only	090
64656	Revision or replacement of baroreflex activation therapy (BAT) modulation system, with intraoperative interrogation and programming; pulse generator only	090
64657	Removal of baroreflex activation therapy (BAT) modulation system; total system, including lead and pulse generator	090
64658	Removal of baroreflex activation therapy (BAT) modulation system; lead only	090
64659	Removal of baroreflex activation therapy (BAT) modulation system; pulse generator only	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
64654	A 65-year-old male suffers from dyspnea on exertion, fatigue, and edema. He has failed guideline-directed medical therapy, has NYHA Classification of Level III and CRT therapy is not an option due to a narrow QRS. He continues to have shortness of breath while walking one block. His heart failure status is progressively worsening indicating a need for additional treatment. He is referred for implantation of a baroreflex activation therapy modulation system.
64655	A 68-year-old male has an implanted baroreflex activation therapy (BAT) modulation system. At a recent device check, the lead was found to have fractured and is no longer functioning requiring replacement with a new lead to restore normal system function.
64656	A 70-year-old male returns five years after implantation of an implanted baroreflex activation therapy (BAT) modulation system for routine replacement of the BAT pulse generator.
64657	A 72-year-old male has an implanted baroreflex activation therapy (BAT) modulation system. One year ago, the patient underwent elective replacement of the pulse generator and developed an inflammatory response (suspect infection) of the pulse generator pocket lead system. After several months of antibiotic therapy, he continues to have recurrence of low-grade fevers, erythema, effusion of the pulse generator pocket, and positive blood

	cultures. It is determined that the BAT system is infected, and extraction of the total system is required.
64658	A 72-year-old male has an implanted baroreflex activation therapy (BAT) modulation system. He has recently developed fever and tenderness near the lead placement site on the carotid sinus. Aspiration cultures were positive for staphylococcus epidermitis and gram-negative bacilli. It is determined that the lead is infected, and removal is required.
64659	A 72-year-old male has an implanted baroreflex activation therapy (BAT) modulation system. He has recently developed erythema and an effusion within the pulse generator pocket. Aspiration cultures were positive for staphylococcus epidermitis and gram-negative bacilli requiring removal of the pulse generator.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The specialty societies convened a consensus panel and developed the PE recommendations based on best practices and RUC guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   The specialty societies included CPT Code 64569 *Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator* as a reference code for the BAT services. CPT Code 64569 is a RUC reviewed, facility only service, 90 day global period service performed by vascular surgery.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   No

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   N/A

   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and

has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

Clinical staff reviews all forms with patient and family to ensure all relevant history and diagnostic information is included. Staff coordinates collection and documentation of imaging/lab results, patient specific information and other relevant patient information for a surgical procedure. Clinical staff coordinates schedules. Clinical staff enters and records all clinical updates in EHR. Clinical staff interacts with facility to schedule space, supplies, equipment, and review checklists. Clinical staff reviews procedure, complication risk, process of recovery, and answers patient/family questions. Clinical staff reviews preoperative medication changes, preop diet restrictions, reviews patient medical status and answers final pre-admission questions.

   b. Service period (includes pre, intra and post):

Prior to discharge, office clinical staff will assist with necessary post-discharge care coordination. Coordination with other physicians and QHPs involved in the care of the patient for transfer of records. Transitioning discharge information to the surgeon office medical record, including medication list, correspondence and imaging or lab results pending at discharge.

   c. Post-service period:

The clinical staff work includes the standard activities involved in the E/M visit including ensuring the appropriate supplies are available in the room, ensuring imaging and lab reports are available, rooming and gowning the patient, reviewing current medications/allergies in EHR, obtaining vital signs, assisting with positioning, wound care, coordination of care, and cleaning of the room.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

CPT CODE(S):64654-64659
SPECIALTY SOCIETY(IES): SVS
PRESENTER(S): Jonathon Thompson, MD & Matthew Sideman, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

SA048 pack, minimum multi-specialty visit SA053 pack, post-op incision care (suture & staple)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, post-op incision care (suture & staple)	**SA053**	**pack**	
kit, staple removal		kit	1
kit, suture removal		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	1
steri-strip (6 strip uou)		item	2
swab-pad, alcohol		item	2
tape, surgical paper 1in (Micropore)		inch	12
tincture of benzoin, swab		item	1

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

CPT CODE(S):64654-64659
SPECIALTY SOCIETY(IES): SVS
PRESENTER(S): Jonathon Thompson, MD & Matthew Sideman, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

The specialty societies are recommending the office visit formula for the following equipment items: EF031 table, power EF014 light, surgical

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

FACILITY DIRECT PE INPUTS

CPT CODE(S):64654-64659
SPECIALTY SOCIETY(IES): SVS
PRESENTER(S): Jonathon Thompson, MD & Matthew Sideman, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S):93145, 93146_**
SPECIALTY SOCIETY(IES): ACC, HRS_
PRESENTER(S):_Dr. Richard Wright, Dr. Ed Tuohy, Dr. David Slotwiner, Dr. Mark Schoenfeld_

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: Jan. 2025

CPT Code	Long Descriptor	Global Period
93145	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (bat) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); without programming	XXX
93146	Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (bat) modulation system including telemetric iterative communication with the implantable device to monitor device diagnostics and programmed therapy values, with interpretation and report (eg, battery status, lead impedance, pulse amplitude, pulse width, therapy frequency, pathway mode, burst mode, therapy start/stop times each day); with programming, including optimization of tolerated therapeutic level setting	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
93145	A 65-year-old male presents for evaluation of an implanted baroreflex activation therapy (bat) modulation system. the device is working properly, and he does not require adjustment to his program therapy values.
93146	A 65-year-old male presents for evaluation of an implanted baroreflex activation therapy (bat) modulation system. the device is working properly but requires additional device programming in an effort to continue to increase stimulation levels in order to achieve his optimal therapeutic levels.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   93145: Key reference service from the survey, 93279, was used as the refence code.
   93146: Key reference service from the survey, 93281, was used as the reference code.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

No.

See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

Unknown. New codes with very low Category III utilization

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A. New Category I codes

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A.

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

Weight, height, pulse, blood pressure are obtained for these heart failure patients.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

93145: Call patient the day before to remind them not to take HF meds so they are not hypotensive. 93146: Call patient the day before to remind them not to take HF meds so they are not hypotensive.

    b. Service period (includes pre, intra and post):

93145: Prepares room, reviews charts, greets patient, obtains vitals, obtains consent, interrogates device (battery and output, impedance and looking for lead integrity and vital signs) Cleans room, Document battery longevity, level of stimulation, response of patient (change in HR, BP, walk) in EHR. 93146: Prepares room, reviews charts, greets patient, obtains vitals, obtains consent, interrogates device (battery and output, impedance and looking for lead integrity and vital signs). Titrates level of stimulation; increasing output every 2-5 minutes and follow BP (4 BPs in 5-minute intervals for 20 minutes of titration, generally 1 level of the 9 device levels); conduct 6-minute walk test on patient to see improvement. Cleans room, Document battery longevity, level of stimulation, response of patient (change in HR, BP, walk) in EHR.

    c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

93145: Prepares room, reviews charts, greets patient, obtains vitals, obtains consent, interrogates device (battery and output, impedance and looking for lead integrity and vital signs) Cleans room, Document battery longevity, level of stimulation, response of patient (change in HR, BP, walk) in EHR. 93146: Prepares room, reviews charts, greets patient, obtains vitals, obtains consent, interrogates device (battery and output, impedance and looking for lead integrity and vital signs). Titrates level of stimulation; increasing output every 2-5 minutes and follow BP (4 BPs in 5-minute intervals for 20 minutes of titration, generally 1 level of the 9 device levels); conduct 6-minute walk test on patient to see improvement. Cleans room, Document battery longevity, level of stimulation, response of patient (change in HR, BP, walk) in EHR.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

No

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	K	L	M	N	O	P	Q
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		RECOMMENDED		RECOMMENDED		RECOMMENDED		RECOMM
2						64569		64654		64655		64656		64
3		*RUC Collaboration Website*				Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator		Open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, with lead tunnelling and connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system)		Revision or replacement of baroreflex activation therapy (BAT) modulation system; lead only		Revision or replacement of baroreflex activation therapy (BAT) modulation system; pulse generator only		Removal o activation th modulation system, inclu pulse g
4	Clinical Activity Code	Meeting Date:01/2025 Revision Date (if applicable): Tab: 12 Specialty: SVS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute									
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD				090	090	090	090	090	090	090	090	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ -	$ 94.60	$ -	$ 66.23	$ -	$ 66.23	$ -	$ 66.23	$ -
8		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0	144	0	102	0	102	0	102	0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0	60	0	60	0	60	0	60	0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0	12	0	6	0	6	0	6	0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0	72	0	36	0	36	0	36	0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ -	$ 77.76	$ -	$ 55.08	$ -	$ 55.08	$ -	$ 55.08	$ -
13		PRE-SERVICE PERIOD												
14		Start: Following visit when decision for surgery/procedure made												
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54		5		5		5		5	
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54		20		20		20		20	
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54		8		8		8		8	
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54		20		20		20		20	
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54		7		7		7		7	
29		End: When patient enters office/facility for surgery/procedure												
30		SERVICE PERIOD												
31		Start: When patient enters office/facility for surgery/procedure:												
32		Pre-Service (of service period)												
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	n/a	12	n/a	6	n/a	6	n/a	6	n/a
81		End: Patient leaves office/facility												
82		POST-SERVICE PERIOD												
83		Start: Patient leaves office/facility												
86		*Office visits: List Number and Level of Office Visits*	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
87		99211 16 minutes	16											
88		99212 27 minutes	27											
89		99213 36 minutes	36				2		1		1		1	
90		99214 53 minutes	53											
91		99215 63 minutes	63											
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	0.0	72.0	0.0	36.0	0.0	36.0	0.0	36.0	0.0
99		End: with last office visit before end of global period												

	A	B	D	E	F	G	H	K	L	M	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**		**RECOMMENDED**		**RECOMM**
2						**64569**		**64654**		**64655**		**64656**		**64**
3		***RUC Collaboration Website***				Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator		Open implantation of baroreflex activation therapy (BAT) modulation system, including lead placement onto the carotid sinus, with lead tunnelling and connection to a pulse generator placed in a distant subcutaneous pocket (ie, total system)		Revision or replacement of baroreflex activation therapy (BAT) modulation system; lead only		Revision or replacement of baroreflex activation therapy (BAT) modulation system; pulse generator only		Removal o activation th modulation system, inclu pulse g
4	**Clinical Activity Code**	**Meeting Date:01/2025** **Revision Date (if applicable):** **Tab: 12** **Specialty: SVS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**									
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ 94.60**	**$ -**	**$ 66.23**	**$ -**	**$ 66.23**	**$ -**	**$ 66.23**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**144**	**0**	**102**	**0**	**102**	**0**	**102**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**60**	**0**	**60**	**0**	**60**	**0**	**60**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**12**	**0**	**6**	**0**	**6**	**0**	**6**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**72**	**0**	**36**	**0**	**36**	**0**	**36**	**0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**										
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ 15.51**	**$ -**	**$ 10.49**	**$ -**	**$ 10.49**	**$ -**	**$ 10.49**	**$ -**
102	SA048	pack, minimum multi-specialty visit	5.02	pack			2		1		1		1	
103	SA053	pack, post-op incision care (suture & staple)	5.47	pack			1		1		1		1	
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**									
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ 1.33**	**$ -**	**$ 0.66**	**$ -**	**$ 0.66**	**$ -**	**$ 0.66**	**$ -**
112	EF031	table, power	5906.76	Office Visits	0.015674926		72		36		36		36	
113	EF014	light, surgical	1256.667	Office Visits	0.002795322		72		36		36		36	
119														

	A	B	R	S	T	U	V
1	RUC Practice Expense Spreadsheet		MENDED	RECOMMENDED		RECOMMENDED	
2			557	64658		64659	
3		*RUC Collaboration Website*	f baroreflex	Removal of baroreflex		Removal of baroreflex	
4	Clinical Activity Code	Meeting Date:01/2025 Revision Date (if applicable): Tab: 12 Specialty: SVS	erapy (BAT) system; total ding lead and enerator	activation therapy (BAT) modulation system; lead only		activation therapy (BAT) modulation system; pulse generator only	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	090	090	090	090	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 66.23	$ -	$ 66.23	$ -	$ 66.23
8		TOTAL CLINICAL STAFF TIME	102	0	102	0	102
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	60	0	60	0	60
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	6	0	6	0	6
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	36	0	36	0	36
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 55.08	$ -	$ 55.08	$ -	$ 55.08
13		PRE-SERVICE PERIOD					
14		Start: Following visit when decision for surgery/procedure made					
15	CA001	Complete pre-service diagnostic and referral forms	5		5		5
16	CA002	Coordinate pre-surgery services (including test results)	20		20		20
17	CA003	Schedule space and equipment in facility	8		8		8
18	CA004	Provide pre-service education/obtain consent	20		20		20
19	CA005	Complete pre-procedure phone calls and prescription	7		7		7
29		End: When patient enters office/facility for surgery/procedure					
30		SERVICE PERIOD					
31		Start: When patient enters office/facility for surgery/procedure:					
32		Pre-Service (of service period)					
74	CA036	Discharge day management	6	n/a	6	n/a	6
81		End: Patient leaves office/facility					
82		POST-SERVICE PERIOD					
83		Start: Patient leaves office/facility					
86		*Office visits: List Number and Level of Office Visits*	# visits	# visits	# visits	# visits	# visits
87		99211 16 minutes					
88		99212 27 minutes					
89		99213 36 minutes	1		1		1
90		99214 53 minutes					
91		99215 63 minutes					
92	CA039	Post-operative visits (total time)	36.0	0.0	36.0	0.0	36.0
99		End: with last office visit before end of global period					

	A	B	R	S	T	U	V
1	RUC Practice Expense Spreadsheet		MENDED	RECOMMENDED		RECOMMENDED	
2			557	64658		64659	
3		*RUC Collaboration Website*	f baroreflex	Removal of baroreflex		Removal of baroreflex	
4	Clinical Activity Code	Meeting Date:01/2025 Revision Date (if applicable): Tab: 12 Specialty: SVS	erapy (BAT) system; total ding lead and enerator	activation therapy (BAT) modulation system; lead only		activation therapy (BAT) modulation system; pulse generator only	
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD	090	090	090	090	090
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 66.23	$ -	$ 66.23	$ -	$ 66.23
8		TOTAL CLINICAL STAFF TIME	102	0	102	0	102
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	60	0	60	0	60
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	6	0	6	0	6
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	36	0	36	0	36
100	Supply Code	MEDICAL SUPPLIES					
101		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ 10.49	$ -	$ 10.49	$ -	$ 10.49
102	SA048	pack, minimum multi-specialty visit	1		1		1
103	SA053	pack, post-op incision care (suture & staple)	1		1		1
110	Equipment Code	EQUIPMENT					
111		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ 0.66	$ -	$ 0.66	$ -	$ 0.66
112	EF031	table, power	36		36		36
113	EF014	light, surgical	36		36		36
119							

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2						**93279**		**93145**		**93281**		**93146**	
3		***RUC Collaboration Website***											
4	**Clinical Activity Code**	**Meeting Date: January 2025 Revision Date (if applicable): Tab: 12 Specialty: ACC, HRS, SVS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Programming device evaluation (in person) with iterative adjustment of the		Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (bat)		Programming device evaluation (in person) with iterative adjustment		Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**		**XXX**		**XXX**		**XXX**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 43.60**	**$ -**	**$ 30.46**	**$ -**	**$ 50.72**	**$ -**	**$ 45.87**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L026A	Medical/Techn	0.36	**13.0**	**0.0**	**0.0**	**0.0**	**13.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L026A	Medical/Techn	0.36	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L026A	Medical/Techn	0.36	**13.0**	**0.0**	**0.0**	**0.0**	**13.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L026A	Medical/Techn	0.36	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**18.0**	**0.0**	**0.0**	**0.0**	**23.0**	**0.0**	**0.0**	**0.0**
13		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**2.0**	**0.0**	**0.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**16.0**	**0.0**	**0.0**	**0.0**	**21.0**	**0.0**	**0.0**	**0.0**
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
16		**TOTAL CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**0.0**	**29.0**	**0.0**	**0.0**	**0.0**	**49.0**	**0.0**
17		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
18		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**0.0**	**29.0**	**0.0**	**0.0**	**0.0**	**49.0**	**0.0**
19		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L051A	RN	0.76	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
20		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 14.40**	**$ -**	**$ 23.66**	**$ -**	**$ 17.10**	**$ -**	**$ 38.86**	**$ -**
21		**PRE-SERVICE PERIOD**											
22		**Start: Following visit when decision for surgery/procedure made**											
23	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54	2				2			
24	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54								
25	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54								
26	CA004	Provide pre-service education/obtain consent	L051A	RN	0.76								
27	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54			3				3	
28	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54								
29	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54								
30	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54								
31			L037D	RN/LPN/MTA	0.54								
32			L037D	RN/LPN/MTA	0.54								
33			L037D	RN/LPN/MTA	0.54								
34		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54								
35		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54								
36		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54								
37		**End: When patient enters office/facility for surgery/procedure**											
38		**SERVICE PERIOD**											
39		**Start: When patient enters office/facility for surgery/procedure:**											
40		**Pre-Service (of service period)**											
41	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L026A	Medical/Tech	0.36	3				3			
42	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L051A	RN	0.76			3				3	
43	CA010	Obtain vital signs	L026A	Medical/Tech	0.36	5				5			
44	CA010	Obtain vital signs	L051A	RN	0.76			5				5	
45	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54	3				3			
46	CA011	Provide education/obtain consent	L051A	RN	0.76			3				3	
47	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54								
48	CA013	Prepare room, equipment and supplies	L026A	Medical/Tech	0.36	2				2			
49	CA013	Prepare room, equipment and supplies	L051A	RN	0.76			2				2	
60		**Intra-service (of service period)**											
61	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54	10				15			
62	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54								
63	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54								
64	CA021	Perform procedure/service---NOT directly related to physician work time	L051A	RN	0.76			10				30	
71		**Post-Service (of service period)**											
72	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54								
73	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54								
74	CA024	Clean room/equipment by clinical staff	L026A	Medical/Tech	0.36	3				3			
75	CA024	Clean room/equipment by clinical staff	L051A	RN	0.76			3				3	
76	CA025	Clean scope	L037D	RN/LPN/MTA	0.54								
77	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54								
78	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L026A	Medical/Tech	0.36								
79	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54	3				3			
80	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L051A	RN	0.76			3				3	
81	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54								
96		**End: Patient leaves office/facility**											

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		RECOMMENDED		REFERENCE CODE		RECOMMENDED	
2						93279		93145		93281		93146	
3		*RUC Collaboration Website*				Programming device evaluation (in person) with iterative adjustment of the		Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (bat)		Programming device evaluation (in person) with iterative adjustment		Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy	
4	Clinical Activity Code	Meeting Date: January 2025 Revision Date (if applicable): Tab: 12 Specialty: ACC, HRS, SVS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute								
5		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
6		GLOBAL PERIOD				XXX		XXX		XXX		XXX	
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 43.60	$ -	$ 30.46	$ -	$ 50.72	$ -	$ 45.87	$ -
8		TOTAL CLINICAL STAFF TIME	L026A	Medical/Techn	0.36	13.0	0.0	0.0	0.0	13.0	0.0	0.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L026A	Medical/Techn	0.36	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L026A	Medical/Techn	0.36	13.0	0.0	0.0	0.0	13.0	0.0	0.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	L026A	Medical/Techn	0.36	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
12		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	18.0	0.0	0.0	0.0	23.0	0.0	0.0	0.0
13		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	2.0	0.0	0.0	0.0	2.0	0.0	0.0	0.0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	16.0	0.0	0.0	0.0	21.0	0.0	0.0	0.0
15		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
97		POST-SERVICE PERIOD											
98		Start: Patient leaves office/facility											
114		End: with last office visit before end of global period											

	A	B	D	E	F	G	H	I	J	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2						**93279**		**93145**		**93281**		**93146**	
3		***RUC Collaboration Website***				Programming device evaluation (in person) with iterative adjustment of the		Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy (bat)		Programming device evaluation (in person) with iterative adjustment		Interrogation device evaluation (in person), carotid sinus baroreflex activation therapy	
4	**Clinical Activity Code**	**Meeting Date: January 2025 Revision Date (if applicable): Tab: 12 Specialty: ACC, HRS, SVS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**								
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**		**XXX**		**XXX**		**XXX**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 43.60**	**$ -**	**$ 30.46**	**$ -**	**$ 50.72**	**$ -**	**$ 45.87**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L026A	Medical/Techn	0.36	**13.0**	**0.0**	**0.0**	**0.0**	**13.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L026A	Medical/Techn	0.36	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L026A	Medical/Techn	0.36	**13.0**	**0.0**	**0.0**	**0.0**	**13.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L026A	Medical/Techn	0.36	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**18.0**	**0.0**	**0.0**	**0.0**	**23.0**	**0.0**	**0.0**	**0.0**
13		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**2.0**	**0.0**	**0.0**	**0.0**	**2.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**16.0**	**0.0**	**0.0**	**0.0**	**21.0**	**0.0**	**0.0**	**0.0**
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
115	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**									
116		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 6.73**	**$ -**	**$ 6.53**	**$ -**	**$ 6.83**	**$ -**	**$ 6.53**	**$ -**
117	SA048	pack, minimum multi-specialty visit	5.02	pack		1		1		1		1	
118	SD053	electrode, ECG (single)	0.06	item		5		5		5		5	
119	SJ019	electrode adhesive disk	0.21	item		5		5		5		5	
120	SJ053	swab-pad, alcohol	0.04	item		4		4		4		4	
121	SK057	paper, laser printing (each sheet)	0.02	item		10				15			
122													
123													
124													
125	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**								
126		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 22.47**	**$ -**	**$ 0.27**	**$ -**	**$ 26.79**	**$ -**	**$ 0.48**	**$ -**
127	EQ198	pacemaker follow-up system (incl software and hardware) (Paceart)	279453.169	Default	0.853766759	26				31			
128	EF023	table, exam	4737.727	Default	0.010538571	26		26		31		46	
129													
130													
131													
132													
133		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*											
134													

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2025

Percutaneous Electrical Nerve Field Stimulation – Tab 13

At the September 2024 CPT Editorial Panel meeting, one new Category I code was created to report percutaneous electrical nerve field stimulation of cranial nerves and the existing Category III code, 0720T, was deleted. This procedure provides patients with a non-opioid therapy for the treatment and management of abdominal pain. This treatment typically lasts four weeks where patients return to the office for device placement each week. The new code was surveyed for the January 2025 RUC meeting.

64567 ***Percutaneous electrical nerve field stimulation, cranial nerves, without implantation***
The RUC reviewed the survey results from 51 pediatric gastroenterologists and recommends a work RVU of 1.50 based on the survey 25th percentile, which maintains relativity within the family for this code. The RUC recommends 11 minutes of pre-service time, 20 minutes intra-service time, 8 minutes immediate post-service time, and 39 minutes total time. The specialties and RUC agreed to recommend the pre- and post-time from the targeted industry sample which received 39 responses. It is not typical to report an E/M in conjunction with the surveyed code.

For this procedure, The physician examines the skin behind the ear. Transillumination of the ventral and dorsal aspects of the external ear is performed to visualize the cranial and occipital neurovascular bundles. The area is then cleaned with alcohol wipes and marked with a surgical pen. The needle arrays are placed on the ventral/dorsal side of the ear lobe. The electrical nerve field stimulator is positioned behind the patient's ear, activated, re-positioned as needed, and secured in final placement with adhesives.

To support the recommended work RVU, the RUC compared the surveyed code to top key reference code 99214 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.* (work RVU = 1.92, 47 minutes total time) and second key reference code 99213 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.* (work RVU = 1.30, 30 minutes total time). The key reference services appropriately bracket the surveyed code work RVU. Further, when compared to the two key reference services and other codes with a similar work RVU, intra-service time, and total time, the surveyed code falls appropriately in the middle of those services supporting the relativity of the recommendation.

For additional support, the RUC referenced MPC codes 95805 *Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness* (work RVU = 1.20, 20 minutes intra-service time, 50 minutes total time) and 93351 *Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other*

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qualified health care professional (work RVU = 1.75, 20 minutes intra-service time, 40 minutes total time). The surveyed code is appropriately bracketed by the MPC reference codes and supports the relativity of the recommended work RVU. **The RUC recommends a work RVU of 1.50 for CPT code 64567.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications. The PE Subcommittee acknowledged the new high-cost supply input, *IB-Stim Device Kit,* as recommended for CPT code 64567. The RUC continues to call on CMS to separately identify and pay for high-cost disposable supplies using appropriate HCPCS codes. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

New Technology/New Services
CPT code 64567 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Nervous System** **Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System** **Neurostimulators (Peripheral Nerve)** *For electronic analysis with programming…* *…* *Codes 64590, 64596 describe two different approaches to placing a neurostimulator pulse generator or receiver. Code 64590 is used in conjunction with 64555, 64561 for permanent placement. Codes 64555, 64561 are used to report electrode array placement for a trial and for the permanent placement of the electrode array. Code 64590 is used to report the insertion of a neurostimulator pulse generator or receiver that requires creation of a pocket and connection between the electrode array and the neurostimulator pulse generator or receiver. Code 64596 is used to report the permanent placement of an integrated system, including the electrode array and receiver.* <u>In contrast to other stimulator services such as 64553 which target a specific cranial nerve through invasive stimulator placement, code 64567 is used to report stimulation of cranial nerve field branches through the percutaneous periauricular placement of a non-implanted electrical nerve field stimulator (PENFS).</u> *(For transcutaneous nerve stimulation [TENS], use 97014 for electrical stimulation requiring supervision only or use 97032 for electrical stimulation requiring constant attendance)* *64553 Percutaneous implantation of neurostimulator electrode array; cranial nerve*				

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	(For open implantation of vagus nerve integrated neurostimulation system, see 0908T, 0909T) <u>(For percutaneous electrical nerve field stimulation utilizing noninvasive, non-implanted stimulation of a cranial nerve field [ie, PENFS], use 64567)</u> *(For percutaneous electrical stimulation of a cranial nerve using needle(s) or needle electrode(s) [eg, PENS, PNT], use 64999)* *(For open placement of cranial nerve [eg, vagus, trigeminal] neurostimulator pulse generator or receiver, see 61885, 61886, as appropriate)*			
64566	*Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming* *(Do not report 64566 in conjunction with 64555, 95970-95972)* *(For peripheral nerve transcutaneous magnetic stimulation, see 0766T, 0767T)*			
●64567	W1	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	XXX	1.50
64568	*Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator* *(For open implantation of vagus nerve integrated neurostimulation system, see 0908T, 0909T)*			
64596	*Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array*			
✚*64597*	*each additional electrode array (List separately in addition to code for primary procedure)* *(Use 64597 in conjunction with 64596)* *(Do not report 64596, 64597 in conjunction with 64555, 64561, 64590, 64595)* <u>(For percutaneous electrical nerve field stimulation utilizing noninvasive, non-implanted stimulation of a cranial nerve field, use 64567)</u> *(For percutaneous implantation of electrode array only, peripheral nerve, use 64555)* *(For implantation of trial or permanent electrode arrays or pulse generators for peripheral subcutaneous field stimulation, use 64999)* *(For neurostimulators without a named target nerve [eg, field stimulation], use 64999)* *(For percutaneous implantation or replacement of integrated neurostimulation system for bladder dysfunction, posterior tibial nerve, use 0587T)*			

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(For open implantation or replacement of integrated neurostimulator system, posterior tibial nerve, see 0816T, 0817T)

Category III Codes

~~0720T~~ ~~Percutaneous electrical nerve field stimulation, cranial nerves, without implantation~~

(0720T has been deleted)

(For percutaneous electrical nerve field stimulation utilizing noninvasive, non-implanted stimulation of a cranial nerve field [ie, PENFS], use 64567)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64567 Tracking Number W1 Original Specialty Recommended RVU: **1.50**
Presented Recommended RVU: **1.50**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **1.50**

CPT Descriptor: Percutaneous electrical nerve field stimulation, cranial nerves, without implantation

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 16-year-old female with a two-year history of chronic abdominal pain associated with irritable bowel syndrome who has failed to respond to changes in diet, lifestyle, over-the-counter therapies, and off-label medications is referred for placement of a percutaneous electrical nerve field stimulator.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review relevant clinical notes and labs in medical record. Check to ensure no patient contraindications to device placement (e.g., ear infection, pregnancy, pacemaker, hemophilia, psoriasis). Discuss ear preference, sleep position(s), cosmetic concerns, needle phobia, adhesive reactions and/or prior device experience and tolerance with patient and guardian. Check patient symptomatology, including level of pain and nausea.

Description of Intra-Service Work: The physician clips patient's hair out of the way and examines the skin behind the ear. Transillumination of the ventral and dorsal aspects of the external ear is performed to visualize peripheral branches of cranial and occipital neurovascular bundles. These specific areas are cleaned with alcohol wipes, coated with topical adhesive, and marked with a surgical pen. The physician connects the electrode harness to the electrical nerve field generator and attaches the generator behind the ear using a double-sided adhesive. The 3 active electrodes are then placed near the marked neurovascular bundles at the level of the tragus, anterior scaphoid fossa, and posterior aspect of the helix. The ground electrode is placed on the lobule. Each electrode is secured to the skin with a round bandage. The physician observes the patient after initial placement assessing for allodynia and other side effects; leads are repositioned as indicated. Throughout the procedure, the physician provides ongoing guidance and reassurance about activities being performed to reduce patient's level of anxiety. Once final position is confirmed, wires are hidden from view and secured with adhesive.

Description of Post-Service Work: The physician provides discharge instructions to patient including written instructions on the date and time for them to remove the device at home. Physician provides extra adhesives needed to maintain device placement. Follow-up plan discussed, including timing of next placement and length of treatment plans. The physician answers patient's and parent/guardian's questions. Physician documents procedure in the medical record and sends communications to care team as needed.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Suzanne Burman, MD, AAP Alternate RUC Advisor Jonathan Teitelbaum, MD, AAP guest Patricia Garcia, MD, AGA RUC Advisor Katja Karrento, MD, AGA guest R. Bruce Cameron, MD, ACG RUC Advisor Seth A. Gross, MD, ASGE RUC Advisor
Specialty Society(ies):	American Academy of Pediatrics, American Gastroenterolgical Association, American College of Gastroenterology, American Society for Gastrointestinal Endoscopy
CPT Code:	64567
Sample Size: 1041	**Resp N:** 51
Description of Sample:	Random Sample of Applicable Subsets of AAP, AGA, ACG, ASGE, and the North American Society for Pediatric Gastoenterology, Hepatology & Nutrition (NASPGHAN) members plus targeted sample using vendor-provided list of all trained US providers. Vendor provided list = 350 AAP = 238 NASPGHAN and AGA Council on Pediatric Gastroenterology & Developmental Biology = 453

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**5.00**	10.00	450.00
Survey RVW:	0.85	1.50	**1.90**	2.10	5.80
Pre-Service Evaluation Time:			**12.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	3.00	15.00	**20.00**	30.00	60.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code: 64567	**Recommended Physician Work RVU: 1.50**		
	Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:	**11.00**	**0.00**	**11.00**
Pre-Service Positioning Time:	**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:	**0.00**	**0.00**	**0.00**
Intra-Service Time:	**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)
XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**8.00**	**0.00**	**8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99214	XXX	1.92	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	1.30	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95805	XXX	1.20	**RUC Time**	835

CPT Descriptor 1 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93351	XXX	1.75	**RUC Time**	116,215

CPT Descriptor 2 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

Other Reference CPT Code	Global	Work RVU	Time Source

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 49.0 **%**

Number of respondents who choose 2nd Key Reference Code: 10 **% of respondents:** 19.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 64567	**Top Key Reference CPT Code:** 99214	**2nd Key Reference CPT Code:** **99213**
Median Pre-Service Time	11.00	7.00	5.00
Median Intra-Service Time	20.00	30.00	20.00
Median Immediate Post-service Time	8.00	10.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**39.00**	**47.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	0%	4%	56%	36%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	40%	52%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	12%	0%	88%
Physical effort required	12%	40%	84%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	8%	16%	76%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	20%	70%	10%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	30%	40%	30%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	10%	10%	80%
Physical effort required	0%	20%	80%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	10%	50%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background
At the September 2024 CPT Editorial Panel Meeting, Category III code 0720T for reporting percutaneous electrical nerve field stimulation of the cranial nerves without implantation was converted to Category I code 64567. This FDA approved device is used to treat chronic abdominal pain in children who have typically failed prior treatments such as diet modification, lifestyle changes, over-the-counter options and prescription medications. It consists of a battery-activated generator and 4 electrode wires. Three of the wires contain a sterile 2-mm titanium needle and 1 wire contains 4 microneedles that serve as a ground lead. Using transillumination, physicians identify and place leads near specific neurovascular bundles. While microneedles pierce the preauricular skin, they are not implanted and remain closer to the surface of the skin. Preset electrical stimulation protocols are then delivered over the course of 5 days at which time patients and/or caregivers remove the device at home. Treatment typically lasts 4 weeks where patients return to the clinic for a new device placement each week. Over time, the stimulation protocol leads to downregulation of pain processing pathways thus improving chronic abdominal pain.

Survey Process
The ACG, AGA, ASGE and AAP conducted a survey for the January 2025 RUC meeting including a random sample of applicable subsets of society members plus a targeted sample using vendor-provided list of all trained US providers. A total of 51 responses were received. The surveying societies convened an expert panel that evaluated survey results and developed the following recommendations.

Recommendations
We recommend the survey 25th percentile **wRVU of 1.50**.

Pre- time: 11 minutes of pre-service evaluation time, reflecting the survey median of the "Industry" sample.

Post-time: 8 minutes of immediate post-service time, reflecting the survey median of the "Industry" sample.

Intra-service time: 20 minutes of intra-service time, reflecting the survey median of the "SVY – All" and "Industry" samples.

Key Reference Services
The top Key Reference Service code 99214 *(Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded*) was selected by 49% of survey respondents. The second top Key Reference Service code 99213 *(Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded)* was selected by 19.6% of respondents. Given the unique nature of this clinic-performed percutaneous nerve stimulation for both gastroenterology and pediatrics, it is not surprising that clinicians gravitated towards the more familiar outpatient E/M codes.

Comparison to XXX-day global codes with similar intra-service time and total time:

CPT Code	Long Desc	Global	Work RVU	Pre Eval Time	Intra Time	Immed Post Time	Total Time	Time Source	Most Recent RUC Review	IWPUT	MPC	2022 Medicare Utilization
99213	Office or other outpatient visit for the evaluation and management of an established	XXX	1.3	5	20	5	30	RUC	2019-04	0.0538	Yes	73675393
72270	Myelography, 2 or more regions (eg, lumbar/thoracic, cervical/thoracic,	XXX	1.33	5	20	5	30	RUC	2014-04	0.0553		406
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without	XXX	1.35	5	20	5	30	RUC	2012-01	0.0563		427765
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without	XXX	1.35	5	20	5	30	RUC	2012-01	0.0563	Yes	598710
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	XXX	1.5	11	20	8	39			0.054		
99382	Initial comprehensive preventive medicine evaluation and management	XXX	1.6	7	20	5	32	RUC	2010-10	0.0666		
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction,	XXX	1.62	10	20	10	40	RUC	2009-02	0.0586		1326697
93351	Echocardiography, transthoracic, real-time with image documentation (2D),	XXX	1.75	10	20	10	40	RUC	2016-10	0.0651	Yes	180025
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including	XXX	1.8	8	20	10	38	RUC	2019-01	0.0698		113774
76987	Intraoperative epicardial cardiac ultrasound (ie, echocardiography) for	XXX	1.9	10	20	10	40	RUC	2022-09	0.0726		
99214	Office or other outpatient visit for the evaluation and management of an established	XXX	1.92	7	30	10	47	RUC-CMS Revised	2019-04	0.0513	Yes	98487922

These examples illustrate that the recommended value and time for code 64567 are properly positioned when compared to other services of other specialties in the resource-based relative value scale.

Conclusion
For code 64567, *Percutaneous electrical nerve field stimulation, cranial nerves, without implantation,* the societies recommend the survey 25th percentile **work RVU of 1.50 with a pre-service time of 11 minutes, intra-service time of 20 minutes, and post-service time of 8 minutes for a total time of 39 minutes.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0720T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty General Pediatrics How often? Rarely

Specialty Pediatric Gastroenterology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 3400
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Internal sales data from NeurAxis CRM (device manufacturer) for past 3 years

Specialty General Pediatrics Frequency 170 Percentage 5.00 %

Specialty Pediatric Gastroenterology Frequency 3230 Percentage 95.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 0 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please

explain the rationale for this estimate. The device is currently only approved for use in pediatric patients. Typical patient does not have a diagnosis that makes them eligible for Medicare.

Specialty General Pediatrics Frequency 0 Percentage 0.00 %

Specialty Gastroenterology Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 91110

SS Rec Summary

ISSUE: Percutaneous electrical nerve field stimulation (64567)

TAB: 13

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	99214	Office or other outpatient visit for the evaluation and management of an	XXX	Apr-19	25	0.051	0.041			1.92			47	7					30			10					
2nd REF	99213	Office or other outpatient visit for the evaluation and management of an	XXX	Apr-19	10	0.054	0.043			1.30			30	5					20			5					
CURRENT	NA					-	-						0														
SVY - All	**64567**	**Percutaneous electrical nerve field stimulation, cranial nerves,without**	**XXX**		**51**	**0.070**	**0.045**	**0.85**	**1.50**	**1.90**	**2.10**	**5.80**	**42**	**12**			**3**	**15**	**20**	**30**	**60**	**10**	**0**	**0**	**5**	**10**	**450**
Targeted	64567	Percutaneous electrical nerve field stimulation, cranial nerves,without	XXX		39	0.074	0.049	1.00	1.50	1.90	2.40	5.80	39	11			3	15	20	30	45	8	0	1	6	17	450
Random	64567	Percutaneous electrical nerve field stimulation, cranial nerves,without	XXX		12	0.068	0.041	0.85	1.15	1.78	2.10	2.80	43	15			10	12	18	40	60	10	0	0	0	6	16
REC	**64567**	**Percutaneous electrical nerve field stimulation, cranial nerves,without implantation**	**XXX**			**0.054**	**0.038**			**1.50**			**39**	**11**					**20**			**8**					

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S):64567**

SPECIALTY SOCIETY(IES): AAP, ACG, AGA, ASGE

PRESENTER(S):Dr. Steven Krug, Dr. Patricia Garcia, Dr. Seth Gross, Dr. R. Bruce Cameron, Dr. Katja Karrento, Dr. Jonathan Teitelbaum

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
64567	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
64567	A 16-year-old female with a two-year history of chronic abdominal pain associated with irritable bowel syndrome who has failed to respond to changes in diet, lifestyle, over-the-counter therapies, and off-label medications is referred for placement of a percutaneous electrical nerve field stimulator.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The AAP, ACG, AGA, and ASGE convened an RVS expert panel of the surveying specialty societies to review practice expense data for code 64567. The panel included both sub-specialists and generalists from within the specialties of a variety of settings across the United States. They also received input from practice managers and clinical staff familiar with the direct expense inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   The reference code for comparison of new code 64567 is 93005 (*Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report*) because it has similar clinical staff work.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   No, code 64567 is a new procedure code that we expect will be reported with an E/M code with only the first procedure of the typical 4 procedure treatment duration; therefore, we only expect an E/M code to be reported 25% of the time for all 64567 volume.
   When code 64567 is reported with an E/M code, it will typically be in the non-facility.

   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they

must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

Pediatric gastroenterology is the dominant provider in the non-facility. We anticipate that the dominant provider will provide this service 90% of time in the non-facility. We do not anticipate that the dominant provider in the non-facility will be different than for the global.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

Not applicable. This is a new code.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

Not applicable. This is a new code.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Pre-Service Period Clinical Labor Activities = L037D (RN/LPN/MTA)
3 minutes to complete pre-procedure phone calls & prescriptions (CA005)
We are recommending **3** minutes of pre-service period time: 3 minutes to complete pre-procedure phone calls & prescriptions.

Service Period – Pre-service Clinical Labor Activities = L037D (RN/LPN/MTA)
3 minutes to greet patient, gowning, ensure appropriate medical records are available (CA009)
2 minutes to prepare room, equipment and supplies (CA013)
We are recommending 5 minutes of service period pre-service activities: 2 minutes to prepare the room, equipment and supplies and 3 minutes to greet and gown patient and ensure appropriate medical records are available.

Service Period – Post-service Clinical Labor Activities = L037D (RN/LPN/MTA)
1 minute to clean room/equipment by clinical staff (CA024)
We are recommending 1 minute to clean the room.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

Not applicable

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

Not applicable

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Pre-Service Period Clinical Labor Activities = L037D (RN/LPN/MTA) 3 minutes to complete pre-procedure phone calls & prescriptions (CA005). During these calls, staff ensure that the child does not have any acute illnesses that would preclude stimulator placement, remind them to bring their devices for placement and/or disposal if applicable, encourage patients to arrive with their hair pulled or clipped back, and suggest taking a more thorough shower or bath as that can be harder after device placement.

    b. Service period (includes pre, intra and post):

Service Period – Pre-service Clinical Labor Activities = L037D (RN/LPN/MTA) 2 minutes to prepare room, equipment and supplies (CA013) 3 minutes to greet patient, gowning and ensure appropriate medical records are available (CA009) **Service Period – Pre-service Clinical Labor Activities = L037D (RN/LPN/MTA)** No staff work **Service Period – Post-service Clinical Labor Activities = L037D (RN/LPN/MTA)** 1 minute to clean room/equipment by clinical staff (CA024)

    c. Post-service period:

No post-procedure clinical staff work is requested.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

No intra-service clinical activity is requested because clinical staff do not assist with or perform the intra-service work.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

Not applicable

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

Not applicable

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

Not applicable

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

The IB-Stim device kit is required to perform the procedure - https://ibstim.com/information/ In terms of round bandages, the kit come with 12; of those 4 are used for the electrodes and 4 are used to gather the wires which are then secured behind the ear with additional tape. That leaves 4 round bandages to send home with the patients. Patients typically have the device on for 120 hours continuously which includes while sleeping, exercising, playing sports, bathing, brushing their hair etc so even though extra efforts are made to adhere the device during placement it is common for the adhesives attaching the generator, the leads and hiding the excess wires to become loose or get tangled. The bandages themselves come in sheets of 4 so typically the patient is sent home with the 4 remaining bandages from the kit and an additional sheet of 4 which gives them 8 bandages to use as replacements or supplements as needed throughout the treatment period. Paid invoices for the IB-Stim device kit and adhesive dot bandages, 10mm, provided by the company are included in the 64567 invoice summary document with the submission package.

18. Are you recommending a PE supply pack for this recommendation? No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

IB-stim device kit supplies: • IB-Stim stimulator with inserted but not activated batteries • Sterile Wire Harness for use with IB-Stim stimulator only

- Round Bandages to fasten the appliance leads (12), Stimulator adhesive (2), Compound Benzoin Tincture, Alcohol swab (2), Sureprep®, Tegaderm™, Bio-Hazard Bag and Patient ID Card
- Tweezers
- Surgical Marker
- Transilluminator
- Instruction manual

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

Not applicable

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

Not applicable

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

Not applicable

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

EF023 table, exam – default equipment formula; however, because clinical staff does not assist in performing the procedure (e.g., CA018-CA021) we added "+20" reflecting the 20 minutes of physician intra-service time to the default equipment formula because the patient sits on the exam table throughout the entire procedure.
EQ168 light, exam – default equipment formula; however, because clinical staff does not assist in performing the procedure (e.g., CA018-CA021) we added "+20" reflecting the 20 minutes of physician intra-service time to the default equipment formula because the exam light is required throughout the entire procedure.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

Not applicable

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:
    Not applicable

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:
    Not applicable

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**93005**		**64567**	
3		***RUC Collaboration Website***				Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report		Percutaneous electrical nerve field stimulation, cranial nerves,without implantation	
4	**Clinical Activity Code**	**Meeting Date: January 2025 Revision Date (if applicable): Tab: 13 Specialty: AAP, ACG, AGA, ASGE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 6.63**	**$ -**	**$ 1,201.45**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**10.0**	**0.0**	**9.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**3.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**10.0**	**0.0**	**6.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 5.40**	**$ -**	**$ 4.86**	**$ -**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54				
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54				
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54			0	
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54				
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54			3	
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54				
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54				
23			L037D	RN/LPN/MTA	0.54				
24			L037D	RN/LPN/MTA	0.54				
25			L037D	RN/LPN/MTA	0.54				
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54			3	
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54				
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54				
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54				
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54	2		2	
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54				
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54	4			
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54				
42									
43									
44									
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54				
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54				
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54				
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54	3			
53			L037D	RN/LPN/MTA	0.54				
54			L037D	RN/LPN/MTA	0.54				
55			L037D	RN/LPN/MTA	0.54				
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
59		**Post-Service (of service period)**							
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54				
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54				
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	1		1	
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54				
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54				
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54				
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54				
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54				
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54				
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**	
75									
76									
77		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
80		**End: Patient leaves office/facility**							
81		**POST-SERVICE PERIOD**							
82		**Start: Patient leaves office/facility**							
83	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54				
84	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54				
85		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
86		99211 16 minutes	16						
87		99212 27 minutes	27						
88		99213 36 minutes	36						
89		99214 53 minutes	53						
90		99215 63 minutes	63						
91	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**
92			L037D	RN/LPN/MTA	0.54				

	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**93005**		**64567**	
3		***RUC Collaboration Website***				Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report		Percutaneous electrical nerve field stimulation, cranial nerves,without implantation	
4	**Clinical Activity Code**	**Meeting Date: January 2025 Revision Date (if applicable): Tab: 13 Specialty: AAP, ACG, AGA, ASGE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 6.63**	**$ -**	**$ 1,201.45**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**10.0**	**0.0**	**9.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**3.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**10.0**	**0.0**	**6.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.54				
94			L037D	RN/LPN/MTA	0.54				
95		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
98		**End: with last office visit before end of global period**							

	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**93005**		**64567**	
3		***RUC Collaboration Website***				Electrocardiogram, routine ECG with at least 12 leads; tracing only, without interpretation and report		Percutaneous electrical nerve field stimulation, cranial nerves,without implantation	
4	**Clinical Activity Code**	**Meeting Date: January 2025 Revision Date (if applicable): Tab: 13 Specialty: AAP, ACG, AGA, ASGE**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 6.63**	**$ -**	**$ 1,201.45**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**10.0**	**0.0**	**9.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**3.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**10.0**	**0.0**	**6.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**
99	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
100		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 1.00**	**$ -**	**$ 1,196.23**	**$ -**
101	SD053	electrode, ECG (single)	0.06	item		10			
102	SJ053	swab-pad, alcohol	0.04	item		4			
103	SK059	paper, recording (per sheet)	0.06	item		4			
104	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item					
105	SB036	paper, exam table	0.014	foot				7	
106	SB022	gloves, non-sterile	0.3	pair				1	
107	SK071	rubber bands, non-sterile	0.03	item				0	
108	SG077	tape, porous-hypoallergenic 2in (Scanpore)	0.03	inch				3	
109	**NEW**	**Adhesive dot 10mm**	**0.185**	item				4	
110	**NEW**	**IB-Stim device kit**	**1195**	item				1	
111	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
112		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.23**	**$ -**	**$ 0.36**	**$ -**
113	EQ010	ECG, 3-channel	3841.473		0.012398861	10			
114	EF023	table, exam	4737.727	Other Formula	0.010538571	10		26	0
115	EQ168	light, exam	1232.887	Other Formula	0.003271745			26	0
116									
117		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							
118									

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2025

Percutaneous Decompression of Median Nerve – Tab 14

At the September 2024 CPT Editorial Panel meeting, one new Category I code was created to report percutaneous decompression of the median nerve at the carpal tunnel using ultrasound guidance and a balloon dilation device while transecting the transcarpal ligament. This new technology procedure was previously reported with unlisted code 64999. The new code was surveyed for the January 2025 RUC meeting as a 000-day global service given that postoperative care is not required for a majority of patients. For example, sutures are not used, so suture removal is not necessary; the patient is instructed to remove the bandage and steri-strips within two days, and physical therapy is not needed.

64728 ***Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance***
The RUC reviewed the survey results from 60 physicians from multiple specialties, including surgeons (hand, orthopaedic, plastic, neurosurgery), sports medicine, physical medicine and rehabilitation, and radiology. The RUC determined that the survey respondents may have overestimated work relative to the key reference services and recommends a work RVU of 2.70 based on a direct crosswalk to MPC code 51102 *Aspiration of bladder; with insertion of suprapubic catheter* (work RVU = 2.70, 20 minutes intra-service, 60 minutes total time), to maintain relativity within the payment schedule for this code. The RUC recommends 18 minutes of pre-service evaluation time, 3 minutes positioning time, 6 minutes scrub/dress/wait time, 20 minutes intra-service time, 10 minutes immediate post-service time, and 57 minutes total time.

For this procedure, a 0.5 cm incision is made through the skin and distal forearm fascia in the proximal wrist crease. This service is performed under continuous ultrasound guidance to monitor balloon inflation which pushes the soft tissue and surrounding vital anatomy (eg, median nerve and ulnar artery) to create space for the anticipated transection pathway. The complexity of this service involves ensuring that the nerve and nerve branches are kept intact while the surgeon is going from the longitudinal plane to the transverse plane back and at multiple levels to transect the transverse carpal ligament (TCL) and any remaining fibers.

To support the RUC recommended work RVU, the RUC referenced other codes with a 000-day global period, a similar work RVU, and similar intra-service and total time. CPT codes 43249 *Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)* (work RVU = 2.67, 20 minutes intra-service time, 57 minutes total time) and 31295 *Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa* (work RVU = 2.70, 20 minutes intra-service time, 56 minutes total time) appropriately bracket the surveyed code and support the relativity of the recommended work RVU. **The RUC recommends a work RVU of 2.70 for CPT code 64728.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made minor modifications to the pre-service clinical staff time for the non-facility inputs. The PE Subcommittee acknowledged that the pre-service clinical staff time for 000- and 010-day global codes is presumed to be zero and determined that the standard pre-service time of zero minutes is appropriate for this code for the non-facility

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

I=New code s=Revised code :=Add-on code H=Modifier 51 exempt *=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code **f**=Family Code **e**=Editorial **D**=Deleted

setting. Therefore, the recommended time was revised to zero minutes for CA001 *Complete pre-service diagnostic and referral forms* and CA005 *Complete pre-procedure phone calls and prescription*. The PE Subcommittee agreed with the specialties' use of the pre-service time package for "Minimal Use of Clinical Staff" in the facility only.

The PE Subcommittee acknowledged the new high-cost supply input, *Kit, UltraguideCTR,* as recommended for CPT code 64728. The RUC continues to call on CMS to separately identify and pay for high-cost disposable supplies using appropriate HCPCS codes. **The RUC recommends the direct practice expense inputs as modified by the PE Subcommittee.**

New Technology
CPT code 64728 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Surgery **Nervous System** **Extracranial Nerves, Peripheral Nerves, and Autonomic Nervous System** **Neuroplasty (Exploration, Neurolysis or Nerve Decompression)**				
●64728	X1	Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance (Do not report 64728 in conjunction with 29848, 64721, 76942, 76998) (Do not report 64722, 64726, 64728 in conjunction with 11960)	000	2.70

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:64728 Tracking Number X1 Original Specialty Recommended RVU: **3.19**
Presented Recommended RVU: **3.19**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **2.70**

CPT Descriptor: Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old female with a right carpal tunnel syndrome undergoes an ultrasound guided percutaneous release of the transverse carpal ligament with intracarpal tunnel balloon dilation.

Percentage of Survey Respondents who found Vignette to be Typical: 98%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 26% , In the ASC 38%, In the office 33%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Re-examine patient to ensure that physical findings have not changed and update H&P. Meet with patient to review planned procedure and postoperative management. Review informed consent with patient. Verify all required instruments and supplies are available. Verify patient data entry into ultrasound equipment software and set and adjust equipment parameters. Position the patient with the wrist on a stable surface in slight extension and in neutral radial-ulnar deviation. Scrub and gown. Prep/supervise prep of the patient's entire forearm, elbow to fingertips, using standard sterile techniques. Open the device packaging and prime the device. Confirm the function of the cutting mechanism and balloon activation. Using direct ultrasound visualization, identify the transverse safe zone between the ulnar aspect of the median nerve and the radial aspect of the ulnar vessels or the hook of the hamate, whichever lies more radial. Identify the incision site at the proximal wrist crease. Scan proximally along the anticipated transverse carpal ligament (TCL) transection line to the lunate bone, located at the proximal wrist crease. Mark the skin in the region of the lunate along the anticipated line of TCL transection, noting the position of the median nerve and ulnar artery. Infiltrate local anesthetic volarly across the wrist in the region of the incision site. As appropriate, using ultrasound guidance, administer additional local anesthetic into the carpal tunnel dorsal to the transverse carpal ligament, separating the synovial tissue from the ligament. Perform surgical time-out.

Description of Intra-Service Work: Using ultrasound guidance, make a 0.5 cm incision through the skin and distal forearm fascia in the marked region of the proximal wrist crease. Insert an elevator dorsal to the transverse carpal ligament. Use the elevator in several passes to remove the synovium from the dorsal surface of the TCL. Using ultrasound guidance, insert the device into the carpal tunnel just dorsal to the TCL. Use the transverse view to position the device between the ulnar edge of the median nerve and the ulnar artery, and the longitudinal view to position the device tip between the distal transverse carpal ligament and the proximal edge of the superficial palmar arch. Under continuous ultrasound guidance, inflate the device balloons to create space and protect key anatomy, and to visualize and confirm proper placement of the device. Reconfirm the absence of vital structures within the anticipated transection pathway. Engage the cutting blade and transect the TCL in a distal to proximal manner. Perform additional release for any remaining fibers, checking the position of vital structures prior to each cutting blade activation. Recess the cutting blade, deflate the balloons, and remove the device. Reinsert the elevator and probe the TCL using ultrasound guidance to confirm a complete transection. Manually express excessive fluid from the wound and close using adhesive strips.

Description of Post-Service Work: Assess circulation, sensation, and motor function of the extremity. Dress the wound in layers using protective padding on the palmer side of the hand and wrist. Discuss home restrictions (ie, activity, bathing) with patient. Complete all appropriate medical records. Dictate an operative report. Write a procedure note in patient's chart. Review and sign the final ultrasound report.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025
Presenter(s):	Anne Miller, MD; Noah Raizman, MD; Jeff Kozlow, MD; Carlo Milani, MD; Michael Booker, MD; Damean.Freas, MD
Specialty Society(ies):	American Society for Surgery of the Hand, American Society of Plastic Surgeons, American Academy of Orthopaedic Surgeons, American Academy of Physical Medicine and Rehabilitation, American Association of Neurological Surgeons, Congress of Neurological Surgeons, International Pain and Spine Intervention Society, North American Neuromodulation Society, American College of Radiology, Vendor List
CPT Code:	64728
Sample Size:	3683 **Resp N:** 60
Description of Sample:	vendor: targeted, trained providers (n=252) ASSH, AAOS, NANS: random membership ASPS: self identified hand surgeons AAPMR: random self identified interest in interventional ultrasound procedures AANS/CNS: self idendified peripheral neve IPSIS: random focused specifically on physiatrists ACR: random general and random self identified interventional

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**12.00**	64.00	350.00
Survey RVW:	1.10	3.19	**5.00**	7.00	15.68
Pre-Service Evaluation Time:			**26.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	4.00	15.00	**20.00**	25.00	45.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

1-FAC Straightforw Pat/Procedure(no sedate/anesth

CPT Code:	64728	**Recommended Physician Work RVU: 2.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**18.00**	**13.00**	**5.00**
Pre-Service Positioning Time:		**3.00**	**1.00**	**2.00**
Pre-Service Scrub, Dress, Wait Time:		**6.00**	**6.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
11044	000	4.10	**RUC Time**

CPT Descriptor Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
19085	000	3.64	**RUC Time**

CPT Descriptor Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51102	000	2.70	**RUC Time**	12,977

CPT Descriptor 1 Aspiration of bladder; with insertion of suprapubic catheter

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52287	000	3.20	**RUC Time**	60498

CPT Descriptor 2 Cystourethroscopy, with injection(s) for chemodenervation of the bladder

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 20 **% of respondents:** 33.3 **%**

Number of respondents who choose 2nd Key Reference Code: 9 **% of respondents:** 15.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 64728	Top Key Reference CPT Code: 11044	2nd Key Reference CPT Code: 19085
Median Pre-Service Time	27.00	51.00	22.00
Median Intra-Service Time	20.00	45.00	45.00
Median Immediate Post-service Time	10.00	20.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**57.00**	**116.00**	**82.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	0%	25%	75%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	5%	15%	80%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	0%	100%
Physical effort required	5%	35%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	0%	95%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	11%	44%	44%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	22%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	11%	89%
Physical effort required	33%	34%	33%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	11%	78%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the September 2024 CPT meeting, the Panel accepted a request to: establish new code 64728; move and revise the exclusionary parenthetical following code 64726 to follow code 64728; and add an exclusionary parenthetical to preclude the reporting of 64728 with 29848, 64721, 76942, 76998.

Nine societies expressed an interest in surveying the new code. In addition, ACR obtained a list of 252 trained providers from the device company, who were also surveyed.

ASSH - American Society for Surgery of the Hand
ASPS - American Society of Plastic Surgeons
AAOS - American Academy of Orthopaedic Surgeons
AAPM&R - American Academy of Physical Medicine and Rehabilitation
AANS - American Association of Neurological Surgeons
CNS - Congress of Neurological Surgeons
IPSIS - International Pain and Spine Intervention Society
NANS - North American Neuromodulation Society
ACR - American College of Radiology
Vendor List – administered by ACR

Survey responses were reviewed to confirm that physicians did not complete surveys from multiple sources.

Recommendation

The survey 25th percentile work RVU of 3.19 is recommended.

Pre-time: Package 1 Straightforward Patient/Straightforward Procedure

Evaluation time: An additional 5 minutes (total = 18 minutes) has been added to the standard package time for additional time to prime the device with sterile saline and to test the function of the cutting mechanism and balloon activation. Additional time is also required for preoperative ultrasound visualization of the anatomy prior to marking the incision site, as described in the preservice description of work. This work exceeds the standard two minutes allowed as part of package 1 evaluation time for checking the supplies and equipment and for preparing patient readiness (eg, gown, drape, prep, mark).

Positioning time: An additional 2 minutes (total = 3 minutes) has been added to the standard package time to position the extremity on a stable surface in slight extension and in neutral radial-ulnar deviation using padding, after patient supine positioning, along with positioning the ultrasound equipment for viewing

Scrub, dress, wait time: Standard package time of 6 minutes is recommended.

Post-time: Package 7A Local Anesthesia/ Straightforward Procedure

Package time has been reduced to be consistent with the survey median time..

Key Reference Service Comparison

The intensity/complexity measures for respondents choosing KRS codes 11044 and 19085 indicate the survey code 64728 has greater intensity/complexity across all measures. This may be due to the need for protection of anatomic structures involved in 64728 when compared with the KRS procedures.

RUC Year	CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	POST
2010	11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if performed); first 20 sq cm or less	4.10	0.061	116	33	3	15	45	20
2013	19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed, and imaging of the biopsy specimen, when performed, percutaneous; first lesion, including magnetic resonance guidance	3.64	0.064	82	13	3	6	45	15
	64728	Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance	3.19	0.122	57	18	3	6	20	10

MPC Code Comparison

RUC Year	CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	EVAL	POSIT	SDW	INTRA	POST
2008	51102	Aspiration of bladder; with insertion of suprapubic catheter	2.70	0.094	60	19	1	5	20	15
	64728	Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance	3.19	0.122	57	18	3	6	20	10
2012	52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	3.20	0.120	58	7	5	10	21	15

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 64999

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty hand surgery How often? Rarely

Specialty orthopaedic surgery How often? Rarely

Specialty plastic surgery How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 10000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Device company sales information provided in code change application - breakdown by specialty for national utilization was not provided in CCA and is not available.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. FUTURE Medicare claims estimated at approximately 25% of vender indicated sales.

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 20526

ISSUE: Percutaneous Decompression of Median Nerve

TAB: 14

SOURCE	CPT	DESC	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX
REF1	11044	Debridement, bone (includes epidermis, dermis, subcutaneous tissue, muscle and/or fascia, if	000	2010	20	0.061	0.035			4.10			116	33	3	15			45			20					
REF2	19085	Biopsy, breast, with placement of breast localization device(s) (eg, clip, metallic pellet), when performed,	000	2013	9	0.064	0.044			3.64			82	13	3	6			45			15					
current	64999	Unlisted procedure, nervous system	YYY	n/a						n/a			0														
SVY	64728	**Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon**	000		60	0.200	0.070	1.10	3.19	5.00	7.00	15.68	71	26	5	10	4	15	20	25	45	10	0	0	12	64	350
		Vendor Only Data			38	0.270	0.090	1.45	4.20	6.40	7.88	15.68	71	25	6	10	6	15	20	25	45	10	0	12	50	120	350
		Random Only Data			22	0.132	0.046	1.10	2.50	3.00	4.70	7.00	65	28	5	8	4	10	15	24	45	10	0	0	0	3	45
		Random with experience			*8*	*0.219*	*0.055*	*1.80*	*2.45*	*3.16*	*5.13*	*6.50*	*58*	*34*	*3*	*7*	*4*	*5*	*10*	*19*	*30*	*5*	*0*	*3*	*5*	*12*	*45*
		Random w/o experience			*14*	*0.135*	*0.047*	*1.10*	*2.53*	*3.00*	*3.75*	*7.00*	*64*	*26*	*5*	*8*	*5*	*13*	*15*	*24*	*45*	*10*	*0*	*0*	*0*	*0*	*0*
		Data Grouped by Self-Designated Specialty																									
		surgery (52% vendor)			*38*	*0.219*	*0.072*	*1.10*	*3.00*	*4.93*	*7.00*	*15.68*	*68*	*25*	*5*	*10*	*4*	*13*	*18*	*24*	*40*	*10*	*0*	*0*	*4*	*49*	*300*
		sport medicine (100% vendor)			*10*	*0.202*	*0.059*	*1.45*	*3.60*	*4.43*	*6.29*	*12.00*	*75*	*32*	*7*	*8*	*6*	*11*	*16*	*20*	*45*	*12*	*0*	*21*	*54*	*120*	*350*
		physical med & rehab (100% vendor)			*7*	*0.224*	*0.067*	*3.00*	*5.10*	*5.87*	*6.75*	*7.50*	*88*	*40*	*8*	*10*	*14*	*18*	*20*	*35*	*45*	*10*	*0*	*6*	*30*	*125*	*150*
		radiology (80% vendor)			*5*	*0.132*	*0.053*	*3.50*	*4.00*	*4.50*	*7.00*	*8.00*	*85*	*25*	*5*	*10*	*20*	*25*	*25*	*30*	*30*	*20*	*0*	*10*	*12*	*50*	*150*
REC	64728	**Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance**				0.098	0.047			2.70			57	18	3	6			20			10					
XWALK	51102	**Aspiration of bladder; with insertion of suprapubic catheter**				0.094	0.045			2.70			60	19	1	5			20			15					

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 64728
SPECIALTY SOCIETY(IES): ASSH, ASPS, AAOS, ACR, AANS, CNS, AAPMR, IPSIS, NANS
PRESENTER(S): Anne Miller, MD; Noah Raizman, MD; Jeff Kozlow, MD; Carlo Milani, MD; Andrew Moriarity, MD; Damean Freas, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
64728	Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
64728	A 50-year-old female with a right carpal tunnel syndrome undergoes an ultrasound guided percutaneous release of the transverse carpal ligament with intracarpal tunnel balloon dilation.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   PE details were developed by physicians familiar with the procedure that were reviewed by the advisors of the surveying societies.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   KRS codes 11044 and 19085 were not used as references because the clinical staff type, supplies, and equipment is not sufficiently similar to 64728.
   Code 20606, *Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting*, was chosen as a reference to guide the PE details recommended for 64728. Code 20606 is performed by specialties expected to perform 64728, is a percutaneous procedure involving the wrist, and includes ultrasound guidance. However, we note that some clinical staff time, supplies and equipment time was deleted from 20606 as it was determined to typically be reported with an E/M service. We do not expect that 64728 will typically be performed with an E/M.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service? No
   Is this code(s) typically reported with the E/M service in the non-facility? No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-

facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

We do not have information about who will perform this service in the nonfacility setting, but expect the dominant provider will be hand (plastic/ortho) surgeons.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A – this is a new code.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

no

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

n/a

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

n/a

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 64728
SPECIALTY SOCIETY(IES): ASSH, ASPS, AAOS, ACR, AANS, CNS, AAPMR, IPSIS, NANS
PRESENTER(S): Anne Miller, MD; Noah Raizman, MD; Jeff Kozlow, MD; Carlo Milani, MD; Andrew Moriarity, MD; Damean Freas, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

n/a

b. Service period (includes pre, intra and post):

- Ensure medical records are available
- Greet patient, provide gown.
- Take vitals (BP, pulse, weight)
- Review procedure with patient and answer any questions
- Prepare room, including portable US machine.
- Set up supplies on mayo stand.
- Assist with patient positioning
- Assist with delivery of local anesthetic.
- Assist as needed during the procedure.
- Clean room and equipment
- Check dressings and review home care and activities with patient.

c. Post-service period:

- Contact patient later the same day as brief postop check-in and to answer any questions.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

The procedure is sterile and the clinical staff will need to be available throughout the procedure and final dressing application to assist the physician.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

n/a

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

n/a

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 64728
SPECIALTY SOCIETY(IES): ASSH, ASPS, AAOS, ACR, AANS, CNS, AAPMR, IPSIS, NANS
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

This new procedure requires establishing a new disposable supply as a kit that contains the procedure device and a device priming syringe. Three invoices have been provided.

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

CMS SA048 CMS SA088

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, minimum multi-specialty visit	**SA048**	**pack**	
paper, exam table		foot	7
gloves, non-sterile		pair	2
gown, patient		item	1
pillow case		item	1
cover, thermometer probe		item	1

tray, surgical skin prep, sterile	**SA088**	**tray**
PVP-I scrub solution, 118 ml bottle	1	item
PVP-I topical solution, 118 ml bottle	1	item
sponge sticks	3	item
small foam winged sponges	6	item
latex procedure gloves	1	pair
absorbent blotting towels	2	item
patient underdrapes	2	item
cotton-tipped applicators	2	item
hospital wrap	1	item
Price: $3.45		

kit, UltraguideCTR	**NEW**	**kit**

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 64728
SPECIALTY SOCIETY(IES): ASSH, ASPS, AAOS, ACR, AANS, CNS, AAPMR, IPSIS, NANS
PRESENTER(S): Anne Miller, MD; Noah Raizman, MD; Jeff Kozlow, MD; Carlo Milani, MD; Andrew Moriarity, MD; Damean Freas, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

UltraguideCTR device	1	item	
Priming tool for UltraguideCTR device	1	item	
Price: $1,099.00			

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

n/a

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

n/a

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

n/a

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

EQ250	ultrasound unit, portable	Default used for all items	
EQ168	light, exam		
EF023	table, exam		
EF015	mayo stand		

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 64728
SPECIALTY SOCIETY(IES): ASSH, ASPS, AAOS, ACR, AANS, CNS, AAPMR, IPSIS, NANS
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The table below provides a rationale for the supply items needed in the nonfacility to perform the procedure.

code	description	qty	rationale
SA048	pack, minimum multi-specialty visit	1	protection
SB024	gloves, sterile	2	protection
SB027	gown, staff, impervious	2	protection
SB033	mask, surgical	2	protection
SB012	drape, sterile, for Mayo stand	1	protection
SA088	tray, surgical skin prep, sterile	1	prep
SB020	drape-towel, sterile OR blue (2 pk uou)	3	patient drapes and wrist bolster
SK075	skin marking pen, sterile (Skin Skribe)	1	mark incision and landmarks
SC029	needle, 18-27g	2	1 to draw and 1 to inject
SC051	syringe 10-12ml	1	for local anesth
SH047	lidocaine 1%-2% inj (Xylocaine)	10	local anesthesia
SJ053	swab-pad, alcohol	1	wipe top of anesth vial
SJ089	ultrasound transmission gel, sterile (single use)	1	ultrasound
SB005	cover-condom, transducer or ultrasound probe	1	ultrasound probe cover
SB017	drape-sleeve, sterile (4in x 8ft)	1	ultrasound cord cover
SF007	blade, surgical (Bard-Parker)	1	perc entry
NEW	Kit, UltraguideCTR	1	device and priming tool
SH067	sodium chloride 0.9% inj (250-1000ml uou)	1	for priming device
SG074	steri-strip (6 strip uou)	1	dressings
SG034	dressing, 3in x 3in (Adaptic)	1	dressings
SG056	gauze, sterile 4in x 4in (10 pack uou)	1	dressings - to make protective "fluff"
SG016	bandage, Kerlix, sterile 4.5in	1	dressings
SG014	bandage, elastic, self-adherent wrap 1in (Coban)	1	dressings
SM012	disinfectant spray (Transeptic)	10	to clean US probe/cord and surfaces

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 64728
SPECIALTY SOCIETY(IES): ASSH, ASPS, AAOS, ACR, AANS, CNS, AAPMR, IPSIS, NANS
PRESENTER(S): Anne Miller, MD; Noah Raizman, MD; Jeff Kozlow, MD; Carlo Milani, MD; Andrew Moriarity, MD; Damean Freas, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

After PE Subcommittee review, it was determined that the standard pre-service time for 0-day global codes of zero minutes is appropriate for these codes for the non-facility setting and the recommended time of six minutes has been revised to zero minutes.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

FACILITY DIRECT PE INPUTS

CPT CODE(S): 64728
SPECIALTY SOCIETY(IES): ASSH, ASPS, AAOS, ACR, AANS, CNS, AAPMR, IPSIS, NANS
PRESENTER(S): Anne Miller, MD; Noah Raizman, MD; Jeff Kozlow, MD; Carlo Milani, MD; Andrew Moriarity, MD; Damean Freas, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
64728	Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel balloon dilation, including ultrasound guidance	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
64728	A 50-year-old female with a right carpal tunnel syndrome undergoes an ultrasound guided percutaneous release of the transverse carpal ligament with intracarpal tunnel balloon dilation.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   PE details were developed by physicians familiar with the procedure that were reviewed by the advisors of the surveying societies.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   KRS codes 11044 and 19085 were not used as references because the clinical staff type, supplies, and equipment is not sufficiently similar to 64728.
   Code 20606, *Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound guidance, with permanent recording and reporting*, was chosen as a reference to guide the PE details recommended for 64728. Code 20606 is performed by specialties expected to perform 64728, is a percutaneous procedure involving the wrist, and includes ultrasound guidance. However, we note that some clinical staff time, supplies and equipment time was deleted from 20606 as it was determined to typically be reported with an E/M service. We do not expect that 64728 will typically be performed with an E/M.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

   No

   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   n/a

   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

FACILITY DIRECT PE INPUTS

CPT CODE(S): 64728
SPECIALTY SOCIETY(IES): ASSH, ASPS, AAOS, ACR, AANS, CNS, AAPMR, IPSIS, NANS
PRESENTER(S): Anne Miller, MD; Noah Raizman, MD; Jeff Kozlow, MD; Carlo Milani, MD; Andrew Moriarity, MD; Damean Freas, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

no

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Standard pre-time for facility 000 global minimal use of clinical staff is recommended. Phone calls to the patient to review the procedure and review medication changes, calls to payer for preauthorization, calls to order the device kit and have it available in the facility, calls to the facility to confirm kit is available are all necessary prior to the procedure.

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

8. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Clinical staff will make phone calls to the patient to review the procedure and review medication changes, calls to payer for preauthorization, calls to order the device kit and have it available in the facility, calls to the facility to confirm kit is available are all necessary prior to the procedure. Fifteen minutes total for these activities is a conservative estimate of clinical staff time.

    b. Service period (includes pre, intra and post):

n/a

    c. Post-service period:

Contact patient later the same day as brief postop check-in and to answer any questions.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

n/a

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

FACILITY DIRECT PE INPUTS

CPT CODE(S): 64728
SPECIALTY SOCIETY(IES): ASSH, ASPS, AAOS, ACR, AANS, CNS, AAPMR, IPSIS, NANS
PRESENTER(S): Anne Miller, MD; Noah Raizman, MD; Jeff Kozlow, MD; Carlo Milani, MD; Andrew Moriarity, MD; Damean Freas, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

n/a

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

n/a – this is a 000 global code and will not require any supplies

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

n/a

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

n/a

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

n/a

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

n/a

FACILITY DIRECT PE INPUTS

CPT CODE(S): 64728
SPECIALTY SOCIETY(IES): ASSH, ASPS, AAOS, ACR, AANS, CNS, AAPMR, IPSIS, NANS
PRESENTER(S): Anne Miller, MD; Noah Raizman, MD; Jeff Kozlow, MD; Carlo Milani, MD; Andrew Moriarity, MD; Damean Freas, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

n/a

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

n/a

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

n/a

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

n/a

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**20606**		**64728**	
3	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable):** **Tab: 14** **Specialty: ASSH, ASPS, AAOS, ACR, AANS, CNS, AAPMR, IPSIS, NANS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular,		Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel	
4		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
5		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**
6		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 34.73**	**$ -**	**$ 1,166.14**	**$ 9.72**
7		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**31.0**	**0.0**	**44.0**	**18.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**0.0**	**0.0**	**15.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**28.0**	**0.0**	**41.0**	**0.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**3.0**	**3.0**
11		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 16.74**	**$ -**	**$ 23.76**	**$ 9.72**
12		**PRE-SERVICE PERIOD**							
13		**Start: Following visit when decision for surgery/procedure made**							
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54			**0**	3
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54				3
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54				3
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54				3
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54			**0**	3
19	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54	3			
22		**End: When patient enters office/facility for surgery/procedure**							
23		**SERVICE PERIOD**							
24		**Start: When patient enters office/facility for surgery/procedure:**							
25		**Pre-Service (of service period)**							
26	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L037D	RN/LPN/MTA	0.54			3	
27	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54			3	
28	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54	3		3	
30	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54	2		2	
33	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54	3		2	
34	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54			2	
35		**Intra-service (of service period)**							
36	CA018	Assist physician or other qualified healthcare professional---directly related to physician work time (100%)	L037D	RN/LPN/MTA	0.54	10		20	
40		**Post-Service (of service period)**							
43	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	3		3	
48	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54	3		1	
49	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L037D	RN/LPN/MTA	0.54	1			
50	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54	2			
51	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue	L037D	RN/LPN/MTA	0.54	1			
54	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54			2	
56		**End: Patient leaves office/facility**							
57		**POST-SERVICE PERIOD**							
58		**Start: Patient leaves office/facility**							
59	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54			3	3
74		**End: with last office visit before end of global period**							

	A	B	D	E	F	G	H	I	J
1	RUC Practice Expense Spreadsheet					REFERENCE CODE		RECOMMENDED	
2						20606		64728	
3	Clinical Activity Code	Meeting Date: 01/2025 Revision Date (if applicable): Tab: 14 Specialty: ASSH, ASPS, AAOS, ACR, AANS, CNS, AAPMR, IPSIS, NANS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular,		Decompression; median nerve at the carpal tunnel, percutaneous, with intracarpal tunnel	
4		LOCATION				Non Fac	Facility	Non Fac	Facility
5		GLOBAL PERIOD				000	000	000	000
6		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 34.73	$ -	$ 1,166.14	$ 9.72
7		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	31.0	0.0	44.0	18.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	3.0	0.0	0.0	15.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	28.0	0.0	41.0	0.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	0.0	0.0	3.0	3.0
75	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT					
76		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 14.80	$ -	$ 1,135.51	$ -
77	SA048	pack, minimum multi-specialty visit	5.02	pack				1	
78	SB024	gloves, sterile	0.91	pair		1		2	
79	SB027	gown, staff, impervious	1.186	item				2	
80	SB033	mask, surgical	0.43	item				2	
81	SB012	drape, sterile, for Mayo stand	1.07	item				1	
82	SA088	tray, surgical skin prep, sterile	3.45	tray				1	
83	SB020	drape-towel, sterile OR blue (2 pk uou)	0.83	item				3	
84	SK075	skin marking pen, sterile (Skin Skribe)	1.62	item				1	
85	SC029	needle, 18-27g	0.04	item		2		2	
86	SC051	syringe 10-12ml	0.21	item				1	
87	SH047	lidocaine 1%-2% inj (Xylocaine)	0.06	ml		3		10	
88	SJ053	swab-pad, alcohol	0.04	item		2		1	
89	SJ089	ultrasound transmission gel, sterile (single use)	2.28	item		1		1	
90	SB005	cover-condom, transducer or ultrasound probe	4.46	item		1		1	
91	SB017	drape-sleeve, sterile (4in x 8ft)	0.2	item				1	
92	SF007	blade, surgical (Bard-Parker)	0.68	item				1	
93	NEW	Kit, UltraguideCTR	1099	kit				1	
94	SH067	sodium chloride 0.9% inj (250-1000ml uou)	3.39	item				1	
95	SG074	steri-strip (6 strip uou)	1.54	item				1	
96	SG034	dressing, 3in x 3in (Adaptic)	0.48	item				1	
97	SG056	gauze, sterile 4in x 4in (10 pack uou)	1.2	item		1		1	
98	SG016	bandage, Kerlix, sterile 4.5in	0.56	item				1	
99	SG014	bandage, elastic, self-adherent wrap 1in (Coban)	1.59	item				1	
100	SM012	disinfectant spray (Transeptic)	0.05	ml		10		10	
101	SJ041	povidone soln (Betadine)	0.38	ml		10			
102	SB007	drape, sterile barrier 16in x 29in	0.51	item		1			
103	SC055	syringe 3ml	0.25	item		1			
104	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.41	item		1			
105	SM021	sanitizing cloth-wipe (patient)	0.07	item		2			
109	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute				
110		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ 3.19	$ -	$ 6.87	$ -
111	EQ250	ultrasound unit, portable	41612.533	Default	0.161253857	18		39	
112	EQ168	light, exam	1232.887	Default	0.003271745	21		39	
113	EF023	table, exam	4737.727	Default	0.010538571	21		39	
114	EF015	mayo stand	522.804	Default	0.001162922			39	

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2025

Coronary Atherosclerotic Plaque Assessment – Tab 15

In September 2024, the CPT Editorial Panel approved the addition of a new Category I code to report automated quantification and characterization of coronary atherosclerotic plaque to assess the severity of coronary disease derived from augmentative software analysis with interpretation and report by a physician or qualified health care professional, and the deletion of the four existing Category III codes.

75574 ***Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)***
CPT code 75574 was identified as part of the code family and there was an expectation for this code to be surveyed. The specialty societies declined to survey CPT code 75574 because they do not believe it is part of this family of services. The specialty societies indicated that CPT code 75577 is a distinct and non-overlapping service compared to CPT code 75574 and AI-driven analysis of 75577 is not a reason to survey code 75574. **The RUC submits no recommendation for CPT code 75574**.

75577 ***Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional***
The RUC reviewed the survey results from 129 cardiologists and radiologists and determined that the survey 25th percentile work RVU of 0.85 appropriately accounts for the physician work typically involved in this service. The RUC recommends 5 minutes pre-service time, 15 minutes intra-service time, and 7 minutes post-service time for 27 minutes total time as supported by the survey.

CPT code 75577 describes the quantification and characterization of coronary atherosclerotic plaque to assess the severity of coronary disease which must be derived from augmentative software analysis using data from coronary computed tomographic angiography (CCTA) and then separately interpreted by a physician or other qualified health care professional with a unique report. The additional data from 75577 is used to enhance physician decision-making for treatment planning and it is only ordered if indicated by the CCTA. This service occurs after the original CCTA is interpreted and is typically performed on a different day, frequently by a different physician, due to the delay from software analysis processing time, which can take 3-4 hours.

To justify a work RVU of 0.85, the RUC compared CPT code 75577 to the top key reference service code 75580 *Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional* (work RVU = 0.75, 11 minutes intra-service time and 22 minutes total time) and noted that both codes are cardiac augmentative software analysis codes derived from coronary CT angiography in similar patient populations. The surveyed code has more intra-service and total time and is therefore appropriately valued higher

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than the reference service. The RUC also compared CPT code 75577 to the second key reference service code 93351 *Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional* (work RVU = 1.75, 20 minutes intra-service time and 40 minutes total time) and noted that the reference service is an imaging study with more intra-service and total time and is therefore appropriately valued higher than 75577. The RUC noted that the survey 25th percentile value is appropriately bracketed by the two key reference service codes.

For additional support, the RUC compared CPT code 75577 to MPC code 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86, 10 minutes intra-service time and 20 minutes total time) and noted that the surveyed code has more intra-service and total time, while the comparator code is a nuclear bone scan that involves assessment of a lower complexity imaging and results in a similar amount of physician work due to the lower intra-service time and overall higher intensity. The RUC concluded that CPT code 75577 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 0.85 for CPT code 75577.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made one modification to remove the minutes from CA031 *Review examination with interpreting MD/DO*. The Subcommittee agreed with the standard times of 2 minutes for CA030 *Technologist QC's images in PACS, checking for all images, reformats, and dose page* and 1 minute for CA032 *Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.* The PE Subcommittee acknowledged the new high-cost supply input, *Plaque Characterization Analysis Software*, and did not deem this an indirect expense as it is utilized for the individual patient. **The RUC continues to call on CMS to separately identify and pay for high-cost disposable supplies using appropriate HCPCS codes. The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

New Technology
CPT code 75577 will be placed on the New Technology list and will be re-reviewed by the RUC in three years.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Radiology **Diagnostic Radiology (Diagnostic Imaging)** **Heart**				

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(f)75574	Y1	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) (For noninvasive estimate of coronary fractional flow reserve [FFR] derived from augmentative software analysis of the data set from a coronary computed tomography angiography with interpretation and report by a physician or other qualified health care professional, use 75580) ~~(For automated quantification and characterization of coronary atherosclerotic plaque, see 0623T, 0624T, 0625T, 0626T)~~ (For quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set using data from coronary computed tomographic angiography, use 75577)	XXX	No Recommendation (2025 Work RVU = 2.40)
Automated quantification and characterization of coronary atherosclerotic plaque is a service in which coronary computed tomographic angiography (CTA) data are analyzed using computerized algorithms to assess the extent and severity of coronary artery disease. The computer-generated findings are provided in an interactive format to the physician or other qualified health care professional who performs the final review and report. The coronary CTA is performed and interpreted as a separate service and is not included in the service of automated analysis of coronary atherosclerotic plaque ~~CTA~~.				
●75577	Y2	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional (Use 75577 only once per coronary computed tomography angiogram) (When quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease derived from augmentative software analysis of the data set from a coronary computed tomography angiography with interpretation and report by a	XXX	0.85

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		physician or other qualified health care professional is performed on the same day as the coronary computed tomography angiography, use 75577 in conjunction with 75574)		

Other Procedures

76376 *3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation*

(Use 76376 in conjunction with code[s] for base imaging procedure[s])

(Do not report 76376 in conjunction with 31627, 34839, 70496, 70498, 70544, 70545, 70546, 70547, 70548, 70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261, 74262, 74263, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75635, 75577, 76377, 77046, 77047, 77048, 77049, 77061, 77062, 77063, 78012-78999, 93319, 93355, 0523T, 0559T, 0560T, 0561T, 0562T, ~~0623T, 0624T, 0625T, 0626T,~~ 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0710T, 0711T, 0712T, 0713T)

(For noninvasive arterial plaque analysis using software processing of data from computerized tomography angiography to quantify structure and composition of the vessel wall, including assessment for lipid-rich necrotic core plaque, see 0710T, 0711T, 0712T, 0713T)

76377 *requiring image postprocessing on an independent workstation*

(Use 76377 in conjunction with code[s] for base imaging procedure[s])

(Do not report 76377 in conjunction with 34839, 70496, 70498, 70544, 70545, 70546, 70547, 70548, 70549, 71275, 71555, 72159, 72191, 72198, 73206, 73225, 73706, 73725, 74174, 74175, 74185, 74261, 74262, 74263, 75557, 75559, 75561, 75563, 75565, 75571, 75572, 75573, 75574, 75635, 75577, 76376, 77046, 77047, 77048, 77049, 77061, 77062, 77063, 78012-78999, 93319, 93355, 0523T, 0559T, 0560T, 0561T, 0562T, ~~0623T, 0624T, 0625T, 0626T,~~ 0633T, 0634T, 0635T, 0636T, 0637T, 0638T, 0710T, 0711T, 0712T, 0713T)

(76376, 76377 require concurrent supervision of image postprocessing 3D manipulation of volumetric data set and image rendering)

(For noninvasive arterial plaque analysis using software processing of data from computerized tomography angiography to quantify structure and composition of the vessel wall, including assessment for lipid-rich necrotic core plaque, see 0710T, 0711T, 0712T, 0713T)

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Category III Codes

~~Automated quantification and characterization of coronary atherosclerotic plaque is a service in which coronary computed tomographic angiography (CTA) data are analyzed using computerized algorithms to assess the extent and severity of coronary artery disease. The computer-generated findings are provided in an interactive format to the physician or other qualified health care professional who performs the final review and report. The coronary CTA is performed and interpreted as a separate service and is not included in the service of automated analysis of coronary CTA.~~

~~#0623T Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, using data from coronary computed tomographic angiography; data preparation and transmission, computerized analysis of data, with review of computerized analysis output to reconcile discordant data, interpretation and report~~

~~#0624T data preparation and transmission~~

~~#0625T computerized analysis of data from coronary computed tomographic angiography~~

~~#0626T review of computerized analysis output to reconcile discordant data, interpretation and report~~

~~(Use 0623T, 0624T, 0625T, 0626T one time per coronary computed tomographic angiogram)~~

~~(Do not report 0623T in conjunction with 0624T, 0625T, 0626T)~~

~~(Do not report 0623T, 0624T, 0625T, 0626T in conjunction with 76376, 76377)~~

~~(For noninvasive estimate of coronary fractional flow reserve [FFR] derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional, use 75580)~~

(0623T, 0624T, 0265T, 0626T have been deleted)

(For quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set using data from coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional, use 75577)

0710T Noninvasive arterial plaque analysis using software processing of data from non-coronary computerized tomography angiography; including data preparation and transmission, quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability, data review, interpretation and report

(Do not report 0710T in conjunction with 0711T, 0712T, 0713T)

0711T data preparation and transmission

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0712T	*quantification of the structure and composition of the vessel wall and assessment for lipid-rich necrotic core plaque to assess atherosclerotic plaque stability*
0713T	*data review, interpretation and report*

(Do not report 0710T, 0711T, 0712T, 0713T in conjunction with 75580, 75577, ~~0623T, 0624T, 0625T, 0626T~~)

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December 10, 2024

Ezequiel Silva III, MD
Chair, RVS Update Committee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

RE: Tab 15 - Coronary Atherosclerotic Plaque Assessment

Dear Dr. Silva,

The undersigned societies have submitted work RVU and direct practice expense input recommendations for newly created CPT code 75XX6 *(Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional)* for the January 2025 RUC meeting. On the Level of Interest (LOI) form for this meeting, CPT code 75574 *(Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed))* was identified as part of the code family and there was an expectation for this code to be surveyed. The societies declined to survey CPT code 75574 because we do not believe it meets the criteria as a family.

Our rationale is based on two criteria:

- CPT code 75XX6 is a distinct and nonoverlapping service compared to CPT code 75574
- AI-driven analysis of 75XX6 is not a reason to survey code 75574

The RUC has consistently deferred to the specialties to make code family determinations based on their clinical expertise and knowledge, and we explain our rationale below.

CPT Code 75XX6 Background

CPT code 75XX6 describes the quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease which must be derived from augmentative software analysis using data from coronary CTA (CCTA) and then separately interpreted by a physician or other qualified health care professional with a unique report. The additional data from 75XX6 is used to enhance physician decision-making pertaining to treatment planning. This 75XX6 service is typically performed after original CCTA is interpreted, due to the delay from software analysis processing time. Furthermore, like the workflow for 75580, this new service often requires prior authorization, which can take several days to obtain from the insurer. To avoid incorrect patient billing, prior authorization is needed prior to creating a new order and submitting the case for analysis. Additionally, the patient is notified that the coronary plaque assessment is being ordered and is counseled that they might incur a deductible--as would apply to any imaging test for which the patient needs to give consent before moving forward.

Therefore, the societies believe that it is typical that 75XX6 and 75574 are performed on different days and frequently by different physicians.

Distinct and Nonoverlapping Service

A CPT code family is generally defined as a set of related codes. They may represent different levels of similar services. For example, office visit codes 99211-99215 are a family of increasingly complex evaluation and management services. Codes 75XX6 and 75574 do not have that type of similarity between them. While both codes use the same imaging modality input, they are distinct services providing non-overlapping information regarding specific patient characteristics and are not a de facto family.

CPT code 75XX6 was approved as a distinctly different service than CCTA (75574) at the September 2024 CPT Editorial Panel meeting. The work of 75XX6 requires separate training and expertise with interpretation often performed by different providers at different times, that is outside of core training for radiologists/cardiologists. While the interpretation of this new data does include a comparison to the CCTA, there is no overlap or duplication of work in the two services because the two services examine different elements.

AI-Driven Analysis

CPT code 75XX6 represents the creation of a new standalone procedure that includes novel and distinct AI-driven analysis of previously acquired data. The creation and survey of a new standalone AI code/procedure is not a reason to review 75574 at this time.

With the increasing volume of AI codes coming through the CPT and RUC, this has the potential of repeatedly triggering revaluation of the same code(s) that is deemed part of the "family" without specialty input, which is particularly problematic since many of these AI codes are coming through CPT as industry-sponsored CCAs. In this specific situation, we are concerned that future AI codes utilizing cardiac CTA images could repeatedly identify CPT code 75574 for resurvey, placing an undue burden on societies with limited return on investments to the RUC or CMS.

Looking at just CPT code 75574, this is already the second time in two years that a new standalone AI code has identified 75574 for resurvey. Specifically, when 75580 was created and surveyed for the January 2023 RUC meeting, it also identified 75574 as part of the family.

Thank you for your consideration of this matter and we look forward to discussion with the RUC at the January 2025 RUC meeting.

Sincerely,

Andrew Moriarity, MD
ACR RUC Advisor

Kanae Mukai, MD
SCCT RUC Advisor

Richard Wright, MD
ACC RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:75577 Tracking Number Y2 Original Specialty Recommended RVU: **0.85**
Presented Recommended RVU: **0.85**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.85**

CPT Descriptor: Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 60-year-old male presents to the primary care office with stable chest pain. He has intermediate pre-test likelihood of coronary artery disease. Coronary computed tomography angiography (separately reported) is performed to evaluate for coronary artery disease and automated coronary analysis is ordered to gain additional information regarding severity of coronary atherosclerosis and for improved risk stratification.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the medical record and pertinent clinical history. Review the indication for coronary atherosclerotic plaque assessment, including the necessary diagnostic information in the order, and confirm appropriateness. Review prior applicable imaging studies, including adequacy of the coronary computed tomographic angiography (CCTA) study to be used for plaque analysis. Explain recommendation for coronary atherosclerotic plaque assessment to the patient and obtain informed consent.

Description of Intra-Service Work: Supervise the CT technologist to ensure extraction of the appropriate coronary CTA data and images from the picture archiving and communication system (PACS) and ensure that the appropriate conforming image subsets are identified and collected. Review the augmentative software analysis coronary atherosclerotic plaque assessment preliminary data summary, which involves the transformation of the static CT images for advanced plaque analysis (quantification and characterization of coronary atherosclerotic plaque, also termed AI-QCT) using proprietary algorithms, distinct from the diagnostic output of the underlying coronary CTA. This data is interpreted in conjunction with the patient's medical history, coronary CTA, and any other prior relevant tests and imaging studies. Review coronary CTA and additional images, if applicable, in conjunction with the advanced plaque analysis. Reconcile any discordant data. Assess specific areas of interest, including evaluation of multiple and sequential plaque lesions and characterize the most significant lesion(s). Use this data to determine appropriate treatment recommendation for the patient. Dictate the final report in PACS for the patient's medical record. Enter a note into the patient's chart.

Description of Post-Service Work: Review, edit and sign the report. Discuss results with referring provider, and patient as applicable.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Andrew Moriarity MD; Michael Booker MD, Cindy Yuan MD, Richard Wright MD, Ed Tuohy MD and Kanae Mukai MD.					
Specialty Society(ies):	ACR,SCCT,ACC					
CPT Code:	75577					
Sample Size:	4399	**Resp N:**	129			
Description of Sample:	The ACR surveyed a random sample of 1,000 radiologists from its membership. We also surveyed 57 physicians from the provided vendor lists. The SCCT and ACC surveyed a random sample of 3,234 cardiologists from its combined membership. They also surveyed 108 physicians from the provided vendor lists.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	2.00	**25.00**	90.00	6000.00
Survey RVW:	0.10	0.85	**1.20**	1.80	6.00
Pre-Service Evaluation Time:			**5.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	8.00	**15.00**	20.00	62.00

Immediate Post Service-Time:	**7.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	75577	**Recommended Physician Work RVU: 0.85**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**5.00**	**0.00**	**5.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**15.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**7.00**	**0.00**	**7.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
75580	XXX	0.75	**RUC Time**

CPT Descriptor Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93351	XXX	1.75	**RUC Time**

CPT Descriptor Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	193,289

CPT Descriptor 1 Bone and/or joint imaging; whole body

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
74246	XXX	0.90	**RUC Time**	46,283

CPT Descriptor 2 Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 46 **% of respondents:** 35.6 **%**

Number of respondents who choose 2nd Key Reference Code: 20 **% of respondents:** 15.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 75577	Top Key Reference CPT Code: 75580	2nd Key Reference CPT Code: 93351
Median Pre-Service Time	5.00	5.00	10.00
Median Intra-Service Time	15.00	11.00	20.00
Median Immediate Post-service Time	7.00	6.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**27.00**	**22.00**	**40.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	7%	33%	48%	13%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	9%	33%	59%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	48%	46%
Physical effort required	4%	70%	26%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	15%	52%	33%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	15%	15%	70%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	10%	90%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	15%	85%
Physical effort required	15%	15%	70%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	10%	85%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At their September 2024 meeting, the CPT Editorial Panel approved an industry-submitted application for the creation of a code to describe a technology for advanced plaque analysis (quantification and characterization

of coronary atherosclerotic plaque) that uses algorithms from the dataset of a typically acquired coronary computed tomography angiography scan images.

- 75577 - *Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional*

Code 75577 was assigned an XXX global period.

Survey Process

The American College of Radiology (ACR), American College of Cardiology (ACC) and the Society of Cardiovascular Computed Tomography (SCCT) conducted a random survey of our respective members. We also sent targeted surveys to three vendor lists. All societies assembled an expert panel to review the data and develop the following recommendations.

Work RVU Recommendation

We recommend a work RVU of 0.85, the survey 25th percentile value.

Time Recommendation

We recommend the median survey times of 5 minutes pre-service, 15 minutes intra-service and post-service time of 7 minutes.

CPT Code 75577 Description/Background

CPT code 75577 is typically performed to evaluate for coronary artery disease and automated coronary analysis is ordered to gain additional information regarding the severity of coronary atherosclerosis and for improved risk stratification. A plaque analysis is expected to be ordered for less than 50% of CCTAs.
This 75577 service is typically performed after the original CCTA is interpreted due to the delay in software analysis processing time. The service often requires prior authorization, which can take several days to obtain from the insurer. Additionally, the patient is notified that the coronary plaque assessment is being ordered and is counseled that they might incur a deductible, which would apply to any imaging test to which the patient must consent before moving forward. As a result, it is typical that 75577 is performed on a different day than the CCTA. Frequently, they are performed by different physicians.

Key Reference Services

Our recommendation is bracketed by the following key reference services (KRS):

- 75580 - *Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional*
- 93351 - *Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional*

75580 and 75577 are both cardiac augmentative software analysis codes derived from coronary CT angiography in similar patient populations. 75577 involves more physician work with longer intra-service and total times with overall similar or somewhat great intensity, according to 81% of survey respondents assessing 75577 to 75580.

75577 is a more intensive service than 75580, primarily due to the nature and extent of information that is collected, as well as the clinical implications of the data that is acquired and analyzed. Compared to 75580 where FFRCT values are utilized to describe the expected flow changes across a focal lesion of stenosis, 75577 (plaque analysis) requires the physician to individually characterize more structures (including the coronary lumen, vessel wall, and plaque types across the entire length of each of the individual coronary arteries), quantify various plaque characteristics, assess the plaque severity stage, and provide clinical recommendations based on overall findings and statistics.

The following describes the typical steps required for assessment of plaque in any given coronary artery or vessel greater than 2 mm in diameter (per SCCT guidelines).

1) Once the plaque analysis data summary is generated, the physician will need to recheck the region of interest where plaque analysis is performed, confirm vessels smaller than 2 mm in diameter are not included in the analysis, and will check the centerline for accuracy.
2) The physician will review the contours generated by the semi-automated tools for plaque analysis and adjust the outer contour of the segmented vessel (if positive remodeling is present) and the contour of the vessel lumen, and adjusts the window level display settings as needed.
3) If the study includes coronary stents or chronic total occlusion, the physician will confirm that they are removed from the analysis.
4) Once plaque is identified, the physician needs to confirm that they are correctly classified by the analysis tool as: A) predominantly calcified; B) predominantly non-calcified; C) partially calcified and will adjust the plaque thresholds as needed.
5) The physician needs to determine whether high risk features are present (positive vessel remodeling, low attenuation plaque, spotty calcification, and the napkin ring sign).
6) The physician will then review the vessel statistics and confirm the accuracy of calculations for the total vessel and individual plaque segment.
7) Any variations between the initial CCTA report and the data summary will be reconciled so that there are no discrepancies.
8) Lastly, the physician will report the plaque stage and appropriate clinical recommendation (eg. initiation of medications including statin, ezetimibe, other lipid lowering medications (PCSK-9 inhibitors, icosapent ethyl, inclisiran, bempedoic acid), colchicine, aspirin, rivaroxaban, GLP-1 receptor agonist or SGLT2 inhibitor (for diabetic patients), and cardiac rehabilitation or supervised exercise program.

The image quality requirements are similar between 75577 and 75580. In both cases, physician involvement is crucial to ensure adequate image quality for plaque analysis by minimizing cardiac and respiratory motion artifact and ensuring adequate luminal opacification with contrast. Heart rate reduction and rhythm control will need to be optimized in all cases and 0.8mg sublingual nitroglycerin is recommended.

The society advisors noted that despite being a more intensive service the IWPUT for 75577 of 0.039 is lower than the IWPUT for 75580 (0.046). They dismissed this apparent contradiction because IWPUT is a flawed measure for XXX global codes such as these.

The society advisors acknowledge that IWPUT differences for 75577 and 75580 (0.046) are not as reliable for low intra-service time XXX global codes such as these.

93351 is also an imaging study assessing cardiac disease in similar patient populations, with somewhat more intra-service and total time than 75577. 85% of survey respondents judged 75577 to have higher overall intensity than 93351. The recommended work RVU of 75577 reflects the lower amount of total physician work time.

All three codes are presented for comparison in the following table.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	0.75	22	5	11	6	0.046

75577	**Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional**	**0.85**	**27**	**5**	**15**	**7**	**0.039**
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report; including performance of continuous electrocardiographic monitoring, with supervision by a physician or other qualified health care professional	1.75	40	10	20	10	0.065

MPC Codes

CPT code 75577 compares well with the two MPC codes below:

- 78306 *(Bone and/or joint imaging; whole body)* is a nuclear bone scan which involves assessment of a lower complexity imaging and results in a similar wRVU to the recommended value for 75577 due to the lower intra-service and overall intensity
- 74246 *(Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered)* is a double contrast fluoroscopic upper GI exam which involves assessment of multiple radiographic images. These studies have the same intra-service time and because more images are reviewed in 74246 there is higher wRVU due to the higher intensity.

The surveyed code and the two MPC codes are listed in the table below for comparison.

CPT	Descriptor	wRVU	Total Time	Pre	Intra	Post	IWPUT
75577	**Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional**	0.85	27	5	15	7	0.039
78306	Bone and/or joint imaging; whole body	0.86	20	5	10	5	0.064
74246	Radiologic examination, upper gastrointestinal tract, including scout abdominal radiograph(s) and delayed image(s), when performed; double-contrast (eg, high-density barium and effervescent agent) study, including glucagon, when administered	0.90	22	4	15	3	0.050

Conclusion

The survey results and comparison with applicable codes support the specialties' recommendation of 0.85 RVU with 5 minutes of pre-service, 15 minutes of intra-service, and 7 minutes of post-service time for CPT code 75577.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0623T, 0624T, 0625T, 0626T

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Diagnostic Radiology How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 120000
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. This service described by CPT code 75577 is estimated to be provided 120,000 times nationally in a one-year period. This calculation is completed by multiplying the medicare number by 3.

Specialty Diagnostic Radiology Frequency 70800 Percentage 59.00 %

Specialty Cardiology Frequency 39600 Percentage 33.00 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 40,000 If this is a recommendation from multiple specialties please estimate frequency <u>and percentage</u> for each specialty. Please explain the rationale for this estimate. The service described by CPT code 75577 is estimated to be provided 40,000 times in a one-year period to Medicare patients.

Specialty Diagnostic Radiology Frequency 23600 Percentage 59.00 %

Specialty Cardiology Frequency 13200 Percentage 33.00 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:
Advanced imaging

BETOS Sub-classification Level II:
CAT/CT/CTA: Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 78451

SS Rec Summary

ISSUE: Coronary Atherosclerotic Plaque Assessment

TAB: 15

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the	XXX	Jan-23	46	0.046	0.034			0.75			22	5					11			6					
2nd REF	93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	XXX	Oct-16	20	0.065	0.044			1.75			40	10					20			10					
CURRENT	0623T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of	XXX			-	-			0.00			0	0					0			0					
CURRENT	0624T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of	XXX			-	-			0.00			0	0					0			0					
CURRENT	0625T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of	XXX			-	-			0.00			0	0					0			0					
CURRENT	0626T	Automated quantification and characterization of coronary atherosclerotic plaque to assess severity of	XXX			-	-			0.00			0	0					0			0					
SVY	**75577**	**Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary**	**XXX**		**129**	**0.062**	**0.044**	**0.10**	**0.85**	**1.20**	**1.80**	**6.00**	**27**	**5**			**1**	**8**	**15**	**20**	**62**	**7**	**0**	**2**	**25**	**90**	**6000**
RADIOLOGY	75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from	XXX		7	0.085	0.060	0.85	1.33	1.50	1.78	2.40	25	5			5	10	15	25	30	5	0	5	90	100	400
CARDIOLOGY	75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from	XXX		108	0.063	0.044	0.10	0.85	1.23	1.82	6.00	28	5			1	8	15	20	62	8	0	2	20	50	6000
TARGETED	75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from	XXX		14	0.071	0.048	0.60	0.80	1.00	1.59	2.00	21	5			1	6	11	15	25	5	0	18	53	407	1200
REC	**75577**	**Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional**	**XXX**			**0.039**	**0.031**			**0.85**			**27**	**5**					**15**			**7**					

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 75577
SPECIALTY SOCIETY(IES): ACR, ACC, SCCT
PRESENTER(S): Dr. Andrew Moriarity, Dr. Cindy Yuan, Dr. Richard Wright, Dr. Ed Tuohy, Dr. Kanae Mukai.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: JANUARY 2025

CPT Code	Long Descriptor	Global Period
75577	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software analysis of the data set from a coronary computed tomographic angiography, with interpretation and report by a physician or other qualified health care professional	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
75577	A 60-year-old male presents to the primary care office with stable chest pain. He has intermediate pre-test likelihood of coronary artery disease. Coronary computed tomography angiography (separately reported) is performed to evaluate for coronary artery disease and automated coronary analysis is ordered to gain additional information regarding severity of coronary atherosclerosis and for improved risk stratification.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The American College of Radiology, American College of Cardiology, and the Society of Cardiovascular Computed Tomography convened a panel that included a number of experts familiar with this service to evaluate the direct practice expense inputs for Coronary Atherosclerotic Plaque Assessment.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   This procedure is currently reported with CPT codes 0623T, 0624T, 0625T and 0626T which have no current inputs. The specialty societies have selected CPT code 75580 & 75574 as reference codes. CPT code 75574 involves the underlying CT studies from which the data for 75577 is derived for later analysis, and CPT code 75580 is a similar service to 75577.

   75580 – *(Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional)*

   75574 – *(Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)*

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

NON-FACILITY DIRECT PE INPUTS
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PRESENTER(S): Dr. Andrew Moriarity, Dr. Cindy Yuan, Dr. Richard Wright, Dr. Ed Tuohy, Dr. Kanae Mukai.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. This code is not typically reported with an E/M service.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Diagnostic Radiology
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   N/A
   See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.
   NO

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:
   N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:
   N/A

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 75577
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

- CA011: Technologist educates the patient and obtains informed consent specific to the plaque characterization, in addition to the CCTA. This is necessary because the patient may receive a separate bill/co-pay for the plaque characterization.
- CA014: The technologist must separately confirm the order and protocol the exam for plaque characterization in addition to the order/protocol for 75574.
- CA021: The CT technologist uploads the necessary images from the CCTA to the plaque characterization server. Once the analysis is complete, the technologist uploads the processed images and reports back into PACS for review by the physician. The administration of nitrate is included in code 75574. The plaque characterization platform is not typically native to the CT scanner software or to the facility IT environment. The technologist may have several steps dictated by PHI and cybersecurity policies to direct the patient's data into the vendor's platform. This may involve physical media (e.g., creating USB drives or optical media) to be sent to the vendor, multistep internal processes to shepherd patient data safely from one internal facility software system to another internal software system connected to the outside vendor, or, in the simplest scenario, a direct connection between the CT scanner or PACS and the outside vendor platform. Although the last scenario is the simplest, it is less common during the early adoption of outside-vendor technology, and many sites will rely on a more complicated method for transmitting data securely.
- CA030: Technologist QCs images in PACS before alerting the physician that these images are ready for review.
- CA031: Technologist notifies the physician that the plaque characterization is ready and discusses any issues with the physician.
- CA032: Technologist scans documents into PACS and completes the plaque characterization exam in the RIS.

    c. Post-service period:

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 75577
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

- CA021: The CT technologist uploads the necessary images from the CCTA to the plaque characterization server. Once the analysis is complete, the technologist uploads the processed images and report back into PACS for review by the physician. The technologist may have quality control related questions from the vendor that may require additional data transmission of alternative series or new reconstructions of the original dataset. If the vendor is unable to process a dataset, there may be communication with the technologist (and ultimately the physician) to decide how to proceed (e.g., partial analysis of the data or reject analysis altogether). Any vendor questions (e.g., additional questions regarding patient history and prior procedures) would initially be fielded by the technologist managing facility-vendor transmission.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 75577
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

Plaque Characterization Analysis Software - supply used to create a 3D image of patient's coronary arteries non-invasively to provide novel assessment of coronary artery plaque characterization to aid in reporting and analysis. The invoice represents the per-patient fee paid by the physician for the plaque data analysis summary generated by the vendor.

18. Are you recommending a PE supply pack for this recommendation? Yes or (No.)
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

NO

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

• Technologist PACS Workstation (ED050) – PACS Formula, equal to service period clinical staff time • Professional PACS Workstation (ED053) – equals ½ of physician pre-time + physician intra time

NON-FACILITY DIRECT PE INPUTS
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

NO

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

At the RUC meeting line 72 (CA031-Review examination with interpreting MD/DO) – 2 mins was removed in code 75577 in the non-facility column.

There was discussion at the table that these two minutes were not needed for this service because the technologist is not directly discussing the vendor output with the interpreting physician when they are performing the required activities in CA030 and CA032 in order to QC the images that are loaded into PACS and complete the required uploading of documents into PACS and completing the examination in the RIS to populate the imaging work queue.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	I	K	M
1	**RUC Practice Expense Spreadsheet**					**TO BE DELETED CURRENT**	**TO BE DELETED CURRENT**	**TO BE DELETED CURRENT**	**TO BE DELETED CURRENT**
2						**0623T**	**0624T**	**0625T**	**0626T**
3		***RUC Collaboration Website***				Automated quantification and characterization of coronary atherosclerotic plaque to assess	Automated quantification and characterization of coronary atherosclerotic plaque to assess	Automated quantification and characterization of coronary atherosclerotic plaque to assess	Automated quantification and characterization of coronary atherosclerotic plaque to assess
4	**Clinical Activity Code**	**Meeting Date: JANUARY 2025 Revision Date (if applicable): Tab: 15 Specialty:ACR, SCCT, ACC**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**				**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L046A	CT Technologist	0.784	**0.0**	**0.0**	**0.0**	**0.0**
10			L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**
12			L051A	RN	0.76	**0.0**	**0.0**	**0.0**	**0.0**
13			L046A	CT Technologist	0.784	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L046A	CT Technologist	0.784	**0.0**	**0.0**	**0.0**	**0.0**
15		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**
16		**PRE-SERVICE PERIOD**							
17		**Start: Following visit when decision for surgery/procedure made**							
18	CA001	Complete pre-service diagnostic and referral forms							
19	CA002	Coordinate pre-surgery services (including test results)							
20	CA003	Schedule space and equipment in facility							
21	CA004	Provide pre-service education/obtain consent							
22	CA005	Complete pre-procedure phone calls and prescription							
23	CA006	Confirm availability of prior images/studies							
24	CA007	Review patient clinical extant information and questionnaire							
25	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54				
26									
32		**End: When patient enters office/facility for surgery/procedure**							
33		**SERVICE PERIOD**							
34		**Start: When patient enters office/facility for surgery/procedure:**							
35		**Pre-Service (of service period)**							
36	CA009	Greet patient, provide gowning, ensure appropriate medical records are							
37	CA010	Obtain vital signs							
38	CA011	Provide education/obtain consent	L046A	CT Technologist	0.784				
39	CA012	Review requisition, assess for special needs							
40	CA013	Prepare room, equipment and supplies							
41	CA014	Confirm order, protocol exam	L046A	CT Technologist	0.784				
42	CA015	Setup scope (nonfacility setting only)							
43	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
44	CA017	Sedate/apply anesthesia							
45									
51		**Intra-service (of service period)**							
52	CA018	Assist physician or other qualified healthcare professional---directly							
53	CA019	Assist physician or other qualified healthcare professional---directly							
54	CA020	Assist physician or other qualified healthcare professional---directly							
55	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54				
56	CA021	Perform procedure/service---NOT directly related to physician work time	L046A	CT Technologist	0.784				
57	CA021	Perform procedure/service---NOT directly related to physician work time	L051A	RN	0.76				
58									
62		**Post-Service (of service period)**							
63	CA022	Monitor patient following procedure/service, multitasking 1:4							
64	CA023	Monitor patient following procedure/service, no multitasking							
65	CA024	Clean room/equipment by clinical staff							
66	CA025	Clean scope							
67	CA026	Clean surgical instrument package							
68	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions							
69	CA028	Review/read post-procedure x-ray, lab and pathology reports							
70	CA029	Check dressings, catheters, wounds							
71	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	L046A	CT Technologist	0.784				
72	CA031	Review examination with interpreting MD/DO	L046A	CT Technologist	0.784				
73	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	L046A	CT Technologist	0.784				
74	CA033	Perform regulatory mandated quality assurance activity (service period)							
75	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry							
76	CA035	Review home care instructions, coordinate visits/prescriptions							
77	CA036	Discharge day management				**n/a**	**n/a**	**n/a**	**n/a**
78									
84		**End: Patient leaves office/facility**							
85		**POST-SERVICE PERIOD**							

	A	B	D	E	F	G	I	K	M
1	**RUC Practice Expense Spreadsheet**					**TO BE DELETED CURRENT**	**TO BE DELETED CURRENT**	**TO BE DELETED CURRENT**	**TO BE DELETED CURRENT**
2						**0623T**	**0624T**	**0625T**	**0626T**
3		***RUC Collaboration Website***				Automated quantification and characterization of coronary atherosclerotic plaque to assess	Automated quantification and characterization of coronary atherosclerotic plaque to assess	Automated quantification and characterization of coronary atherosclerotic plaque to assess	Automated quantification and characterization of coronary atherosclerotic plaque to assess
4	**Clinical Activity Code**	**Meeting Date: JANUARY 2025 Revision Date (if applicable): Tab: 15 Specialty:ACR, SCCT, ACC**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**				**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L046A	CT Technologist	0.784	**0.0**	**0.0**	**0.0**	**0.0**
10			L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**
12			L051A	RN	0.76	**0.0**	**0.0**	**0.0**	**0.0**
13			L046A	CT Technologist	0.784	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L046A	CT Technologist	0.784	**0.0**	**0.0**	**0.0**	**0.0**
103	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
104		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**
105	SA048	pack, minimum multi-specialty visit	5.02	pack					
106		> paper, exam table							
107		> gloves, non-sterile							
108		> gown, patient							
109		> pillow case							
110		> cover, thermometer probe							
111	SC019	iv tubing (extension)	0.84	foot					
112	SC027	needle, 18-19g, filter	0.21	item					
113	SC051	syringe 10-12ml	0.21	item					
114	SD145	cannula, anterior chamber, 18-27g	3.21	item					
115	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.41	item					
116	SG050	gauze, non-sterile 2in x 2in	0.56	item					
117	SH065	sodium chloride 0.9% flush syringe	0.68	item					
118	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	0.82	item					
119	SJ019	electrode adhesive disk	0.21	item					
120	SJ020	electrode conductive gel	0.05	ml					
121	SJ053	swab-pad, alcohol	0.04	item					
122	**NEW**	**Plaque Characterization Analysis Software**	**1500**	item					
123									
124	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
125		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**
126	ED053	Professional PACS Workstation	15467.7	Other Formula	0.06129				
127	ED050	Technologist PACS workstation	5557	PACS	0.02202				
128	ED032	printer, laser, paper	1014.25		0.00402				
129	ER081	Calcium Scoring Software	55000		0.2084				
130	ER079	Power Injector for CT Contrast	36359.1		0.1409				
131	ER072	64 Slice CT Scanner	665843		2.52289				
132	EQ317	Monitoring Equipment	126000		0.47742				
133	EQ315	Left Ventricular Function Software	45000		0.17438				
134	EQ298	Coronary CTA Post Process Software	65000		0.24629				
135	EQ088	contrast media warmer	552		0.00178				
136		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*							

	A	B	O	Q	S
1	RUC Practice Expense Spreadsheet		CURRENT CODE	REFERENCE CODE	RECOMMENDED
2			75574	75580	75577
3		***RUC Collaboration Website***	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present)	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software
4	**Clinical Activity Code**	**Meeting Date: JANUARY 2025 Revision Date (if applicable): Tab: 15 Specialty:ACR, SCCT, ACC**			
5		**LOCATION**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 256.42**	**$ 15.11**	**$ 1,509.94**
8		**TOTAL CLINICAL STAFF TIME**	**116.0**	**18.0**	**11.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
10			**2.0**	**0.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**16.0**	**0.0**	**0.0**
12			**36.0**	**5.0**	**0.0**
13			**62.0**	**13.0**	**11.0**
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
15		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 85.69**	**$ 13.99**	**$ 8.62**
16		**PRE-SERVICE PERIOD**			
17		**Start: Following visit when decision for surgery/procedure made**			
18	CA001	Complete pre-service diagnostic and referral forms			
19	CA002	Coordinate pre-surgery services (including test results)			
20	CA003	Schedule space and equipment in facility			
21	CA004	Provide pre-service education/obtain consent			
22	CA005	Complete pre-procedure phone calls and prescription			
23	CA006	Confirm availability of prior images/studies			
24	CA007	Review patient clinical extant information and questionnaire			
25	CA008	Perform regulatory mandated quality assurance activity (pre-service)	2		
26					
32		**End: When patient enters office/facility for surgery/procedure**			
33		**SERVICE PERIOD**			
34		**Start: When patient enters office/facility for surgery/procedure:**			
35		**Pre-Service (of service period)**			
36	CA009	Greet patient, provide gowning, ensure appropriate medical records are			
37	CA010	Obtain vital signs			
38	CA011	Provide education/obtain consent		2	2
39	CA012	Review requisition, assess for special needs			
40	CA013	Prepare room, equipment and supplies			
41	CA014	Confirm order, protocol exam		1	1
42	CA015	Setup scope (nonfacility setting only)			
43	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient			
44	CA017	Sedate/apply anesthesia			
45					
51		**Intra-service (of service period)**			
52	CA018	Assist physician or other qualified healthcare professional---directly			
53	CA019	Assist physician or other qualified healthcare professional---directly			
54	CA020	Assist physician or other qualified healthcare professional---directly			
55	CA021	Perform procedure/service---NOT directly related to physician work time	16		
56	CA021	Perform procedure/service---NOT directly related to physician work time	62	5	5
57	CA021	Perform procedure/service---NOT directly related to physician work time	36	5	
58					
62		**Post-Service (of service period)**			
63	CA022	Monitor patient following procedure/service, multitasking 1:4			
64	CA023	Monitor patient following procedure/service, no multitasking			
65	CA024	Clean room/equipment by clinical staff			
66	CA025	Clean scope			
67	CA026	Clean surgical instrument package			
68	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions			
69	CA028	Review/read post-procedure x-ray, lab and pathology reports			
70	CA029	Check dressings, catheters, wounds			
71	CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page		2	2
72	CA031	Review examination with interpreting MD/DO		2	**0**
73	CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.		1	1
74	CA033	Perform regulatory mandated quality assurance activity (service period)			
75	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry			
76	CA035	Review home care instructions, coordinate visits/prescriptions			
77	CA036	Discharge day management	**n/a**	**n/a**	**n/a**
78					
84		**End: Patient leaves office/facility**			
85		**POST-SERVICE PERIOD**			

	A	B	O	Q	S
1	**RUC Practice Expense Spreadsheet**		**CURRENT CODE**	**REFERENCE CODE**	**RECOMMENDED**
2			**75574**	**75580**	**75577**
3		***RUC Collaboration Website***	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present)	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography	Quantification and characterization of coronary atherosclerotic plaque to assess severity of coronary disease, derived from augmentative software
4	**Clinical Activity Code**	**Meeting Date: JANUARY 2025 Revision Date (if applicable): Tab: 15 Specialty:ACR, SCCT, ACC**			
5		**LOCATION**	**Non Fac**	**Non Fac**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 256.42**	**$ 15.11**	**$ 1,509.94**
8		**TOTAL CLINICAL STAFF TIME**	**116.0**	**18.0**	**11.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
10			**2.0**	**0.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**16.0**	**0.0**	**0.0**
12			**36.0**	**5.0**	**0.0**
13			**62.0**	**13.0**	**11.0**
14		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**
103	**Supply Code**	**MEDICAL SUPPLIES**			
104		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 13.90**	**$ -**	**$ 1,500.00**
105	SA048	pack, minimum multi-specialty visit	1		
106		> paper, exam table			
107		> gloves, non-sterile			
108		> gown, patient			
109		> pillow case			
110		> cover, thermometer probe			
111	SC019	iv tubing (extension)	1		
112	SC027	needle, 18-19g, filter	3		
113	SC051	syringe 10-12ml	1		
114	SD145	cannula, anterior chamber, 18-27g	1		
115	SG021	bandage, strip 0.75in x 3in (Bandaid)	1		
116	SG050	gauze, non-sterile 2in x 2in	1		
117	SH065	sodium chloride 0.9% flush syringe	2		
118	SH068	sodium chloride 0.9% inj bacteriostatic (30ml uou)	1		
119	SJ019	electrode adhesive disk	3		
120	SJ020	electrode conductive gel	1		
121	SJ053	swab-pad, alcohol	4		
122	**NEW**	**Plaque Characterization Analysis Software**			1
123					
124	**Equipment Code**	**EQUIPMENT**			
125		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 156.83**	**$ 1.11**	**$ 1.31**
126	ED053	Professional PACS Workstation	35	13.5	18
127	ED050	Technologist PACS workstation	62	13	11
128	ED032	printer, laser, paper			
129	ER081	Calcium Scoring Software	29		
130	ER079	Power Injector for CT Contrast	43		
131	ER072	64 Slice CT Scanner	43		
132	EQ317	Monitoring Equipment	43		
133	EQ315	Left Ventricular Function Software	29		
134	EQ298	Coronary CTA Post Process Software	29		
135	EQ088	contrast media warmer	2		
136		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: Services with Stand-Alone PE Procedure Time (77014-77412)*
Screen: CMS-Other - Utilization over 20,000 (G6001-G6016)*

January 2025

Radiation Oncology Treatment Delivery – Tab 16

In October 2020, the RUC Relativity Assessment Workgroup (RAW) identified CPT codes G6012-G6015 as CMS/Other source with 2019 estimated Medicare utilization over 20,000. In January 2021, the RUC recommended the RAW review these services in two years (September 2023) after the CMS-issued *Radiation Oncology Advance Payment Model (RO Model)* is initiated (which includes these codes). The specialty society continued to advocate for the RUC recommended values and direct PE inputs for the existing CPT codes. In September 2023, the RAW reviewed the action plan for CPT codes G6012-G6015 and noted that in 2022 the CMS Innovation Center delayed the RO Model. The American Society for Radiation Oncology (ASTRO) began developing an episode-based alternative payment approach for radiation therapy services called Radiation Oncology Case Rate (ROCR). Thus, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The RAW disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations, and the inputs may not represent the services as they are currently performed. The RAW discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define the services and attempt to address CMS' concerns. The RAW referred radiation treatment delivery services G6001-G6017, 77402, 77407, 77412, 77385, 77386, 77387 and 77014 to the CPT Editorial Panel for revision.

In September 2024, the CPT Editorial Panel reviewed the radiation oncology code change application (CCA) which proposed to establish a technique agnostic family of codes and bundle imaging into all three services. The Panel approved the revision of 77402, 77407 and 77412 and the deletion of existing codes 77385, 77386 and 77014. The related guidelines and tables were updated to reflect the consolidated services for radiation treatment delivery. The specialty societies also requested that CMS delete the related G-codes G6001-G6017. The five-code family was surveyed for the January 2025 RUC meeting. Only CPT code 77387 was surveyed for physician work.

77387 ***Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed***
The RUC reviewed the survey results from 102 radiation oncologists and determined that the survey 25th percentile work RVU of 0.70 appropriately accounts for the physician work typically required to perform this service. The work of CPT code 77387 involves clinical interpretation of the positional relationship of the planned isodose versus what would be the actual isodose distribution. This is accomplished by examining the images acquired immediately prior to treatment delivery and their relationship to the images acquired at simulation, and if any over or underdosing at the targeted isocenter and adjacent organs at risk is likely, similar to diagnostic radiology. The RUC recommends 3 minutes pre-service time, 10 minutes intra-service time, and 3 minutes immediate post-service time for 16 minutes total time as supported by the survey.

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To justify a work RVU of 0.70, the RUC compared CPT code 77387 to the top key reference service code 76377 *3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation* (work RVU = 0.79, 15 minutes intra-service time and 25 minutes total time) and noted that the reference service has more intra-service time and total time and is appropriately valued higher than the surveyed code. Nonetheless, the RUC noted that 92% of the survey respondents that selected the first key reference service rated 77387 as identical or more intense and complex overall relative to the reference code. The RUC also compared CPT code 77387 to the second key reference service code 72192 *Computed tomography, pelvis; without contrast material* (work RVU = 1.09, 10 minutes intra-service time and 18 minutes total time) and noted the identical intra-service time and similar total time, yet the reference code is more intense, justifying a higher work value than 77387.

For additional support, the RUC compared CPT code 77387 to MPC code 99212 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.* (work RVU = 0.70, 11 minutes intra-service time and 16 minutes total time) noting the strong comparison in the amount of physician work, similar intra-service time and identical total time. The RUC also compared 77387 to MPC code 78306 *Bone and/or joint imaging; whole body* (work RVU = 0.86, 10 minutes intra-service time and 20 minutes total time) and noted that the intra-service time is identical, yet the reference code has greater intensity and total time and is therefore appropriately valued higher than the surveyed code. The RUC offered another diagnostic radiology code 77076 *Radiologic examination, osseous survey, infant* (work RVU = 0.70, 10 minutes intra-service time and 18 minutes total time) for additional support, noting the services require the same amount of physician work and intra-service time.

The RUC noted that within radiation oncology services, the intensity of 77387 is most like the intensity for the planning code 77301 *Intensity modulated radiotherapy plan, including dose-volume histograms for target and critical structure partial tolerance specifications* (work RVU = 7.99, 130 minutes intra-service time and 195 minutes total time). The specialties explained that this makes sense as the intensity for work of 77387, analyzing how images acquired immediately prior to treatment delivery would affect the fraction specific dose delivered to targets and organs at risk, should be the same as the intensity for work of analyzing the total dose delivered to targets and organs at risk during the creation of the initial plan in 77301.

The RUC concluded that CPT code 77387 should be valued at the 25th percentile work RVU as supported by the survey and to maintain relativity within the services with similar XXX surveyed codes with 10 minutes of intra-service time. **The RUC recommends a work RVU of 0.70 for CPT code 77387.**

Practice Expense

A custom Practice Expense (PE) survey was created for CPT codes 77402, 77407, 77412. The specialties conducted a practice expense survey, with a Research Subcommittee approved tool, for CPT codes 77402, 77407 and 77412. The specialties also convened a consensus panel that included physicians and clinical staff who perform radiation oncology procedures in both the non-facility and facility settings. The consensus panel developed the direct practice expense recommendations for CPT codes 77402, 77407 and 77412 based on the survey data, best practices and current AMA RUC/PE guidelines. CPT code 77417 is a radiation oncology service with stand-alone procedure time, however, the equipment used

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is not over $1M. As such, the specialties used the consensus panel to develop direct practice expense recommendations for 77417 based on best practices and current AMA RUC/PE guidelines. CPT code 77387 is a PC/TC code. As such, the specialties used the consensus panel to develop direct practice expense recommendations for 77387 based on best practices and current AMA RUC/PE guidelines.

For CPT codes 77402, 77407 and 77412, the RUC reviewed the survey results from over 75 radiation oncologists and noted that the descriptions of work in the PE SOR clearly outline the duties of the two L050C *Radiation Therapists* in CA021 *Perform procedure/service---NOT directly related to physician work time.* The Subcommittee agrees that radiation therapists are doing concurrent, but distinct clinical activities critical in performing the service, and the PE SOR states that the current CMS policy is two radiation therapists for treatment delivery.

The PE Subcommittee reviewed the practice expense recommendations for the code family and approved the inputs with no modifications. The PE Subcommittee acknowledged the updated pricing information submitted for the following three existing equipment inputs: ER056 *Radiation Treatment Vault*, ER065 *Water Chiller (radiation treatment)* and ER089 *IMRT Accelerator* as well as the specialties request to rename ER089 to "Radiation Treatment Delivery Linear Accelerator." **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

G-Codes
The RUC requests that CMS delete G6001-G6017 since CPT codes 77402, 77407, 77412 and 77417 have been revised and may be used to report these services instead.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Nervous System **Stereotactic Radiosurgery (Cranial)** *Cranial stereotactic radiosurgery…* *Cranial stereotactic…* *Codes 61796 and 61797…* … (For intensity modulated beam delivery plan ~~and treatment~~, ~~see~~ use 77301~~, 77385, 77386~~. For stereotactic body radiation therapy, see 77373, 77435)... **Stereotactic Radiosurgery (Spinal)**				

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Spinal stereotactic radiosurgery is…

Spinal stereotactic…

Stereotactic spinal surgery…

…

(For intensity modulated beam delivery plan ~~and treatment~~, ~~see~~ use 77301~~, 77385, 77386~~. For stereotactic body radiation therapy, see 77373, 77435)

…

Radiology
Radiologic Guidance
Computed Tomography Guidance

D77014	-	~~Computed tomography guidance for placement of radiation therapy fields~~ ~~(For placement of interstitial device[s] for radiation therapy guidance, see 31627, 32553, 49411, 55876)~~ (77014 has been deleted. To report, use 77387)	~~XXX~~	~~(2025 Work RVU = 0.00)~~

Radiation Oncology
Medical Radiation Physics, Dosimetry,
Treatment Devices, and Special Services

77338 *Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan*

~~(Do not report 77338 in conjunction with 77385 for compensator based IMRT)~~

(Do not report 77338 more than once per IMRT plan)

(For immobilization in IMRT treatment, see 77332-77334)

Stereotactic Radiation Treatment Delivery

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77373 *Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions*

(Do not report 77373 in conjunction with ~~77385, 77386, *77401,*~~ 77402, 77407, 77412)

(*For single fraction cranial lesion[s], see 77371, 77372)*

Radiation Treatment Delivery

Following dosimetry calculations, there are a number of alternative methods to deliver external beam radiation treatments, which are described with specific CPT codes:

- ~~X-ray (~~Superficial and orthovoltage X-rays ~~photon), including conventional and intensity modulated radiation therapy (IMRT) beams;~~
- Electron beams;
- Neutron beams;
- Proton beams;~~.~~
- Megavoltage photons.

~~*For superficial or orthovoltage X-rays, use 77401*~~

All treatment delivery codes are reported once per treatment session. The treatment delivery codes recognize technical-only services. ~~and contain no physician work (the professional component). In contrast,~~ The treatment management codes contain ~~only~~ the professional component.

Radiation treatment delivery with conventional X-ray or electron beams is assigned levels of complexity based on the number of treatment sites and the complexity of the treatment delivery. Complexity refers to the time and effort of therapists, physicians and physicists to effect safe delivery. ~~and complexity of the treatment fields, blocking, wedges, and physical or virtual tissue compensators. A simple block is straight-edged or an approximation of a straight edge created by a multileaf collimator (MLC).~~ Neither e~~E~~nergy of the megavoltage (≥ 1 MeV) beam nor technique (3D, IMRT or VMAT) ~~does not~~ contributes to complexity. ~~Techniques such as treating a field-in-field to ensure dose homogeneity reflect added complexity.~~

~~Energies below the megavoltage range may be used in the treatment of skin lesions. Superficial radiation energies (up to 200 kV) may be generated by a variety of technologies and should not be reported with megavoltage (77402, 77407, 77412) for surface application. Do not report clinical treatment planning (77261, 77262, 77263), treatment devices (77332, 77333, 77334), isodose planning (77306, 77307, 77316, 77317, 77318), physics consultation (77336), or radiation treatment management (77427, 77431, 77432, 77435, 77469, 77470, 77499) with 77401, 0394T, or 0395T. When reporting 77401 alone, evaluation and management, when performed, may be reported with the appropriate E/M codes.~~

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Radiation may be delivered to a primary malignant site, to a primary malignant site plus the draining lymph nodes at risk for disease involvement, for palliative care or benign diseases.

2-dimensional radiation therapy (2D RT) is delivered with uniform radiation beam intensities and radiation delivery set-up, either by surface anatomic landmarks or bony landmarks with kilovoltage or megavoltage imaging. 3-dimensional conformal radiation therapy (3D CRT) uses volumetric imaging to identify targets and organs at risk (OAR). Using volumetric imaging 3D CRT utilizes computer-based photon beam arrangements to create more conformal dose distributions than 2D RT. In both 2D and 3D therapy, a uniform photon beam is used to deliver therapy. 2D RT and 3D CRT differ by complexity of the beam arrangements and identification of target(s) and sparing of OAR.

For 3D conformal radiation therapy, OAR should be identified and radiation dose evaluated using a dose-volume histogram.

Intensity modulated radiation therapy (IMRT) uses computer-based optimization techniques with non-uniform radiation beam intensities to create highly conformal dose distributions that can be delivered by a radiotherapy treatment machine. A number of technologies, including spatially and temporally modulated beams, cylindrical beamlets, dynamic MLC, single or multiple fields or arcs (volumetric arc therapy [VMAT]), or compensators, may be used to generate IMRT. The complexity of IMRT varies ~~may vary~~ depending on the area being treated, the number of targets identified, differential doses delivered, or the technique being used.

Image-guided radiation therapy (IGRT) may be used to direct the radiation beam and to observe ~~reflect~~ target or OAR position ~~motion~~ prior to and/or during treatment. A variety of techniques may be used to perform this guidance including imaging (eg, ultrasound, CT, MRI, stereoscopic X-ray imaging) and other techniques ~~non-imaging~~ (eg, electromagnetic or infrared) ~~techniques~~. Guidance may be used with any radiation treatment delivery technique ~~and is typically used with IMRT delivery~~. ~~IMRT delivery codes include the technical component of guidance or tracking, if performed.~~ Because only the technical portion of IGRT is bundled into radiation treatment delivery (77402, 77407, 77412) ~~IMRT~~, the physician involvement in guidance or tracking may be reported separately. ~~When guidance is required with conventional radiation treatment delivery, both the professional and technical components are reported because neither component of guidance is bundled into conventional radiation treatment delivery services.~~

Isocenter

As a starting point the patient is positioned as specified in the plan to the reference point of the treatment machine coordinate system, hereinafter identified by the term “isocenter”. Prior to treatment delivery the patient position relative to the isocenter requires image verification. If a shift in the patient relative to the isocenter is necessary for additional treatment volumes, as described in the patient isodose plan(s), this would be a second isocenter.

Active Motion Management

Treatment delivery with active motion management (77412) includes intra-fraction localization and tracking of the target(s) or patient motion to optimize beam delivery (eg, intrafraction motion, surface guidance). Intrafraction motion management utilizes fiducials or imaging to monitor the target or organs at risk during the breathing cycle (eg, during a deep inspiration breath hold). This method minimizes organ motion and allows more accurate delivery of radiation to mobile targets and active avoidance of organs at risk.

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Surface Guidance

Surface guidance for active motion management is a technique that allows the linear accelerator to perform gating (eg, optical) during treatment delivery using the body surface contour as a surrogate for internal target motion and OAR avoidance. Surface guidance is one method to effect active motion management although there are other methods as well.

Note: This is NOT for patient set up prior to treatment delivery (eg, not to replace tattoos).

The technical and professional components of guidance are handled differently with each radiation delivery code depending on the type of radiation being administered as the timing and complexity of physician involvement varies. The **Radiation Management and Treatment Table** is provided for clarity.

Definitions

Radiation Treatment Delivery, megavoltage (≥ 1 MeV), any energy

Level 1 ~~***Simple:***~~ ~~All of the following criteria are met (and none of the complex or intermediate criteria are met): single treatment area, one or two ports, and two or fewer simple blocks.~~ Any photon 2D radiation therapy delivered with uniform radiation beam intensities and radiation delivery set up, either by surface anatomic landmarks or bony landmarks with kilovoltage or megavoltage imaging OR any electron therapy not meeting Level III criteria.

Level 2 ~~***Intermediate:***~~ Any photon therapy, delivered with 3D CRT or IMRT to a single isocenter. ~~of the following criteria are met (and none of the complex criteria are met): 2 separate treatment areas,3 or more ports on a single treatment area, or 3 or more simple blocks~~. Note: Does not include active motion management.

Level 3 ~~***Complex:***~~ Any photon therapy with active motion management, including 3D CRT or IMRT OR any photon delivery with 3D CRT or IMRT to 2 separate isocenters OR ~~of the following criteria are met: 3 or more separate~~ total skin electrons OR mixed electron and photon fields. ~~treatment areas, custom blocking, tangential ports, wedges, rotational beam, field-in-field or other tissue compensation that does not meet IMRT guidelines, or electron beam.~~

Codes 77402, 77407, 77412 ~~IMRT~~, ~~any energy,~~ include~~s~~ the technical services for imaging guidance.

~~***Simple:*** Any of the following: prostate, breast, and all sites using physical compensator based IMRT.~~

~~***Complex:*** Includes all other sites if not using physical compensator based IMRT.~~

To report stereotactic body radiation therapy, treatment delivery, use 77373.

▲77402	Z1	Radiation treatment delivery~~;~~, Level 1 ~~≥1 MeV; simple~~ (eg, single electron field, multiple electron fields, or 2D photons), including imaging guidance, when performed ~~(Do not report 77402 in conjunction with 77373)~~	XXX	PE Only (2025 Work RVU = 0.00)

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▲77407	Z2	Level 2 ~~intermediate~~, single isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed ~~(Do not report 77407 in conjunction with 77373)~~	XXX	PE Only (2025 Work RVU = 0.00)
▲77412	Z3	Level 3 ~~complex~~, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) OR a single isocenter photon therapy (eg, 3D or IMRT) with active motion management, OR total skin electrons, OR mixed electron/photon field(s), including imaging guidance, when performed (Do not report 77402, 77407, 77412 in conjunction with 77373)	XXX	PE Only (2025 Work RVU = 0.00)
(f)77417	Z4	Therapeutic radiology port image(s) (For intensity modulated treatment planning, use 77301)	XXX	PE Only (2025 Work RVU = 0.00)
D77385	-	~~Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple~~ ~~(To report professional component [PC] of guidance and tracking, use 77387 with modifier 26)~~	~~XXX~~	~~(2025 Work RVU = 0.00)~~
D77386	-	~~complex~~ ~~(To report professional component [PC] of guidance and tracking, use 77387 with modifier 26)~~ ~~(Do not report 77385, 77386 in conjunction with 77371, 77372, 77373)~~ (77385, 77386 have been deleted. To report, see 77402, 77407, 77412)	~~XXX~~	~~(2025 Work RVU = 0.00)~~
(f)77387	Z5	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed (Do not report technical component [TC] with ~~77385, 77386,~~ 77371, 77372, 77373, 77402, 77407, 77412) (For placement of interstitial device[s] for radiation therapy guidance, see 31627, 32553, 49411, 55876)	XXX	0.70 (2025 Work RVU = N/A currently, not valid for Medicare purposes)

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Category	*Code*	*Descriptor*	*IGRT TC (77387-TC) Bundled into Code?*	*IGRT PC (77387-PC) Bundled into Code?*	*Code Type (Technical/Professional)*
SRS: *Stereotactic radiosurgery* *IMRT: Intensity modulated radiation therapy* *TC: Technical component*				*SBRT: Stereotactic body radiation therapy* *IGRT: Image guided radiation therapy* *PC: Professional component (modifier 26)*	
Radiation Treatment Management	*77427*	*Treatment Management, 1–5 Treatments*	*N*	*N*	*Professional*
	77431	*Treatment Management, 1–2 Fractions*	*N*	*N*	*Professional*
	77432	*SRS Management, Cranial Lesion(s)*	*N*	*Y*	*Professional*
	77435	*SBRT Management*	*N*	*Y*	*Professional*
SRS Treatment Delivery	*77371*	*SRS Multisource 60 Based*	*Y*	*N*	*Technical*
	77372	*SRS Linear Based*	*Y*	*N*	*Technical*
SBRT Treatment Delivery	*77373*	*SBRT, 1 or More Lesions, 1-5 Fractions*	*Y*	*N*	*Technical*
Radiation Treatment Delivery	~~*77401*~~	~~*Superficial and/or Ortho Voltage*~~	~~*N*~~	~~*N*~~	~~*Technical*~~
	77402	Radiation Treatment Delivery, ~~Simple~~ Level 1	~~N~~ Y	N	Technical
	77407	Radiation Treatment Delivery, ~~Intermediate~~ Level 2	~~N~~ Y	N	Technical
	77412	Radiation Treatment Delivery, ~~Complex~~ Level 3	~~N~~ Y	N	Technical

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	~~IMRT Treatment Delivery~~	~~77385~~	~~IMRT Treatment Delivery, Simple~~	~~Y~~	~~N~~	~~Technical~~	
		~~77386~~	~~IMRT Treatment Delivery, Complex~~	~~Y~~	~~N~~	~~Technical~~	
	Neutron Beam Treatment Delivery	*77423*	*Neutron Beam Treatment, Complex*	*N*	*N*	*Technical*	
	Proton Treatment Delivery	*77520*	*Proton Treatment, Simple*	*N*	*N*	*Technical*	
		77522	*Proton Treatment, Simple*	*N*	*N*	*Technical*	
		77523	*Proton Treatment, Intermediate*	*N*	*N*	*Technical*	
		77525	*Proton Treatment, Complex*	*N*	*N*	*Technical*	
DG6001	-	~~Ultrasonic guidance for placement of radiation therapy fields~~				~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.58)~~
DG6002	-	~~Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy~~				~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.39)~~
DG6003	-	~~Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev~~				~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.00)~~
DG6004	-	~~6-10 mev~~				~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.00)~~
DG6005	-	~~11-19 mev~~				~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.00)~~
DG6006	-	~~20 mev or greater~~				~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.00)~~

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DG6007	-	~~Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev~~	~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.00)~~
DG6008	-	~~6-10 mev~~	~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.00)~~
DG6009	-	~~11-19 mev~~	~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.00)~~
DG6010	-	~~20 mev or greater~~	~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.00)~~
DG6011	-	~~Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev~~	~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.00)~~
DG6012	-	~~6-10 mev~~	~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.00)~~
DG6013	-	~~11-19 mev~~	~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.00)~~
DG6014	-	~~20 mev or greater~~	~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.00)~~
DG6015	-	~~Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session~~	~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.00)~~
DG6016	-	~~Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session~~	~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.00)~~

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DG6017	-	~~Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each fraction of treatment~~	~~YYY~~	Request CMS Delete ~~(2025 Work RVU = 0.00)~~

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77387 Tracking Number Z5 Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
Global Period: XXX Current Work RVU: **0.00** RUC Recommended RVU: **0.70**

CPT Descriptor: Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 67-year-old male who presents with Stage III lung cancer will undergo concurrent chemotherapy and 3D conformal radiation. Before daily radiation therapy, cone-beam CT image guidance scan is performed and reviewed, and the patient's position is adjusted to localize the primary tumor and the mediastinal nodes accurately before treatment. Surface tracking is performed during treatment delivery to ensure no movement exceeds safe thresholds.

Percentage of Survey Respondents who found Vignette to be Typical: 93%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The physician reviews the imported planning CT images, and identifies reproducible anatomical structures and fiducial markers.

Description of Intra-Service Work: The physician oversees patient preparation, including placement of external markers used for alignment and camera system used for surface tracking. Under physician supervision, the therapist aligns the patient using the four directional alignment room lasers via external skin marks and markers.

Immediately prior to treatment acquire a CT scan in the treatment position, and while this data is loaded on the treatment console, align, register, and fuse it using various manual or automatic tools to visualize the target volume or implanted markers and critical normal structures. The physician then ensures that the fusion is accurate, and evaluates the images. Calculate the translation errors of the patient set-up and the table movement necessary to optimally align the patient's target volume at the isocenter in longitudinal, lateral, and vertical directions. Identify and correct any rotational errors. If present, determine and correct deviations by adjusting the patient's treatment position to the treatment target volume isocenter. Under physician supervision, the therapist performs the adjustments by applying the required translational shifts to the treatment couch. Achieve accurate positioning, then start the treatment delivery, tracking and observing patient motion during radiation therapy using surface rendering to calculate precisely any patient movement in all six degrees of freedom, and monitor respiratory motion to confirm that it is within the planning parameters.

The physician reviews the images, evaluates target volume changes and normal tissue variation, and compares with previous shifts. The physician provides feedback to the therapists about the adequacy of registrations and about the steps necessary to take to improve registrations as well as for required treatment modifications for the subsequent day. Convey to staff in an ongoing process throughout treatments any patient-specific preferences regarding the relative importance of targets vs. normal tissues.

Description of Post-Service Work: The physician verifies that all the appropriate images and shifts, if necessary, have been acquired, performed, and documented accurately. The physician documents and signs the images.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Amar Rewari, MD, Micheal Kuettel, MD, PhD, Catherine Yashsar, MD, Christopher Jahraus, MD, Alex Harris, MD and Gerald White, MS					
Specialty Society(ies):	ASTRO and ACRO					
CPT Code:	77387					
Sample Size:	3088	**Resp N:**	102			
Description of Sample:	Random samples of domestic, MD/DO, practicing pysicians					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	113.00	**250.00**	1000.00	7000.00	
Survey RVW:	0.22	0.70	**1.00**	1.36	2.50	
Pre-Service Evaluation Time:			**3.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	1.00	4.00	**10.00**	16.00	60.00	
Immediate Post Service-Time:	**3.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77387	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**3.00**	**0.00**	**3.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76377	XXX	0.79	**RUC Time**

CPT Descriptor 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
72192	XXX	1.09	**RUC Time**

CPT Descriptor Computed tomography, pelvis; without contrast material

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99212	XXX	0.70	**RUC Time**	8,350,126

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
78306	XXX	0.86	**RUC Time**	193,289

CPT Descriptor 2 Bone and/or joint imaging; whole body

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 25 **% of respondents:** 24.5 **%**

Number of respondents who choose 2nd Key Reference Code: 22 **% of respondents:** 21.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 77387	Top Key Reference CPT Code: 76377	2nd Key Reference CPT Code: **72192**
Median Pre-Service Time	3.00	5.00	3.00
Median Intra-Service Time	10.00	15.00	10.00
Median Immediate Post-service Time	3.00	5.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**16.00**	**25.00**	**18.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	8%	36%	48%	8%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	36%	56%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	52%	48%
Physical effort required	16%	72%	12%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	4%	24%	72%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	9%	41%	18%	32%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	6%	23%	73%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	9%	50%	41%
Physical effort required	0%	36%	64%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	23%	77%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

At the October 2013 CPT meeting, the Panel approved a restructuring of the radiation oncology treatment delivery codes, creating CPT Codes 77402, 77407, 77412, 77385, 77386 and 77387. The specialty societies presented recommendations at the January 2014 RUC meeting. The RUC forwarded recommendations to CMS for these new CPT Codes, to be effective 1/1/2015.

CMS did not accept the RUC recommendations. The Agency identified concerns with the packaging of IGRT into some of the delivery codes in the family and not others. The recommendations forwarded to CMS included a code structure that resulted in breast treatments typically being assigned to "simple" codes, for which the Agency received pushback from stakeholders.

As a result, CMS created 17 G-codes, to mirror the existing codes (at the time), maintained 77014, and established values that linked directly to the existing values/inputs. The new CPT codes were published in the 2015 CPT book, and used in the HOPPS payment system, but not in the MFS.

Over the years, the Radiation Oncology community met with CMS and CMMI to address the concerns identified by CMS in the 2015 code set as well as the possibility of creating an episode-based alternative payment approach for radiation therapy services.

The G-codes were caught in a RAW screen (CMS/Other source with 2019 estimated Medicare utilization over 20,000). The RAW did not agree with the specialties request to maintain. As such, the specialties went back to CPT to once again re-define the code set and attempt to address CMS' concerns.

At the September 2024 CPT meeting, the Panel reviewed the radiation oncology CCA establishing a technique agnostic family of codes and bundling imaging into all three services. The Panel approved the revision of 77402, 77407 and 77412 and the deletion of 77385, 77386 and 77014. The related guidelines and tables were all updated to reflect the consolidated services for radiation treatment delivery. The specialty societies have also requested that CMS delete the related G-codes.

Relativity

The work of 77387 involves clinical interpretation of the positional relationship of the planned isodose versus what would be the actual isodose distribution by examining the images acquired immediately prior to treatment delivery and their relationship to the images acquired at simulation and if any over or underdosing at the targeted isocenter and adjacent organs at risk is likely, similar to diagnostic radiology. Clinical interpretation of images.

Of the 100 RUC reviewed codes with similar total times here are a sample of three diagnostic radiology codes that were recently RUC reviewed with majority performed in the outpatient setting:

- CPT Code 77076 Radiologic examination, osseous survey, infant – 3 min pre, 10 min intra, 5 min post – same work RVU – 0.70
- CPT Code 78264 Gastric emptying imaging study (eg, solid, liquid, or both) – 5 min pre, 10 min intra, 5 min post – higher work RVU of 0.79
- CPT Code 78305 Bone and/or joint imaging; multiple areas – 5 min pre, 10 min intra, 5 min post – higher IWPUT – higher work RVU 0.83

Within the radiation oncology services, the IWPUT for 77387 (0.057) is lower than IWPUT for brachytherapy services and most like the IWPUT for the planning code 77301 (0.05). This makes sense since the intensity for work of the surveyed service (77387) analyzing how images acquired immediately prior to treatment delivery would affect the fraction specific dose delivered to targets and organs at risk should be the same as the intensity for work of analyzing the total dose delivered to targets and organs at risk during the creation of the initial plan (77301).

The specialty society believes the recommendations for 77387 maintain relativity within the services with similar XXX surveyed codes with 10 minutes of intra time.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. The professional component of CPT Code 77387 will be billed with radiation treatment delivery codes (eg, 77402-77412). The radiation treatment delivery codes are TC only codes and do not have physician work RVUs.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77014, G6002, G6001

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. National data is not available.

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,520,740 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The current RUC database indicates 77014 was reported approximately 2,520,778 times in 2022. The specialty socieites estimate

Specialty Radiation Oncology Frequency Percentage 100.00 %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77014

SS Rec Summary

ISSUE: Radiation Oncology Treatment Delivery
TAB: 16

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance	XXX	2021	25	0.038	0.032			0.79			25	5					15			5					
2nd REF	72192	Computed tomography, pelvis; without contrast material	XXX	2005	22	0.091	0.061			1.09			18	3					10			5					
CURRENT	77014	Computed tomography guidance for placement of radiation therapy fields	XXX			-	0.050			0.85			17														
CURRENT	G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therap	XXX			0.043	0.043			0.39			9						9								
CURRENT	G6001	Ultrasonic guidance for placement of radiation therapy fields	XXX			-	0.032			0.58			18														
CURRENT	77387	Guidance for localization of target volume for delivery of radiation treatment, includes	XXX	2014	95	-0.013	0.000			0.00			16	3					10			3					
SVY	77387	Guidance for localization of target volume for delivery of radiation treatment, includes	XXX		102	0.087	0.063	0.22	0.70	1.00	1.36	2.50	16	3			1	4	10	16	60	3	0	113	250	1000	7000
REC	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	XXX			0.057	0.044			0.70			16	3					10			3					

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 77402, 77407, 77412, 77387, 77417
SPECIALTY SOCIETY(IES): ASTRO and ACRO
PRESENTER(S): Amar Rewari, MD, Micheal Kuettel, MD, PhD, Catherine Yashsar, MD, Christopher Jahraus, MD, Alex Harris, MD and Gerald White, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
77402	Radiation treatment delivery;, Level 1 (eg, single electron field, multiple electron fields, or 2D photons), including imaging guidance, when performed	XXX
77407	Level 2, single isocenter (eg, 3D or IMRT), photons, including imaging guidance, when performed	XXX
77412	Level 3, multiple isocenters with photon therapy (eg, 2D, 3D, or IMRT) OR a single isocenter photon therapy (eg, 3D or IMRT) with active motion management, OR total skin electrons, OR mixed electron/photon field(s), including imaging guidance, when performed	XXX
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	XXX
77417	Therapeutic radiology port image(s)	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
77402	A 68-year-old male presents with squamous cell carcinoma of the skin. Radiation treatment is delivered.
77407	A 68-year-old male presents with localized, high-grade adenocarcinoma of the prostate. Radiation treatment is delivered with image guidance to the prostate, seminal vesicles and regional nodes.
77412	A 66-year-old female presents with an infiltrating ductal carcinoma of the left breast. Radiation treatment is delivered with a deep inspiration breath hold using active motion management to the breast and regional lymph nodes.
77387	A 67-year-old male who presents with Stage III lung cancer will undergo concurrent chemotherapy and 3D conformal radiation. Before daily radiation therapy, cone-beam CT image guidance scan is performed and reviewed, and the patient's position is adjusted to localize the primary tumor and the mediastinal nodes accurately before treatment. Surface tracking is performed during treatment delivery to ensure no movement exceeds safe thresholds.
77417	50 yo female presents with an infiltrating ductal carcinoma of the right breast metastatic to the right axillary nodes. Radiation treatment is delivered to the breast and regional lymph nodes (separately reportable).

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

ASTRO and ACRO convened a consensus panel that included physicians and clinical staff who perform radiation oncology procedures in both the NF and F settings.

77402, 77407, 77412
Historically, CMS and the AMA RUC/Practice Expense (PE) subcommittee require specialty societies to conduct practice expense surveys for services with stand-alone procedure times and equipment over $1M. (Federal Register / Vol. 77, No. 146). As such, the specialties conducted a practice expense survey, with a research subcommittee approved tool, for CPT Codes 77402, 77407

and 77412. The panel developed the direct practice expense recommendations for CPT Codes 77402, 77407 and 77412 based on survey data, best practices and current AMA RUC/PE guidelines.

77417
CPT code is a radiation oncology service with stand-alone procedure time, however, the equipment used is not over $1M. As such, the specialties used the consensus panel to develop direct practice expense recommendations for CPT Code 77417 based on best practices and current AMA RUC/PE guidelines.

77387
CPT code is a PC/TC code. As such, the specialties used the consensus panel to develop direct practice expense recommendations for CPT Code 77387 based on best practices and current AMA RUC/PE guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

CPT Code 77373 *Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions* was used as a reference service code for on the PE spreadsheet. CPT Code 77373 is also a radiation treatment delivery service (used for high dose).

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
Is this code(s) typically reported with the E/M service in the non-facility?

CPT Codes 77402, 77407, 77412, 77387 and 77417 are not typically reported with an E/M (F/NF).

See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

Radiation Oncology will be the dominant provider in the NF setting.
CPT Codes 77402, 77407, 77412, 77417 are TC only codes.

CPT Code 77387 is a PC/TC code. It is reported approximately 59% of the time in the outpatient setting (F). Radiation Oncology will be the dominant provider in both the NF and F settings.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

NON-FACILITY DIRECT PE INPUTS

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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

N/A

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

CA013 Prepare room, equipment and supplies. The specialty is recommending 3 minutes (1 minute above the standard). Verify prescription with regard to fractionation, max days, max dose. Transfer treatment parameters from record and verify system to the linac system. Verify selected parameters.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

G6015 and G6016 currently have 5 minutes in the post service period (see RUC database). When the specialty societies reviewed the 2014 RUC documents those 5 minutes were assigned to CA030 *Technologist QC's images in PACS, checking for all images, reformats, and dose page* CA031 *Review examination with interpreting MD/DO* and CA032 *scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.* However, those clinical activities were in the post period – not the post *service* period. The customary post service clinical activities (conduct patient communications, coordinate post-procedure services) did not have times assigned to them. CA030, CA031, CA032 should be included in the post service period (not post). The specialty societies are recommending zero minutes in the post service period and recommending minutes for CA030, CA031 and CA032.

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

In reference code 77373 three minutes were allocated for *CA010 obtain vital signs* prior to the 2018 vital signs CMS change.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

N/A

    b. Service period (includes pre, intra and post):

Greet patient, provide gowning, ensure appropriate medical records are available
Prepare room, equipment and supplies
Prepare, set-up and start IV, initial positioning and monitoring of patient
Perform procedure, not directly related to physician time
Review with MD/DO
QC images
Clean room

    c. Post-service period:

N/A

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

77402
The patient is identified by at least two methods and brought into the treatment vault. Patient is assisted onto the table and position is verified by either triangulation with tattoos or using external set up system. Plan is loaded onto in-vault computers and couch, gantry rotation, and table height is verified for SSD (skin to source distance) or SAD (source to axis distance). Treatment block(s) is placed into electron cone and treatment site is verified on skin. Adjustment of patient, table height, collimator rotation is done to adjust block to cover target, as needed. Bolus is applied. Treatment dose delivered. Therapists enter vault and assist patient off the table and escort from the vault.

77407
The patient is identified by at least two methods and brought into the treatment vault. Patient is assisted onto the table and position is verified by either triangulation with tattoos or using external set up system. Verification is performed to assure patient has appropriate bladder and rectal filling. Plan is loaded onto in-vault computers and couch, gantry rotation, and table height is verified for SSD (skin to source distance) or SAD (source to axis distance). Adjustment of patient, table height, gantry or collimator rotation is done to assure patient is in the intended position. Image guidance is performed to assure treatment targets are spatially within intended dose region and organs at risk are spared. Treatment dose is delivered. Therapists enter vault and assist patient off the table and escort from the vault.

77412

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):77402, 77407, 77412, 77387, 77417
SPECIALTY SOCIETY(IES): ASTRO and ACRO
PRESENTER(S): Amar Rewari, MD, Micheal Kuettel, MD, PhD, Catherine Yashsar, MD, Christopher Jahraus, MD, Alex Harris, MD and Gerald White, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The patient is identified by at least two methods and brought into the treatment vault. Patient is assisted onto the table and position is verified by either triangulation with tattoos or using external set up system. Plan is loaded onto in-vault computers and couch, gantry rotation, and table height is verified for SSD (skin to source distance) or SAD (source to axis distance). Adjustment of patient, table height, gantry or collimator rotation is done to assure patient is in the intended position. Image guidance is performed to assure patient is appropriately aligned for treatment targets to be within intended dose region and organs at risk are spared.

The patient is contacted through audio system and asked to perform a deep inspiration breath hold. Verification that breath hold is sufficiently deep to avoid normal tissues is done and treatment program for linear accelerator delivers partial dose to primary site, while therapist is actively watching and listening to the patient through the camera and audio system. When the patient is noted to tire of breath hold patient is instructed to freely breath. Patient is again counseled to take a deep breath, verification of sufficiency of breath hold is completed, and treatment dose is delivered. This is repeated until full treatment dose is delivered, rotating the gantry to deliver both medial and lateral tangent fields.

The couch is then shifted to a different isocenter and image guidance is performed to assure that abutting fields for tangents and draining lymph nodes are not overlapping. The patient is contacted through audio system and asked to perform a deep inspiration breath hold. Verification that breath hold is sufficiently deep to avoid normal tissues is done and treatment program for linear accelerator delivers partial dose to draining lymph nodes, while therapist is actively watching and listening to the patient through the camera and audio system. When the patient is noted to tire of breath hold patient is instructed to freely breath. Patient is again counseled to take a deep breath, verification of sufficiency of breath hold is completed, treatment dose is delivered. This is repeated until full treatment dose is delivered.

The physicist oversees the respiratory motion and surface management processes during treatment delivery and ensures that it accurately mirrors what was acquired during simulation and developed during treatment planning. They are the ones who developed and verified the initial isodose plan with the motion management plans.

For respiratory management and respiratory gating, the physicist ensures the adequate placement of the optical positioning device on the patient and would move it and restart the acquisition if not positioned correctly. They have the most technical knowledge about the respiratory gating window and the location of the patients' lung/heart/chest interface with respect to the dose cloud. Physicists set the gating thresholds in the software and recapture reference data on the fly and are the only ones with rights in the software systems to adjust or modify the gating window at the linac during treatment delivery, because doing so requires modifying safety parameters that are in place to protect the patient from mistreatment.

For surface management, the physicist is responsible for examining the monitored surface of the patient at treatment delivery vs. the planned surface and ensures the camera in the room used to capture the surface management is in the right position and will have to mechanically adjust it or power cycle the camera when the planned vs. monitored surface are not aligning. They must make sure the correct isocenter is being used by the surface guidance system to ensure patient safety and no systemic variations.

The therapists enter the vault and assist patient off the table and escort from the vault.

NON-FACILITY DIRECT PE INPUTS

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Two Therapists

Perform Procedure - Therapist #1	**77402**	**77407**	**77412**		**Perform Procedure - Therapist #2**	**77402**	**77407**	**77412**
	10	***15***	***24***			***10***	***15***	***24***
Attach immobilization device	1	2	2		Attach immobilization device	1	2	2
Verify vertical/horizontal patient position around site to be treated	1	1	2		Verify vertical/horizontal patient position around site to be treated	1	1	2
Use orthogonal 3-point laser light system to align patient w/external tattoos and verify isocenter		2	2		Use orthogonal 3-point laser light system to align patient w/external tattoos and verify isocenter		2	2
Acquire CBCT guidance images, fuse images with isocenter plan images, adjust position, repeat image acquisition and fusion		5			Acquire CBCT guidance images, fuse images with isocenter plan images, adjust position, repeat image acquisition and fusion		5	
Acquire 3D optical surface guidance images, fuse images with isocenter plan images, adjust position, repeat image acquisition and fusion			4		Acquire 3D optical surface guidance images, fuse images with isocenter plan images, adjust position, repeat image acquisition and fusion			4
Coach patient on inspiration level for breath hold			1		Coach patient on inspiration level for breath hold			1

Repeat 3 D guidance step step for 2nd isocenter location			4		Repeat 3 D guidance step step for 2nd isocenter location			4
Verify proper performance of 2 audio/video motoring systems, verify upload of patient plan to linac	1	1	1		Upload the patient's treatment plan into the software driving linac and MLC motion	1	1	1
Maintain Visual surveillance of gantry motion to verify no collision with table or patient and continuous audio-visual surveillance to verify patient comfort and positional stability during therapy	2	3	3		Set control to rotate the gantry angle of first beam for treatment, initiate treatment and provide continuous visual surveillance of computer monitor showing desired pattern of MLC motion during beam on time	2	3	3
Repeat above step for 2nd isocenter location			3		Repeat above step for 2nd isocenter location			3
Position gantry to accept Electron Cone. Adjust patient position as necessary. Set SSD, adjusting table/gantry	4				Retrieve and mount electron cone, retrieve and mount electron block, scan and verify electron block. Adjust patient position as necessary. Set SSD, adjusting patient postion.	4		
Re-set gantry to neutral vertical position and assist patient up from treatment table and out of immobilization device	1	1	2		Remove and replace electron cone and electron block. and assist patient up from treatment table and out of immobilization device	1	1	2

77387
The planned treatment parameters are loaded into the control console. The gantry is rotated to the starting field position. Initial MLC pattern is compared to the plan and treatment initiated. Prescribed changes in MLC patterns are continuously monitored and compared to the plan by one radiation therapist during beam on time, while the second radiation therapist is monitoring the patient. On completion of the first field, the gantry is rotated to the second prescribed angle. Treatment is delivered as described. The room is entered and the patient is released from

immobilization. The gantry is rotated to a safe position and the table is lowered. The patient is assisted off the table. The room is cleaned for the next patient.

77417
The treatment plan has been loaded onto the computer. After the patient is set up, immobilization is verified, and the treatment parameters are verified the gantry is rotated to the first treatment field position. The electronic portable imaging is extended to the appropriate position, assuring no patient contact but avoiding excessive distance to maximize resolution. Therapists leave the room. The therapists load the first treatment field data from the record and verify system, transfer to the linear accelerator delivery system, enable port image mode on the treatment beam, and acquire first exposure using the treatment beam energy. The jaws and multi leaf collimators are opened to acquire a second, open field exposure with the treatment beam energy. The images are reviewed to assure double exposure edge detection was successful. The electronic portable imaging device is then retracted to a position suitable for gantry rotation to avoid collisions, and the gantry is rotated to the plan prescribed angle for the second treatment field. The electronic portable imaging is extended to position for the second treatment field, assuring no patient contact but avoiding excessive distance to maximize resolution. These steps are repeated until double exposure images are acquired sequentially for all radiation treatment fields. If the patient needs to be shifted for treatment to a second site (second isocenter) the therapists enter the room to assure set up, immobilization and treatment parameters are per plan and double exposure images are acquired for all fields. All images are sent to the record and verify system. Physician then views imaging of each treatment field to verify that port films match the approved treatment plan and, if necessary, adjustments are made prior to radiation delivery. Treatment is then delivered and imaging for port films, approval by physician and radiation treatment delivery are documented in the chart.

Note: Port films are reported once per five fractions regardless of the number of films required or portals evaluated during this time interval. *CMS Billing and Coding Guidelines for Radiation Oncology Including Intensity Modulated Radiation Therapy (IMRT), Revised November 1, 2015.*

The appropriate code to report is 77417, Therapeutic radiology port film(s). Port films are X rays taken during the delivery of radiation treatment using the treatment beam of the machine. Port films demonstrate the exact shape, size, and area covered by the treatment beam during an actual treatment. Port films are reported by the facility, once per five fractions or once per week of treatment management per patient, regardless of the number of films required or portals evaluated. *February 2006 Newsletter, page 14: Radiology, 77417 Q and A.*

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

The specialty societies are making recommendations that include clinical times 'not directly related to physician time' (see Question 11).

NON-FACILITY DIRECT PE INPUTS

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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

The specialty societies are including updated pricing for the following equipment items: ER056 radiation treatment vault ER065 water chiller (radiation treatment) ER089 IMRT accelerator The specialties recommend retitling ER089 to read "Radiation Treatment Delivery Linear Accelerator"

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

The specialty societies recommend maintaining the current useful life years for ER056, ER065 and ER089.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

The highly technical equipment formula was used for the following equipment items:

ED035	video camera
EQ139	intercom (incl. master, pt substation, power, wiring)
ER039	laser targeting system (4 diodes)
ER056	radiation treatment vault
ER065	water chiller (radiation treatment)
ER089	IMRT accelerator
ER090	Computer system, record and verify, IMRT

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

(a) A national estimate of the number of times this service might be provided nationally in a one-year period is not known.

(b)
77402 – 77,920
77407 – 779,199
77412 – 701,279
77387 (TC) – 41,736
77417 – 27,820

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The specialty society recommends CPT Code 77373 as a PLI crosswalk for CPT Codes 77402, 77407, 77412, 77387, 77417 based on a similar specialty mix.

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Clinical Labor
The current CMS policy is two radiation therapists for treatment delivery. Below is the background for that policy decision.

It is the position of the American Society of Radiologic Technologists (ASRT) that two registered radiation therapists per patient per treatment unit is the minimum standard for safe and efficient delivery of radiation therapy.[1] The 2022 ASRT staffing survey document an average of 2.4 radiation therapist per linear accelerator. (See page 17)

ACR Accreditation requires minimum of two radiation therapists at each treatment session for adequate staffing and support.[2]

ACRO Accreditation also requires a minimum of two radiation therapists per linear accelerator. (See page 6)

ASTRO Accreditation also requires a minimum of two radiation therapists per linear accelerator. (See page 6)

"Safety Is No Accident" a joint document sponsored by ASTRO and developed/endorsed by 9 radiation oncology organizations recommends a minimum of two qualified individuals be present for any routine external beam patient treatment. (See page 11)

Supplies
The PE survey included a question asking respondents to indicate whether the following items were typically used during treatments (and whether they were used per fraction or per course). The results indicated the following items were typical.

Pillowcase 95%	Sheet 99%	Gloves 99%
Skin Pen 99%	Wipe 100%	Drape 63%

[1] https://www.asrt.org/main/standards-and-regulations/professional-practice/position-statements-online
[2] https://accreditationsupport.acr.org/support/solutions/articles/11000062793-the-accreditation-process-radiation-oncology-revised-6-2-2021-#:~:text=Refer%20to%20the%20ACR%20Technical,for%20Radiation%20Therapy%20Treatment%20Delivery.

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PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Per Fraction		
SB006	drape, non-sterile, sheet 40in x 60in	77402 (1) used on the treatment table 77407/77412 (2) one used on the treatment table, one used to cover patient
SB022	gloves, non-sterile	two pairs - one for each Radiation Therapist
SB026	gown, patient	PE Survey indicated that 77402 patient is typically treated in street clothes.
SB037	pillowcase	
SK075	skin marking pen, sterile (Skin Skribe)	Outline field edges for verification with light field
SM022	sanitizing cloth-wipe (surface, instruments, equipment)	used to clean the equipment after completion of treatment

Equipment

ED035	video camera	View patient during treatment
EQ139	intercom (incl. master, pt substation, power, wiring)	To communicate with patient during treatment
ER039	laser targeting system (4 diodes)	To set-up and align patient accurately on the treatment table
ER056	radiation treatment vault	Room used to treat patient
ER065	water chiller (radiation treatment)	Used to keep accelerator running at the appropriate temperature
ER089	IMRT accelerator	Used to delivery treatment to patient
ER090	Computer system, record and verify, IMRT	Software necessary to deliver the stored treatment plan for the procedure and record delivery and parameters

Direct vs Indirect
The debate whether a radiation treatment vault should be considered direct or indirect in CMS' practice expense methodology dates all the way back to 1997. In general, for vaults used with

radiation oncology services, the RUC has included them in the recommendations forwarded to CMS and CMS has included them in radiation treatment delivery services. While CMS has included them in the related codes CMS has included comments in the federal register noting (1) concern about how vaults should be handled (direct vs indirect), (2) the need for consistency and (3) the need for further study on the issue.

The societies are optimistic that issues regarding how CMS should handle radiation oncology vaults and shielding will be addressed when the new PPI data is available for review. The RUC included the radiation oncology treatment vault/shielding as a direct expense in the current 2023-2024 Physician Practice Expense Survey.

The specialties request that the PE subcommittee review the equipment formulas/times associated with vault/shielding and pass along the invoices submitted to CMS. The specialties look forward to robust discussions with CMS when they review the PPI results.

Vault/Shielding Background
Below is a brief history regarding vaults/shielding.

1997
The original Clinical Practice Expert Panel (CPEP) data appears to have categorized the treatment vault as a direct expense. The direct PE inputs included the vault at that time.

2000
In the CY2001 Final Rule CMS discussed changes in equipment methodology. CMS proposed to delete several items, including lead shielding, from the CPEP data equipment. They will categorize many items, including lead shielding, as an indirect expense. CMS stated that they believed this categorization would simplify the PE methodology without causing new problems.

2002
The PEAC went through refinement of several thousand CPT codes. At the September 2002 meeting, Family 7 (Treatment Delivery) was reviewed. The treatment vault *(Treatment vault $550,669.75 (General Contractor))* was added to the treatment delivery codes.

2004
CMS accepted the PEAC recommendations, and the vault is included in the direct practice expense files.

2012/2013
RO stakeholders requested the treatment vault be added to CPT code 77418 as a direct expense. CMS added the radiation treatment vault to 77418 to align the code with the similar radiation treatment delivery codes and noted they intended to study the issue further. CMS noted that they question whether it is fully consistent with the principles underlying the PFS PE methodology to continue to classify the radiation treatment vault as medical equipment.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):77402, 77407, 77412, 77387, 77417
SPECIALTY SOCIETY(IES): ASTRO and ACRO
PRESENTER(S): Amar Rewari, MD, Micheal Kuettel, MD, PhD, Catherine Yashsar, MD, Christopher Jahraus, MD, Alex Harris, MD and Gerald White, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

2014/2015
CMS indicated that they included the radiation treatment vault as a direct PE input for several recently reviewed radiation treatment codes for the sake of consistency with its previous inclusion as a direct PE input for some other radiation treatment services, but that they intended to review the radiation treatment vault input and address whether or not it should be included in the direct PE input database for all services in future rulemaking. After continued review of the issues pertaining to the vault in the context of the comments, they believe that these issues required further study. Therefore, at that time, they decided to continue to include the vault as a direct PE input for the services listed in CPT Code 77402-77418, 77373 (Table 9).

2015/2016
CMS accepted RUC recommendations for five new brachytherapy codes (77767-77772) which included creating a new equipment item for a brachytherapy vault (ES052).

CMS also responded to comments requesting updated pricing and useful life designation for the radiation treatment vault (ER056). They noted their concerns regarding the pricing of direct PE inputs, particularly the prices for expensive equipment. They stated that they would continue to consider this issue, including these commenters' suggestion to use increased pricing for the item.

2018/2019
CMS increased the price of the brachytherapy vault (ES052) from $175,000 to $193,114.

2020/2021
Protons
CMS encountered significant difficulties in reviewing the recommended direct PE inputs for the codes in the Proton Beam Treatment Delivery family (77520-77525). These difficulties were largely associated with determining a price for the two new equipment items in the code family, the Proton Treatment Vault (ER115) and the Proton Treatment Delivery System (ER116). These equipment items had extraordinarily high prices of $19,001,914 and $30,400,000 respectively on the invoices submitted with the code family. CMS had concerns that establishing equipment pricing for the proton treatment vault and delivery system at a rate that is so much higher than anything else in our equipment database could distort relativity. They also stated concerns their ongoing concerns about whether a vault is direct or indirect. As a result, they maintained Carrier Pricing for the proton codes.

2023/2024
The AMA launched the new PPI survey. The RUC included the radiation oncology treatment vault/shielding as a direct expense in the current 2023-2024 Physician Practice Expense Survey.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S):77402, 77407, 77412, 77387, 77417
SPECIALTY SOCIETY(IES): ASTRO and ACRO
PRESENTER(S): Amar Rewari, MD, Micheal Kuettel, MD, PhD, Catherine Yashsar, MD, Christopher Jahraus, MD, Alex Harris, MD and Gerald White, MS

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**SURVEY DATA**		**RECOMMENDED**		**SURVEYDATA**		**RECOMM**
2						**77373**		**77402**		**77402**		**77407**		**77407**		**774**
3		***RUC Collaboration Website***				**Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**		Treatment Delivery Level 1		N=77 (Typ Frac 20)		Treatment Delivery Level 2		N=78 (Typ Frac 42)		Treatment Leve
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**											
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 1,204.72**	**$ -**	**$ 285.17**	**$ -**		**$ -**	**$ 374.41**	**$ -**		**$ -**	**$ 536.43**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**184**		**30**		**29**		**45**		**37**		**68**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L050C	Radiation Therapist	0.89	**0**	**0**	**0**	**0**	**4**	**0**	**0**	**0**	**2**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**184**	**0**	**30**	**0**	**25**	**0**	**45**	**0**	**35**	**0**	**68**
11		*Radiation Therapist*	*L050C*	*Radiation Therapist*	*0.89*	*82*		*30*		*25*		*45*		*35*		*63*
12		*CT Tech*	*L046A*	*CT Technologist*	*0.784*											
13		*Physics*	*L152A*	*Medical Physicist*	*2.14*	*78*										*5*
14		*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*0.54*	*24*										
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 252.86**	**$ -**	**$ 26.70**	**$ -**	**$ 40.53**	**$ -**	**$ 40.05**	**$ -**	**$ 48.22**	**$ -**	**$ 66.77**
17		**PRE-SERVICE PERIOD**														
18		**Start: Following visit when decision for surgery/procedure made**														
22	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54					1.25				0.71		
25	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54					1				0.67		
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L050C	Radiation	0.89					1.5				0.83		
30		*Other activity: please include short clinical description here and type new*	L037D	RN/LPN/MTA	0.54											
33		**End: When patient enters office/facility for surgery/procedure**														
34		**SERVICE PERIOD**														
35		**Start: When patient enters office/facility for surgery/procedure:**														
36		**Pre-Service (of service period)**														
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L050C	Radiation	0.89			3		4		3		4		3
38	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54	3										
39	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54	5										
42	CA013	Prepare room, equipment and supplies	L046A	CT	0.784											
43	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54	2										
44	CA013	Prepare room, equipment and supplies	L050C	Radiation	0.89			3		5		3		5		3
45	CA014	Confirm order, protocol exam	L046A	CT	0.784											
46	CA014	Confirm order, protocol exam	L050C	Radiation	0.89											
47	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54											
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L050C	Radiation	0.89			1		5		1		5		1
56		**Intra-service (of service period)**														
57	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54											
58	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54											
59	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54											
60	CA021	Perform procedure/service---NOT directly related to physician work time	L050C	Radiation	0.89			10		10		15		15		24
61	CA021	Perform procedure/service---NOT directly related to physician work time	L050C	Radiation	0.89	82		10		10		15		15		24
62	CA021	Perform procedure/service---NOT directly related to physician work time	L152A	Medical	2.14	78										5
63	CA021	Perform procedure/service---NOT directly related to physician work time	L046A	CT	0.784											
67		**Post-Service (of service period)**														
68	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54	10										
70	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	3										
71	CA024	Clean room/equipment by clinical staff	L050C	Radiation	0.89			3		3		3		3		3
77	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L046A	CT	0.784											
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L050C	Radiation	0.89							2				2
79	CA031	Review examination with interpreting MD/DO	L046A	CT	0.784											
80	CA031	Review examination with interpreting MD/DO	L050C	Radiation	0.89					2		2		2		2
81	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L046A	CT	0.784											
82	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L050C	Radiation	0.89					2		1		2		1
83	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54											
85	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54					2.25				2.25		
93		**End: Patient leaves office/facility**														
94		**POST-SERVICE PERIOD**														
95		**Start: Patient leaves office/facility**														
96	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54					0.5				0.24		
97	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54											
111		**End: with last office visit before end of global period**														

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6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 1,204.72**	**$ -**	**$ 285.17**	**$ -**		**$ -**	**$ 374.41**	**$ -**		**$ -**	**$ 536.43**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**184**		**30**		**29**		**45**		**37**		**68**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L050C	Radiation Therapist	0.89	**0**	**0**	**0**	**0**	**4**	**0**	**0**	**0**	**2**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**184**	**0**	**30**	**0**	**25**	**0**	**45**	**0**	**35**	**0**	**68**
11		*Radiation Therapist*	*L050C*	*Radiation Therapist*	*0.89*	*82*		*30*		*25*		*45*		*35*		*63*
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13		*Physics*	*L152A*	*Medical Physicist*	*2.14*	*78*										*5*
14		*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*0.54*	*24*										
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**
112	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**												
113		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 6.31**	**$ -**	**$ 2.89**	**$ -**	**$ -**	**$ -**	**$ 3.61**	**$ -**	**$ -**	**$ -**	**$ 3.61**
114	SB037	pillow case	0.47	item				1				1				1
115	SJ010	basin, emesis	0.25	item												
116	SK075	skin marking pen, sterile (Skin Skribe)	1.62	item				1				1				1
117	SK087	water, distilled	0.02	oz												
118	SM013	disinfectant, surface (Envirocide, Sanizide)	0.18	oz												
119	SA048	pack, minimum multi-specialty visit	5.02	pack		1										
120	SB006	drape, non-sterile, sheet 40in x 60in	0.13	item		1		1				2				2
121	SC051	syringe 10-12ml	0.21	item												
122	SD024	catheter, Foley	10.85	item												
123	SG051	gauze, non-sterile 4in x 4in	0.03	item												
124	SG079	tape, surgical paper 1in (Micropore)	0.01	inch												
125	SJ018	earplugs	0.38	pair												
126	SJ032	lubricating jelly (K-Y) (5gm uou)	0.54	item												
127	SK073	skin marking ink (tattoo)	0.51	ml												
128	SL006	alcohol, ethyl, denatured	0	ml												
129	SB044	underpad 2ft x 3ft (Chux)	0.32	item		3										
130	SD084	gas, oxygen	0.01	liter		10										
131	SG079	tape, surgical paper 1in (Micropore)	0.01	inch		10										
132	SJ053	swab-pad, alcohol	0.04	item												
133	SB012	drape, sterile, for Mayo stand	1.07	item												
134	SJ032	lubricating jelly (K-Y) (5gm uou)	0.54	item												
135	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	3.44	oz												
136	SB026	gown, patient	0.59	item								1				1
137	SB022	gloves, non-sterile	0.3	pair				2				2				2
138	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item				1				1				1
139	SK073	skin marking ink (tattoo)	0.51	ml												
140	SC029	needle, 18-27g	0.04	item												
141	SK013	computer media, dvd		item												
142	SK098	film, x-ray, laser print		item												
143	SK091	s-ray, envelope		item												
144																
145	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**											
146		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 945.55**	**$ -**	**$ 255.58**	**$ -**	**$ -**	**$ -**	**$ 330.75**	**$ -**	**$ -**	**$ -**	**$ 466.05**
147	ER089-60	IMRT accelerator	3000966.468	Highly Technical	7.640294509											
148	ER065-60	water chiller (radiation treatment)	9847.333	Highly Technical	0.026486306											
149	ER057-60	radiation virtual simulation system	601624.883		1.899640169											
150	ER056-60	radiation treatment vault	773104		1.313956941											
151	ER039-60	laser targeting system (4 diodes)	4603.333	Highly Technical	0.015199424			17				22				31
152	ED004-60	camera, digital (6 mexapixel)	152.497		0.000503519											

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4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**											
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 1,204.72**	**$ -**	**$ 285.17**	**$ -**		**$ -**	**$ 374.41**	**$ -**		**$ -**	**$ 536.43**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**184**		**30**		**29**		**45**		**37**		**68**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L050C	Radiation Therapist	0.89	**0**	**0**	**0**	**0**	**4**	**0**	**0**	**0**	**2**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**184**	**0**	**30**	**0**	**25**	**0**	**45**	**0**	**35**	**0**	**68**
11		*Radiation Therapist*	*L050C*	*Radiation Therapist*	*0.89*	*82*		*30*		*25*		*45*		*35*		*63*
12		*CT Tech*	*L046A*	*CT Technologist*	*0.784*											
13		*Physics*	*L152A*	*Medical Physicist*	*2.14*	*78*										*5*
14		*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*0.54*	*24*										
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**
153	ER090-60	Computer system, record and verify, IMRT	158933.882	Highly Technical	0.501836269			17				22				31
154	ER040-60	laser, diode, for patient positioning (Probe)	77479.333	Highly Technical	0.24464223											
155	ER038-60	isocentric beam alignment device	995		0.003285321											
156	ER006-60	IMRT physics tools	78600		0.248180754											
157	EQ139-60	intercom (incl. master, pt substation, power, wiring)	1630	Highly Technical	0.003604645			17				22				31
158	ED036-60	video printer, color (Sony medical grade)	4931.312		0.019098835											
159	ED035-60	video camera	1000	Highly Technical	0.00330183			17				22				31
160	ER090	Computer system, record and verify, IMRT	158933.882		0.602203522											
161	ER089	IMRT accelerator	3000966.468		9.168353411											
162	ER065	water chiller (radiation treatment)	9847.333		0.031783567											
163	ER056	radiation treatment vault	773104		1.576748329											
164	ER040	laser, diode, for patient positioning (Probe)	77479.333		0.293570676											
165	ER038	isocentric beam alignment device	995		0.003942385											
166	ER006	IMRT physics tools	78600		0.297816905											
167	EQ139	intercom (incl. master, pt substation, power, wiring)	1630		0.004325574											
168	ED036	video printer, color (Sony medical grade)	4931.312		0.022918602											
169	ED035	video camera	1000		0.003962196											
170	ED004	camera, digital (6 mexapixel)	152.497		0.000604223											
171	ER083	SRS system, SBRT, six systems, average	2973721.836		9.085117421	104										
172	EQ211	pulse oximeter w-printer	2075.9		0.006700241	104										
173	EL007	room, CT	1429967.51	Highly Technical	5.418174278											
174	ED053	Professional PACS Workstation	15467.671	Other Formula	0.061285948											
175	ED050	Technologist PACS workstation	5557	PACS	0.022017924											
176	ER070	portal imaging system (w-PC work station and software)	489940		1.856392042											
177	EQ250	ultrasound unit, portable	41612.533		0.161253857											
178	ED014	computer workstation, 3D reconstruction CT-MR	80003.729		0.303135661											
179	ER089-60	IMRT Accelerator - Updated Pricing	3999493	Highly Technical	10.18			17				22				31
180	ER056-60	Radiation Treatment Vault - Updated Pricing	2503891	Highly Technical	4.26			17				22				31
181	ER065-60	Water Chiller (radiation treatment) - Updated Pricing	25930	Highly Technical	0.07			17				22				31
182	ED024	film processor		Default												
183	ER029	film alternator		Default												
184		on board imaging		Default												
185		power conditioner		Default												

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**SURVEY DATA**		**RECOMMENDED**		**SURVEYDATA**		**RECOMM**
2						**77373**		**77402**		**77402**		**77407**		**77407**		**774**
3		***RUC Collaboration Website***				**Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions**		Treatment Delivery Level 1		N=77 (Typ Frac 20)		Treatment Delivery Level 2		N=78 (Typ Frac 42)		Treatment Leve
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**											
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 1,204.72**	**$ -**	**$ 285.17**	**$ -**		**$ -**	**$ 374.41**	**$ -**		**$ -**	**$ 536.43**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**184**		**30**		**29**		**45**		**37**		**68**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L050C	Radiation Therapist	0.89	**0**	**0**	**0**	**0**	**4**	**0**	**0**	**0**	**2**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**184**	**0**	**30**	**0**	**25**	**0**	**45**	**0**	**35**	**0**	**68**
11		*Radiation Therapist*	*L050C*	*Radiation Therapist*	*0.89*	*82*		*30*		*25*		*45*		*35*		*63*
12		*CT Tech*	*L046A*	*CT Technologist*	*0.784*											
13		*Physics*	*L152A*	*Medical Physicist*	*2.14*	*78*										*5*
14		*RN/LPN/MTA*	*L037D*	*RN/LPN/MTA*	*0.54*	*24*										
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**0**
187																

	A	B	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1	**RUC Practice Expense Spreadsheet**		**ENDED**	**SURVEY DATA**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE D**
2			**12**	**77412**		**~~G6003~~**		**~~G6004~~**		**~~G6005~~**		**~~G6006~~**		**~~G6007~~**		**~~G6008~~**		**~~G6~~**
3		***RUC Collaboration Website***	Delivery	N=76		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev~~		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev~~		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev~~		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater~~		~~Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev~~		~~Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev~~		~~Radiation delivery, 2 treatment are ports on a sir area, use blocks: 1~~
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology	el 3	(Typ Frac 30)														
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**		**$ -**	**$ 157.55**	**$ -**	**$ 157.55**	**$ -**	**$ 157.55**	**$ -**	**$ 157.55**	**$ -**	**$ 216.48**	**$ -**	**$ 218.10**	**$ -**	**$ 216.48**
8		**TOTAL CLINICAL STAFF TIME**		**56**		**14**		**14**		**14**		**14**		**19**		**19**		**19**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**3**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**53**	**0**	**13**	**0**	**13**	**0**	**13**	**0**	**13**	**0**	**18**	**0**	**18**	**0**	**18**
11		*Radiation Therapist*		*53*		*13*		*13*		*13*		*13*		*18*		*18*		*18*
12		*CT Tech*																
13		*Physics*																
14		*RN/LPN/MTA*																
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 75.51**	**$ -**	**$ 12.46**	**$ -**	**$ 12.46**	**$ -**	**$ 12.46**	**$ -**	**$ 12.46**	**$ -**	**$ 16.91**	**$ -**	**$ 16.91**	**$ -**	**$ 16.91**
17		**PRE-SERVICE PERIOD**																
18		**Start: Following visit when decision for surgery/procedure made**																
22	CA004	Provide pre-service education/obtain consent		1														
25	CA007	Review patient clinical extant information and questionnaire		0.93														
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)		1.17		1		1		1		1		1		1		1
30		*Other activity: please include short clinical description here and type new*																
33		**End: When patient enters office/facility for surgery/procedure**																
34		**SERVICE PERIOD**																
35		**Start: When patient enters office/facility for surgery/procedure:**																
36		**Pre-Service (of service period)**																
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are		4		2		2		2		2		2		2		2
38	CA009	Greet patient, provide gowning, ensure appropriate medical records are																
39	CA010	Obtain vital signs																
42	CA013	Prepare room, equipment and supplies																
43	CA013	Prepare room, equipment and supplies																
44	CA013	Prepare room, equipment and supplies		5		1		1		1		1		1		1		1
45	CA014	Confirm order, protocol exam																
46	CA014	Confirm order, protocol exam																
47	CA015	Setup scope (nonfacility setting only)																
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		5														
56		**Intra-service (of service period)**																
57	CA018	Assist physician or other qualified healthcare professional---directly																
58	CA019	Assist physician or other qualified healthcare professional---directly																
59	CA020	Assist physician or other qualified healthcare professional---directly																
60	CA021	Perform procedure/service---NOT directly related to physician work time		24		10		10		10		10		15		15		15
61	CA021	Perform procedure/service---NOT directly related to physician work time		24														
62	CA021	Perform procedure/service---NOT directly related to physician work time		5														
63	CA021	Perform procedure/service---NOT directly related to physician work time																
67		**Post-Service (of service period)**																
68	CA022	Monitor patient following procedure/service, multitasking 1:4																
70	CA024	Clean room/equipment by clinical staff																
71	CA024	Clean room/equipment by clinical staff		3														
77	CA030	Technologist QC's images in PACS, checking for all images, reformats,		2														
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,																
79	CA031	Review examination with interpreting MD/DO																
80	CA031	Review examination with interpreting MD/DO		2														
81	CA032	Scan exam documents into PACS. Complete exam in RIS system to																
82	CA032	Scan exam documents into PACS. Complete exam in RIS system to																
83	CA033	Perform regulatory mandated quality assurance activity (service period)																
85	CA035	Review home care instructions, coordinate visits/prescriptions		2.5														
93		**End: Patient leaves office/facility**																
94		**POST-SERVICE PERIOD**																
95		**Start: Patient leaves office/facility**																
96	CA037	Conduct patient communications		0.33														
97	CA038	Coordinate post-procedure services																
111		**End: with last office visit before end of global period**																

	A	B	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1	**RUC Practice Expense Spreadsheet**		**ENDED**	**SURVEY DATA**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE D**
2			**12**	**77412**		**~~G6003~~**		**~~G6004~~**		**~~G6005~~**		**~~G6006~~**		**~~G6007~~**		**~~G6008~~**		**~~G6~~**
3		***RUC Collaboration Website***	Delivery	N=76		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev~~		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev~~		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev~~		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater~~		~~Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev~~		~~Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev~~		~~Radiation delivery, 2 treatment are ports on a sir area, use blocks: 1~~
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology	el 3	(Typ Frac 30)														
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**		**$ -**	**$ 157.55**	**$ -**	**$ 157.55**	**$ -**	**$ 157.55**	**$ -**	**$ 157.55**	**$ -**	**$ 216.48**	**$ -**	**$ 218.10**	**$ -**	**$ 216.48**
8		**TOTAL CLINICAL STAFF TIME**		**56**		**14**		**14**		**14**		**14**		**19**		**19**		**19**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**3**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**53**	**0**	**13**	**0**	**13**	**0**	**13**	**0**	**13**	**0**	**18**	**0**	**18**	**0**	**18**
11		*Radiation Therapist*		*53*		*13*		*13*		*13*		*13*		*18*		*18*		*18*
12		*CT Tech*																
13		*Physics*																
14		*RN/LPN/MTA*																
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
112	**Supply Code**	**MEDICAL SUPPLIES**																
113		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ -**	**$ 3.44**	**$ -**	**$ 3.44**	**$ -**	**$ 3.44**	**$ -**	**$ 3.44**	**$ -**	**$ 3.44**	**$ -**	**$ 5.06**	**$ -**	**$ 3.44**
114	SB037	pillow case				2		2		2		2		2		2		2
115	SJ010	basin, emesis				2		2		2		2		2		2		2
116	SK075	skin marking pen, sterile (Skin Skribe)				1		1		1		1		1		2		1
117	SK087	water, distilled				10		10		10		10		10		10		10
118	SM013	disinfectant, surface (Envirocide, Sanizide)				1		1		1		1		1		1		1
119	SA048	pack, minimum multi-specialty visit																
120	SB006	drape, non-sterile, sheet 40in x 60in																
121	SC051	syringe 10-12ml																
122	SD024	catheter, Foley																
123	SG051	gauze, non-sterile 4in x 4in																
124	SG079	tape, surgical paper 1in (Micropore)																
125	SJ018	earplugs																
126	SJ032	lubricating jelly (K-Y) (5gm uou)																
127	SK073	skin marking ink (tattoo)																
128	SL006	alcohol, ethyl, denatured																
129	SB044	underpad 2ft x 3ft (Chux)																
130	SD084	gas, oxygen																
131	SG079	tape, surgical paper 1in (Micropore)																
132	SJ053	swab-pad, alcohol																
133	SB012	drape, sterile, for Mayo stand																
134	SJ032	lubricating jelly (K-Y) (5gm uou)																
135	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)																
136	SB026	gown, patient																
137	SB022	gloves, non-sterile																
138	SM022	sanitizing cloth-wipe (surface, instruments, equipment)																
139	SK073	skin marking ink (tattoo)																
140	SC029	needle, 18-27g																
141	SK013	computer media, dvd																
142	SK098	film, x-ray, laser print																
143	SK091	s-ray, envelope																
144																		
145	**Equipment Code**	**EQUIPMENT**																
146		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ 141.65**	**$ -**	**$ 141.65**	**$ -**	**$ 141.65**	**$ -**	**$ 141.65**	**$ -**	**$ 196.13**	**$ -**	**$ 196.13**	**$ -**	**$ 196.13**
147	ER089-60	IMRT accelerator				13		13		13		13		18		18		18
148	ER065-60	water chiller (radiation treatment)				13		13		13		13		18		18		18
149	ER057-60	radiation virtual simulation system				13		13		13		13		18		18		18
150	ER056-60	radiation treatment vault				13		13		13		13		18		18		18
151	ER039-60	laser targeting system (4 diodes)				13		13		13		13		18		18		18
152	ED004-60	camera, digital (6 mexapixel)				13		13		13		13		18		18		18

	A	B	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1	**RUC Practice Expense Spreadsheet**		**ENDED**	**SURVEY DATA**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE D**
2			**12**	**77412**		**~~G6003~~**		**~~G6004~~**		**~~G6005~~**		**~~G6006~~**		**~~G6007~~**		**~~G6008~~**		**~~G6~~**
3		***RUC Collaboration Website***	Delivery	N=76		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev~~		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev~~		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev~~		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater~~		~~Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev~~		~~Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev~~		~~Radiation delivery, 2 treatment are ports on a sir area, use blocks: 1~~
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology	el 3	(Typ Frac 30)														
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**		**$ -**	**$ 157.55**	**$ -**	**$ 157.55**	**$ -**	**$ 157.55**	**$ -**	**$ 157.55**	**$ -**	**$ 216.48**	**$ -**	**$ 218.10**	**$ -**	**$ 216.48**
8		**TOTAL CLINICAL STAFF TIME**		**56**		**14**		**14**		**14**		**14**		**19**		**19**		**19**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**3**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**53**	**0**	**13**	**0**	**13**	**0**	**13**	**0**	**13**	**0**	**18**	**0**	**18**	**0**	**18**
11		*Radiation Therapist*		*53*		*13*		*13*		*13*		*13*		*18*		*18*		*18*
12		*CT Tech*																
13		*Physics*																
14		*RN/LPN/MTA*																
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
153	ER090-60	Computer system, record and verify, IMRT																
154	ER040-60	laser, diode, for patient positioning (Probe)																
155	ER038-60	isocentric beam alignment device																
156	ER006-60	IMRT physics tools																
157	EQ139-60	intercom (incl. master, pt substation, power, wiring)																
158	ED036-60	video printer, color (Sony medical grade)																
159	ED035-60	video camera																
160	ER090	Computer system, record and verify, IMRT																
161	ER089	IMRT accelerator																
162	ER065	water chiller (radiation treatment)																
163	ER056	radiation treatment vault																
164	ER040	laser, diode, for patient positioning (Probe)																
165	ER038	isocentric beam alignment device																
166	ER006	IMRT physics tools																
167	EQ139	intercom (incl. master, pt substation, power, wiring)																
168	ED036	video printer, color (Sony medical grade)																
169	ED035	video camera																
170	ED004	camera, digital (6 mexapixel)																
171	ER083	SRS system, SBRT, six systems, average																
172	EQ211	pulse oximeter w-printer																
173	EL007	room, CT																
174	ED053	Professional PACS Workstation																
175	ED050	Technologist PACS workstation																
176	ER070	portal imaging system (w-PC work station and software)																
177	EQ250	ultrasound unit, portable																
178	ED014	computer workstation, 3D reconstruction CT-MR																
179	ER089-60	IMRT Accelerator - Updated Pricing																
180	ER056-60	Radiation Treatment Vault - Updated Pricing																
181	ER065-60	Water Chiller (radiation treatment) - Updated Pricing																
182	ED024	film processor																
183	ER029	film alternator																
184		on board imaging																
185		power conditioner																

	A	B	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1	**RUC Practice Expense Spreadsheet**		**ENDED**	**SURVEY DATA**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE D**
2			**12**	**77412**		**~~G6003~~**		**~~G6004~~**		**~~G6005~~**		**~~G6006~~**		**~~G6007~~**		**~~G6008~~**		**~~G6~~**
3		***RUC Collaboration Website***	Delivery	N=76		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: up to 5 mev~~		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10 mev~~		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19 mev~~		~~Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20 mev or greater~~		~~Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5 mev~~		~~Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10 mev~~		~~Radiation delivery, 2 treatment are ports on a sir area, use blocks: 1~~
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology	el 3	(Typ Frac 30)														
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**		**$ -**	**$ 157.55**	**$ -**	**$ 157.55**	**$ -**	**$ 157.55**	**$ -**	**$ 157.55**	**$ -**	**$ 216.48**	**$ -**	**$ 218.10**	**$ -**	**$ 216.48**
8		**TOTAL CLINICAL STAFF TIME**		**56**		**14**		**14**		**14**		**14**		**19**		**19**		**19**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**3**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**53**	**0**	**13**	**0**	**13**	**0**	**13**	**0**	**13**	**0**	**18**	**0**	**18**	**0**	**18**
11		*Radiation Therapist*		*53*		*13*		*13*		*13*		*13*		*18*		*18*		*18*
12		*CT Tech*																
13		*Physics*																
14		*RN/LPN/MTA*																
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
187																		

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1	**RUC Practice Expense Spreadsheet**		**ELETED**	**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DE**
2			~~009~~	~~G6010~~		~~G6011~~		~~G6012~~		~~G6013~~		~~G6014~~		~~G6015~~		~~G60~~
3		***RUC Collaboration Website***	~~treatment~~	~~Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater~~		~~Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev~~		~~Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev~~		~~Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev~~		~~Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater~~		~~Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session~~		~~Compensator-modulation treat of inverse plann using 3 or r resolution (mi compensator, beam modulat~~
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology														
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 216.48**	**$ -**	**$ 287.20**	**$ -**	**$ 287.20**	**$ -**	**$ 287.20**	**$ -**	**$ 287.20**	**$ -**	**$ 437.13**	**$ -**	**$ 509.23**
8		**TOTAL CLINICAL STAFF TIME**		**19**		**25**		**25**		**25**		**25**		**68**		**68**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**18**	**0**	**24**	**0**	**24**	**0**	**24**	**0**	**24**	**0**	**63**	**0**	**63**
11		*Radiation Therapist*		*18*		*24*		*24*		*24*		*24*		*60*		*60*
12		*CT Tech*														
13		*Physics*														
14		*RN/LPN/MTA*												*3*		*3*
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	**0**	**5**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 16.91**	**$ -**	**$ 22.25**	**$ -**	**$ 22.25**	**$ -**	**$ 22.25**	**$ -**	**$ 22.25**	**$ -**	**$ 57.72**	**$ -**	**$ 57.72**
17		**PRE-SERVICE PERIOD**														
18		**Start: Following visit when decision for surgery/procedure made**														
22	CA004	Provide pre-service education/obtain consent														
25	CA007	Review patient clinical extant information and questionnaire														
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)		1		1		1		1		1				
30		*Other activity: please include short clinical description here and type new*														
33		**End: When patient enters office/facility for surgery/procedure**														
34		**SERVICE PERIOD**														
35		**Start: When patient enters office/facility for surgery/procedure:**														
36		**Pre-Service (of service period)**														
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are		2		2		2		2		2				
38	CA009	Greet patient, provide gowning, ensure appropriate medical records are														
39	CA010	Obtain vital signs														
42	CA013	Prepare room, equipment and supplies														
43	CA013	Prepare room, equipment and supplies														
44	CA013	Prepare room, equipment and supplies		1		1		1		1		1				
45	CA014	Confirm order, protocol exam														
46	CA014	Confirm order, protocol exam														
47	CA015	Setup scope (nonfacility setting only)														
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient														
56		**Intra-service (of service period)**														
57	CA018	Assist physician or other qualified healthcare professional---directly														
58	CA019	Assist physician or other qualified healthcare professional---directly														
59	CA020	Assist physician or other qualified healthcare professional---directly														
60	CA021	Perform procedure/service---NOT directly related to physician work time		15		21		21		21		21		30		30
61	CA021	Perform procedure/service---NOT directly related to physician work time												30		30
62	CA021	Perform procedure/service---NOT directly related to physician work time														
63	CA021	Perform procedure/service---NOT directly related to physician work time														
67		**Post-Service (of service period)**														
68	CA022	Monitor patient following procedure/service, multitasking 1:4														
70	CA024	Clean room/equipment by clinical staff												3		3
71	CA024	Clean room/equipment by clinical staff														
77	CA030	Technologist QC's images in PACS, checking for all images, reformats,														
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,														
79	CA031	Review examination with interpreting MD/DO														
80	CA031	Review examination with interpreting MD/DO														
81	CA032	Scan exam documents into PACS. Complete exam in RIS system to														
82	CA032	Scan exam documents into PACS. Complete exam in RIS system to														
83	CA033	Perform regulatory mandated quality assurance activity (service period)														
85	CA035	Review home care instructions, coordinate visits/prescriptions														
93		**End: Patient leaves office/facility**														
94		**POST-SERVICE PERIOD**														
95		**Start: Patient leaves office/facility**														
96	CA037	Conduct patient communications														
97	CA038	Coordinate post-procedure services												5		5
111		**End: with last office visit before end of global period**														

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2			~~009~~	~~G6010~~		~~G6011~~		~~G6012~~		~~G6013~~		~~G6014~~		~~G6015~~		~~G60~~
3		***RUC Collaboration Website***	~~treatment~~	~~Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater~~		~~Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev~~		~~Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev~~		~~Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev~~		~~Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater~~		~~Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session~~		~~Compensator-modulation treat of inverse plann using 3 or n resolution (mi compensator, beam modulat
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology	~~separate as, 3 or more gle treatment of multiple 1-19 mev~~													
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 216.48**	**$ -**	**$ 287.20**	**$ -**	**$ 287.20**	**$ -**	**$ 287.20**	**$ -**	**$ 287.20**	**$ -**	**$ 437.13**	**$ -**	**$ 509.23**
8		**TOTAL CLINICAL STAFF TIME**		**19**		**25**		**25**		**25**		**25**		**68**		**68**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**18**	**0**	**24**	**0**	**24**	**0**	**24**	**0**	**24**	**0**	**63**	**0**	**63**
11		*Radiation Therapist*		*18*		*24*		*24*		*24*		*24*		*60*		*60*
12		*CT Tech*														
13		*Physics*														
14		*RN/LPN/MTA*												*3*		*3*
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	**0**	**5**
112	**Supply Code**	**MEDICAL SUPPLIES**														
113		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 3.44**	**$ -**	**$ 3.44**	**$ -**	**$ 3.44**	**$ -**	**$ 3.44**	**$ -**	**$ 3.44**	**$ -**	**$ 18.89**	**$ -**	**$ 18.89**
114	SB037	pillow case		2		2		2		2		2				
115	SJ010	basin, emesis		2		2		2		2		2				
116	SK075	skin marking pen, sterile (Skin Skribe)		1		1		1		1		1				
117	SK087	water, distilled		10		10		10		10		10				
118	SM013	disinfectant, surface (Envirocide, Sanizide)		1		1		1		1		1				
119	SA048	pack, minimum multi-specialty visit												1		1
120	SB006	drape, non-sterile, sheet 40in x 60in												1		1
121	SC051	syringe 10-12ml												1		1
122	SD024	catheter, Foley												1		1
123	SG051	gauze, non-sterile 4in x 4in												4		4
124	SG079	tape, surgical paper 1in (Micropore)												8		8
125	SJ018	earplugs												1		1
126	SJ032	lubricating jelly (K-Y) (5gm uou)												2		2
127	SK073	skin marking ink (tattoo)												2		2
128	SL006	alcohol, ethyl, denatured												7		7
129	SB044	underpad 2ft x 3ft (Chux)														
130	SD084	gas, oxygen														
131	SG079	tape, surgical paper 1in (Micropore)														
132	SJ053	swab-pad, alcohol														
133	SB012	drape, sterile, for Mayo stand														
134	SJ032	lubricating jelly (K-Y) (5gm uou)														
135	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)														
136	SB026	gown, patient														
137	SB022	gloves, non-sterile														
138	SM022	sanitizing cloth-wipe (surface, instruments, equipment)														
139	SK073	skin marking ink (tattoo)														
140	SC029	needle, 18-27g														
141	SK013	computer media, dvd														
142	SK098	film, x-ray, laser print														
143	SK091	s-ray, envelope														
144																
145	**Equipment Code**	**EQUIPMENT**														
146		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 196.13**	**$ -**	**$ 261.51**	**$ -**	**$ 261.51**	**$ -**	**$ 261.51**	**$ -**	**$ 261.51**	**$ -**	**$ 360.52**	**$ -**	**$ 432.62**
147	ER089-60	IMRT accelerator		18		24		24		24		24		37		
148	ER065-60	water chiller (radiation treatment)		18		24		24		24		24		37		
149	ER057-60	radiation virtual simulation system		18		24		24		24		24				
150	ER056-60	radiation treatment vault		18		24		24		24		24		37		
151	ER039-60	laser targeting system (4 diodes)		18		24		24		24		24				
152	ED004-60	camera, digital (6 mexapixel)		18		24		24		24		24		5		

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2			~~009~~	~~G6010~~		~~G6011~~		~~G6012~~		~~G6013~~		~~G6014~~		~~G6015~~		~~G60~~
3		***RUC Collaboration Website***	~~treatment~~	~~Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater~~		~~Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5 mev~~		~~Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10 mev~~		~~Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19 mev~~		~~Radiation treatment delivery,3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20 mev or greater~~		~~Intensity modulated treatment delivery, single or multiple fields/arcs,via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session~~		~~Compensator-modulation treat of inverse plann using 3 or r resolution (mi compensator, beam modulat~~
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology	~~separate as, 3 or more gle treatment of multiple 1-19 mev~~													
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6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 216.48**	**$ -**	**$ 287.20**	**$ -**	**$ 287.20**	**$ -**	**$ 287.20**	**$ -**	**$ 287.20**	**$ -**	**$ 437.13**	**$ -**	**$ 509.23**
8		**TOTAL CLINICAL STAFF TIME**		**19**		**25**		**25**		**25**		**25**		**68**		**68**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**18**	**0**	**24**	**0**	**24**	**0**	**24**	**0**	**24**	**0**	**63**	**0**	**63**
11		*Radiation Therapist*		*18*		*24*		*24*		*24*		*24*		*60*		*60*
12		*CT Tech*														
13		*Physics*														
14		*RN/LPN/MTA*												*3*		*3*
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	**0**	**5**
153	ER090-60	Computer system, record and verify, IMRT												30		
154	ER040-60	laser, diode, for patient positioning (Probe)												37		
155	ER038-60	isocentric beam alignment device												15		
156	ER006-60	IMRT physics tools												15		
157	EQ139-60	intercom (incl. master, pt substation, power, wiring)												37		
158	ED036-60	video printer, color (Sony medical grade)												5		
159	ED035-60	video camera												37		
160	ER090	Computer system, record and verify, IMRT														30
161	ER089	IMRT accelerator														37
162	ER065	water chiller (radiation treatment)														37
163	ER056	radiation treatment vault														37
164	ER040	laser, diode, for patient positioning (Probe)														37
165	ER038	isocentric beam alignment device														15
166	ER006	IMRT physics tools														15
167	EQ139	intercom (incl. master, pt substation, power, wiring)														37
168	ED036	video printer, color (Sony medical grade)														5
169	ED035	video camera														37
170	ED004	camera, digital (6 mexapixel)														5
171	ER083	SRS system, SBRT, six systems, average														
172	EQ211	pulse oximeter w-printer														
173	EL007	room, CT														
174	ED053	Professional PACS Workstation														
175	ED050	Technologist PACS workstation														
176	ER070	portal imaging system (w-PC work station and software)														
177	EQ250	ultrasound unit, portable														
178	ED014	computer workstation, 3D reconstruction CT-MR														
179	ER089-60	IMRT Accelerator - Updated Pricing														
180	ER056-60	Radiation Treatment Vault - Updated Pricing														
181	ER065-60	Water Chiller (radiation treatment) - Updated Pricing														
182	ED024	film processor														
183	ER029	film alternator														
184		on board imaging														
185		power conditioner														

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6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 216.48**	**$ -**	**$ 287.20**	**$ -**	**$ 287.20**	**$ -**	**$ 287.20**	**$ -**	**$ 287.20**	**$ -**	**$ 437.13**	**$ -**	**$ 509.23**
8		**TOTAL CLINICAL STAFF TIME**		**19**		**25**		**25**		**25**		**25**		**68**		**68**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**1**	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**18**	**0**	**24**	**0**	**24**	**0**	**24**	**0**	**24**	**0**	**63**	**0**	**63**
11		*Radiation Therapist*		*18*		*24*		*24*		*24*		*24*		*60*		*60*
12		*CT Tech*														
13		*Physics*														
14		*RN/LPN/MTA*												*3*		*3*
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	**0**	**5**
187																

	A	B	AV	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL
1	**RUC Practice Expense Spreadsheet**		**ELETED**	**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**REFERENCE CODE**		**RECOMMENDED**		**2014 RUC Recommendations**	
2			~~16~~	~~77014~~		~~G6002~~		~~G6001~~		~~G6017 - CARRIER~~		76377		77387		77387	
3		***RUC Collaboration Website***	~~based beam~~	~~Computed tomography guidance for placement of radiation therapy fields~~		~~Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy~~		~~Ultrasonic guidance for placement of radiation therapy fields~~		~~Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking) each fraction of~~		**3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other**		Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed		Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology	~~ment delivery~~ ~~ed treatment~~ ~~nore high~~ ~~led or cast)~~ ~~convergent~~														
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 92.82**	**$ -**	**$ 65.99**	**$ -**	**$ 135.36**	**$ -**	**$ -**	**$ -**	**$ 43.86**	**$ -**	**$ 75.29**	**$ -**	**$ 270.64**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**		**18**		**24**		**22**		**0**		**41**		**17**		**43**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**18**	**0**	**24**	**0**	**22**	**0**	**0**	**0**	**41**	**0**	**17**	**0**	**39**	**0**
11		*Radiation Therapist*		*18*		*24*		*22*		*0*				*17*		*39*	
12		*CT Tech*										*41*					
13		*Physics*															
14		*RN/LPN/MTA*															
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 16.02**	**$ -**	**$ 21.36**	**$ -**	**$ 19.58**	**$ -**	**$ -**	**$ -**	**$ 32.14**	**$ -**	**$ 15.13**	**$ -**	**$ 36.87**	**$ -**
17		**PRE-SERVICE PERIOD**															
18		**Start: Following visit when decision for surgery/procedure made**															
22	CA004	Provide pre-service education/obtain consent														1	
25	CA007	Review patient clinical extant information and questionnaire														1	
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)															
30		*Other activity: please include short clinical description here and type new*														2	
33		**End: When patient enters office/facility for surgery/procedure**															
34		**SERVICE PERIOD**															
35		**Start: When patient enters office/facility for surgery/procedure:**															
36		**Pre-Service (of service period)**															
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are															
38	CA009	Greet patient, provide gowning, ensure appropriate medical records are															
39	CA010	Obtain vital signs															
42	CA013	Prepare room, equipment and supplies										1					
43	CA013	Prepare room, equipment and supplies															
44	CA013	Prepare room, equipment and supplies		2		2		2						1		2	
45	CA014	Confirm order, protocol exam										1					
46	CA014	Confirm order, protocol exam												1			
47	CA015	Setup scope (nonfacility setting only)															
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		2		2		2								2	
56		**Intra-service (of service period)**															
57	CA018	Assist physician or other qualified healthcare professional---directly															
58	CA019	Assist physician or other qualified healthcare professional---directly															
59	CA020	Assist physician or other qualified healthcare professional---directly															
60	CA021	Perform procedure/service---NOT directly related to physician work time		10		20		15						10		15	
61	CA021	Perform procedure/service---NOT directly related to physician work time														15	
62	CA021	Perform procedure/service---NOT directly related to physician work time															
63	CA021	Perform procedure/service---NOT directly related to physician work time										33					
67		**Post-Service (of service period)**															
68	CA022	Monitor patient following procedure/service, multitasking 1:4															
70	CA024	Clean room/equipment by clinical staff															
71	CA024	Clean room/equipment by clinical staff						3									
77	CA030	Technologist QC's images in PACS, checking for all images, reformats,										3					
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,												2			
79	CA031	Review examination with interpreting MD/DO										2					
80	CA031	Review examination with interpreting MD/DO		4										2		3	
81	CA032	Scan exam documents into PACS. Complete exam in RIS system to										1					
82	CA032	Scan exam documents into PACS. Complete exam in RIS system to												1		2	
83	CA033	Perform regulatory mandated quality assurance activity (service period)															
85	CA035	Review home care instructions, coordinate visits/prescriptions															
93		**End: Patient leaves office/facility**															
94		**POST-SERVICE PERIOD**															
95		**Start: Patient leaves office/facility**															
96	CA037	Conduct patient communications															
97	CA038	Coordinate post-procedure services															
111		**End: with last office visit before end of global period**															

	A	B	AV	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL
1	**RUC Practice Expense Spreadsheet**		**~~ELETED~~**	**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**REFERENCE CODE**		**RECOMMENDED**		**2014 RUC Recommendations**	
2			**~~16~~**	**~~77014~~**		**~~G6002~~**		**~~G6001~~**		**~~G6017 - CARRIER~~**		**76377**		**77387**		**77387**	
3		***RUC Collaboration Website***	~~based beam ment delivery ed treatment nore high led or cast) convergent~~	~~Computed tomography guidance for placement of radiation therapy fields~~		~~Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy~~		~~Ultrasonic guidance for placement of radiation therapy fields~~		~~Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking), each fraction of~~		**3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other**		Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed		Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology															
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 92.82**	**$ -**	**$ 65.99**	**$ -**	**$ 135.36**	**$ -**	**$ -**	**$ -**	**$ 43.86**	**$ -**	**$ 75.29**	**$ -**	**$ 270.64**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**		**18**		**24**		**22**		**0**		**41**		**17**		**43**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**18**	**0**	**24**	**0**	**22**	**0**	**0**	**0**	**41**	**0**	**17**	**0**	**39**	**0**
11		*Radiation Therapist*		*18*		*24*		*22*		*0*				*17*		*39*	
12		*CT Tech*										*41*					
13		*Physics*															
14		*RN/LPN/MTA*															
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
112	**Supply Code**	**MEDICAL SUPPLIES**															
113		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ -**	**$ 0.08**	**$ -**	**$ 112.23**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
114	SB037	pillow case															
115	SJ010	basin, emesis															
116	SK075	skin marking pen, sterile (Skin Skribe)															
117	SK087	water, distilled															
118	SM013	disinfectant, surface (Envirocide, Sanizide)															
119	SA048	pack, minimum multi-specialty visit															
120	SB006	drape, non-sterile, sheet 40in x 60in															
121	SC051	syringe 10-12ml															
122	SD024	catheter, Foley															
123	SG051	gauze, non-sterile 4in x 4in															
124	SG079	tape, surgical paper 1in (Micropore)															
125	SJ018	earplugs															
126	SJ032	lubricating jelly (K-Y) (5gm uou)															
127	SK073	skin marking ink (tattoo)															
128	SL006	alcohol, ethyl, denatured															
129	SB044	underpad 2ft x 3ft (Chux)															
130	SD084	gas, oxygen															
131	SG079	tape, surgical paper 1in (Micropore)															
132	SJ053	swab-pad, alcohol				2											
133	SB012	drape, sterile, for Mayo stand						1									
134	SJ032	lubricating jelly (K-Y) (5gm uou)						2									
135	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)						32									
136	SB026	gown, patient															
137	SB022	gloves, non-sterile															
138	SM022	sanitizing cloth-wipe (surface, instruments, equipment)															
139	SK073	skin marking ink (tattoo)															
140	SC029	needle, 18-27g															
141	SK013	computer media, dvd														1	
142	SK098	film, x-ray, laser print														3	
143	SK091	s-ray, envelope														1	
144																	
145	**Equipment Code**	**EQUIPMENT**															
146		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 76.80**	**$ -**	**$ 44.55**	**$ -**	**$ 3.55**	**$ -**	**$ -**	**$ -**	**$ 11.71**	**$ -**	**$ 60.16**	**$ -**	**$ 233.77**	**$ -**
147	ER089-60	IMRT accelerator															
148	ER065-60	water chiller (radiation treatment)															
149	ER057-60	radiation virtual simulation system															
150	ER056-60	radiation treatment vault															
151	ER039-60	laser targeting system (4 diodes)															
152	ED004-60	camera, digital (6 mexapixel)															

	A	B	AV	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL
1	**RUC Practice Expense Spreadsheet**		**~~ELETED~~**	**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**REFERENCE CODE**		**RECOMMENDED**		**2014 RUC Recommendations**	
2			**~~16~~**	**~~77014~~**		**~~G6002~~**		**~~G6001~~**		**~~G6017 - CARRIER~~**		**76377**		**77387**		**77387**	
3		***RUC Collaboration Website***	~~based beam~~ ~~ment delivery~~ ~~ed treatment~~ ~~nore high~~ ~~led or cast)~~ ~~convergent~~ ~~ed fields, per~~	~~Computed tomography guidance for placement of radiation therapy fields~~		~~Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy~~		~~Ultrasonic guidance for placement of radiation therapy fields~~		~~Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking) each fraction of~~		**3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other**		Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed		Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology															
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 92.82**	**$ -**	**$ 65.99**	**$ -**	**$ 135.36**	**$ -**	**$ -**	**$ -**	**$ 43.86**	**$ -**	**$ 75.29**	**$ -**	**$ 270.64**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**		**18**		**24**		**22**		**0**		**41**		**17**		**43**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**18**	**0**	**24**	**0**	**22**	**0**	**0**	**0**	**41**	**0**	**17**	**0**	**39**	**0**
11		*Radiation Therapist*		*18*		*24*		*22*		*0*				*17*		*39*	
12		*CT Tech*										*41*					
13		*Physics*															
14		*RN/LPN/MTA*															
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
153	ER090-60	Computer system, record and verify, IMRT															
154	ER040-60	laser, diode, for patient positioning (Probe)															
155	ER038-60	isocentric beam alignment device															
156	ER006-60	IMRT physics tools															
157	EQ139-60	intercom (incl. master, pt substation, power, wiring)															
158	ED036-60	video printer, color (Sony medical grade)															
159	ED035-60	video camera															
160	ER090	Computer system, record and verify, IMRT														2	
161	ER089	IMRT accelerator														21	
162	ER065	water chiller (radiation treatment)														21	
163	ER056	radiation treatment vault														21	
164	ER040	laser, diode, for patient positioning (Probe)														21	
165	ER038	isocentric beam alignment device															
166	ER006	IMRT physics tools															
167	EQ139	intercom (incl. master, pt substation, power, wiring)														19	
168	ED036	video printer, color (Sony medical grade)															
169	ED035	video camera															
170	ED004	camera, digital (6 mexapixel)															
171	ER083	SRS system, SBRT, six systems, average															
172	EQ211	pulse oximeter w-printer															
173	EL007	room, CT		14										11			
174	ED053	Professional PACS Workstation		9								18		3			
175	ED050	Technologist PACS workstation		18										17			
176	ER070	portal imaging system (w-PC work station and software)				24											
177	EQ250	ultrasound unit, portable						22									
178	ED014	computer workstation, 3D reconstruction CT-MR										35					
179	ER089-60	IMRT Accelerator - Updated Pricing															
180	ER056-60	Radiation Treatment Vault - Updated Pricing															
181	ER065-60	Water Chiller (radiation treatment) - Updated Pricing															
182	ED024	film processor														4	
183	ER029	film alternator														4	
184		on board imaging														21	
185		power conditioner														21	

	A	B	AV	AY	AZ	BA	BB	BC	BD	BE	BF	BG	BH	BI	BJ	BK	BL
1	**RUC Practice Expense Spreadsheet**		**~~ELETED~~**	**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**TO BE DELETED**		**REFERENCE CODE**		**RECOMMENDED**		**2014 RUC Recommendations**	
2			**~~16~~**	**~~77014~~**		**~~G6002~~**		**~~G6001~~**		**~~G6017 - CARRIER~~**		**76377**		**77387**		**77387**	
3		***RUC Collaboration Website***	~~based beam ment delivery ed treatment nore high led or cast) convergent~~	~~Computed tomography guidance for placement of radiation therapy fields~~		~~Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy~~		~~Ultrasonic guidance for placement of radiation therapy fields~~		~~Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional tracking, gating, 3d surface tracking) each fraction of~~		**3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other**		Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed		Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology															
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 92.82**	**$ -**	**$ 65.99**	**$ -**	**$ 135.36**	**$ -**	**$ -**	**$ -**	**$ 43.86**	**$ -**	**$ 75.29**	**$ -**	**$ 270.64**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**		**18**		**24**		**22**		**0**		**41**		**17**		**43**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**18**	**0**	**24**	**0**	**22**	**0**	**0**	**0**	**41**	**0**	**17**	**0**	**39**	**0**
11		*Radiation Therapist*		*18*		*24*		*22*		*0*				*17*		*39*	
12		*CT Tech*										*41*					
13		*Physics*															
14		*RN/LPN/MTA*															
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
187																	

	A	B	BM	BN	BO	BP
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**	
2			**77417**		**77417**	
3		***RUC Collaboration Website***	Therapeutic radiology port image(s)		Therapeutic radiology port image(s)	
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 14.59**	**$ -**	**$ 16.21**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**16**		**16**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**16**	**0**	**16**	**0**
11		*Radiation Therapist*	*16*		*16*	
12		*CT Tech*				
13		*Physics*				
14		*RN/LPN/MTA*				
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 14.24**	**$ -**	**$ 14.24**	**$ -**
17		**PRE-SERVICE PERIOD**				
18		**Start: Following visit when decision for surgery/procedure made**				
22	CA004	Provide pre-service education/obtain consent				
25	CA007	Review patient clinical extant information and questionnaire				
26	CA008	Perform regulatory mandated quality assurance activity (pre-service)				
30		*Other activity: please include short clinical description here and type new*				
33		**End: When patient enters office/facility for surgery/procedure**				
34		**SERVICE PERIOD**				
35		**Start: When patient enters office/facility for surgery/procedure:**				
36		**Pre-Service (of service period)**				
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are				
38	CA009	Greet patient, provide gowning, ensure appropriate medical records are				
39	CA010	Obtain vital signs				
42	CA013	Prepare room, equipment and supplies				
43	CA013	Prepare room, equipment and supplies				
44	CA013	Prepare room, equipment and supplies				
45	CA014	Confirm order, protocol exam				
46	CA014	Confirm order, protocol exam				
47	CA015	Setup scope (nonfacility setting only)				
48	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient				
56		**Intra-service (of service period)**				
57	CA018	Assist physician or other qualified healthcare professional---directly				
58	CA019	Assist physician or other qualified healthcare professional---directly				
59	CA020	Assist physician or other qualified healthcare professional---directly				
60	CA021	Perform procedure/service---NOT directly related to physician work time	16		16	
61	CA021	Perform procedure/service---NOT directly related to physician work time				
62	CA021	Perform procedure/service---NOT directly related to physician work time				
63	CA021	Perform procedure/service---NOT directly related to physician work time				
67		**Post-Service (of service period)**				
68	CA022	Monitor patient following procedure/service, multitasking 1:4				
70	CA024	Clean room/equipment by clinical staff				
71	CA024	Clean room/equipment by clinical staff				
77	CA030	Technologist QC's images in PACS, checking for all images, reformats,				
78	CA030	Technologist QC's images in PACS, checking for all images, reformats,				
79	CA031	Review examination with interpreting MD/DO				
80	CA031	Review examination with interpreting MD/DO				
81	CA032	Scan exam documents into PACS. Complete exam in RIS system to				
82	CA032	Scan exam documents into PACS. Complete exam in RIS system to				
83	CA033	Perform regulatory mandated quality assurance activity (service period)				
85	CA035	Review home care instructions, coordinate visits/prescriptions				
93		**End: Patient leaves office/facility**				
94		**POST-SERVICE PERIOD**				
95		**Start: Patient leaves office/facility**				
96	CA037	Conduct patient communications				
97	CA038	Coordinate post-procedure services				
111		**End: with last office visit before end of global period**				

	A	B	BM	BN	BO	BP
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**	
2			**77417**		**77417**	
3		***RUC Collaboration Website***	Therapeutic radiology port image(s)		Therapeutic radiology port image(s)	
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 14.59**	**$ -**	**$ 16.21**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**16**		**16**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**16**	**0**	**16**	**0**
11		*Radiation Therapist*	*16*		*16*	
12		*CT Tech*				
13		*Physics*				
14		*RN/LPN/MTA*				
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**
112	**Supply Code**	**MEDICAL SUPPLIES**				
113		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ 1.62**	**$ -**
114	SB037	pillow case				
115	SJ010	basin, emesis				
116	SK075	skin marking pen, sterile (Skin Skribe)			1	
117	SK087	water, distilled				
118	SM013	disinfectant, surface (Envirocide, Sanizide)				
119	SA048	pack, minimum multi-specialty visit				
120	SB006	drape, non-sterile, sheet 40in x 60in				
121	SC051	syringe 10-12ml				
122	SD024	catheter, Foley				
123	SG051	gauze, non-sterile 4in x 4in				
124	SG079	tape, surgical paper 1in (Micropore)				
125	SJ018	earplugs				
126	SJ032	lubricating jelly (K-Y) (5gm uou)				
127	SK073	skin marking ink (tattoo)				
128	SL006	alcohol, ethyl, denatured				
129	SB044	underpad 2ft x 3ft (Chux)				
130	SD084	gas, oxygen				
131	SG079	tape, surgical paper 1in (Micropore)				
132	SJ053	swab-pad, alcohol				
133	SB012	drape, sterile, for Mayo stand				
134	SJ032	lubricating jelly (K-Y) (5gm uou)				
135	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)				
136	SB026	gown, patient				
137	SB022	gloves, non-sterile				
138	SM022	sanitizing cloth-wipe (surface, instruments, equipment)				
139	SK073	skin marking ink (tattoo)				
140	SC029	needle, 18-27g				
141	SK013	computer media, dvd				
142	SK098	film, x-ray, laser print				
143	SK091	s-ray, envelope				
144						
145	**Equipment Code**	**EQUIPMENT**				
146		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 0.35**	**$ -**	**$ 0.35**	**$ -**
147	ER089-60	IMRT accelerator				
148	ER065-60	water chiller (radiation treatment)				
149	ER057-60	radiation virtual simulation system				
150	ER056-60	radiation treatment vault				
151	ER039-60	laser targeting system (4 diodes)				
152	ED004-60	camera, digital (6 mexapixel)				

	A	B	BM	BN	BO	BP
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**	
2			**77417**		**77417**	
3		***RUC Collaboration Website***	Therapeutic radiology port image(s)		Therapeutic radiology port image(s)	
4	**Clinical Activity Code**	**Meeting Date:** Jan 2025 **Revision Date (if applicable):** **Tab:** 16 **Specialty:** Radiation Oncology				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 14.59**	**$ -**	**$ 16.21**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**16**		**16**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**16**	**0**	**16**	**0**
11		*Radiation Therapist*	*16*		*16*	
12		*CT Tech*				
13		*Physics*				
14		*RN/LPN/MTA*				
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**
153	ER090-60	Computer system, record and verify, IMRT				
154	ER040-60	laser, diode, for patient positioning (Probe)				
155	ER038-60	isocentric beam alignment device				
156	ER006-60	IMRT physics tools				
157	EQ139-60	intercom (incl. master, pt substation, power, wiring)				
158	ED036-60	video printer, color (Sony medical grade)				
159	ED035-60	video camera				
160	ER090	Computer system, record and verify, IMRT				
161	ER089	IMRT accelerator				
162	ER065	water chiller (radiation treatment)				
163	ER056	radiation treatment vault				
164	ER040	laser, diode, for patient positioning (Probe)				
165	ER038	isocentric beam alignment device				
166	ER006	IMRT physics tools				
167	EQ139	intercom (incl. master, pt substation, power, wiring)				
168	ED036	video printer, color (Sony medical grade)				
169	ED035	video camera				
170	ED004	camera, digital (6 mexapixel)				
171	ER083	SRS system, SBRT, six systems, average				
172	EQ211	pulse oximeter w-printer				
173	EL007	room, CT				
174	ED053	Professional PACS Workstation				
175	ED050	Technologist PACS workstation	16		16	
176	ER070	portal imaging system (w-PC work station and software)				
177	EQ250	ultrasound unit, portable				
178	ED014	computer workstation, 3D reconstruction CT-MR				
179	ER089-60	IMRT Accelerator - Updated Pricing				
180	ER056-60	Radiation Treatment Vault - Updated Pricing				
181	ER065-60	Water Chiller (radiation treatment) - Updated Pricing				
182	ED024	film processor				
183	ER029	film alternator				
184		on board imaging				
185		power conditioner				

	A	B	BM	BN	BO	BP
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED**		**CURRENT**	
2			**77417**		**77417**	
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6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 14.59**	**$ -**	**$ 16.21**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**16**		**16**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**16**	**0**	**16**	**0**
11		*Radiation Therapist*	*16*		*16*	
12		*CT Tech*				
13		*Physics*				
14		*RN/LPN/MTA*				
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**
187						

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: High Volume Category III Codes 2019 (0394T)*

January 2025

Superficial Radiation Therapy – Tab 17

In October 2019, code 0394T was identified via the Relativity Assessment Workgroup's (RAW's) high-volume category III codes screen based on 2018 Medicare utilization data over 1,000. In January 2020, the RUC recommended maintaining this service and review in 3 years (Sept 2023). In September 2023, the RUC recommended that this service be referred to CPT May 2024 to create a Category I code.

Additionally, in October 2020, code G6001 was identified by the RAW via the CMS/Other Medicare utilization over 20,000 screen. In January 2021, the RUC recommended referring G6001 to CPT to develop new code(s) that reflect the different process of care between the two specialties (dermatology and radiation oncology). Over a year later, a Category I code had not been created, therefore this issue was placed back on the RAW for review at the April 2022 Workgroup meeting. In April 2022, the Workgroup agreed with the specialty society that the specialties work with CMS to develop a MLN Matters article to clarify correct coding and that the Workgroup re-review in two years (April 2024). In September 2023, the Workgroup reviewed an action plan related to other radiation treatment delivery codes G6012-G6015, the specialty societies initially requested maintaining the inputs for all the codes in the radiation treatment delivery family and removing them from this CMS/Other screen. The Workgroup disagreed and noted that the inputs for these services were last reviewed in 2014, CMS did not accept the RUC recommendations and the inputs may not represent the services as they are currently performed. The Workgroup discussed reviewing these services for practice expense at the next meeting. The specialty societies indicated that they would bring the code set back to CPT to correctly define and attempt to address CMS' concerns.

In September 2024, the CPT Editorial Panel created four codes and a new subsection to report surface radiation therapy. The existing Category III code, 0394T, and one Category I code, 77401, were deleted. The code family was surveyed for the January 2024 RUC meeting.

Superficial and orthovoltage radiotherapy utilize low energy ionizing radiation to treat cancer and other conditions that occur either on or close to the skin surface. Simulation-aided field setting for superficial radiation therapy (SRT) is currently reported using CPT code 77280 *Therapeutic radiology simulation-aided field setting; simple*. The new code family provides a series of CPT codes—covering planning, simulation, and treatment delivery—that describe SRT, performed typically by dermatology, and includes a combination of professional/technical services to allow for the reporting of services performed. As a result, SRT treatment planning and simulation-aided field setting will be reported with the new CPT code 77436. The reporting of 77280 for SRT will be prohibited under new CPT guidelines.

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Compelling Evidence
The RUC agreed with the specialty societies that there is compelling evidence to support a change in physician work for the code family based on a change in dominant specialty as Dermatology did not participate in the prior RUC survey. At the January 2013 meeting, the RUC recommended a work RVU of 0.70 for 77280, based on a survey that consisted only of Radiation Oncology. The typical current predominant diagnosis for 77280 is skin cancer and the dominant specialty is Dermatology, which was not the case in 2013.

In addition, the vignette for the 2013 valuation of 77280 is substantially different than the vignette for the new code 77436. The vignette for 77280 described therapeutic radiation field setting to the lumbar spine in a patient with metastatic prostate cancer, while the vignette for 77436 describes the typical patient undergoing treatment planning for surface radiation therapy to treat a localized squamous cell carcinoma on the shin.

The RUC concurred that there is compelling evidence that the physician work for these services has changed due to a previous valuation excluded a specialty that currently provides a plurality of the service and a misleading vignette, survey and/or flawed crosswalk assumptions in a previous evaluation.

77436 ***Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting***
The RUC reviewed the survey results from 64 dermatologists and radiation oncologists and concluded that the survey respondents overvalued the physician work involved in performing this service. The RUC determined that a direct work RVU crosswalk to CPT code 95991 *Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis of pump, when performed; requiring skill of a physician or other qualified health care professional* (work RVU = 0.77, 20 minutes intra-service time and 37 minutes total time), which falls below the survey 25th percentile and has nearly identical intra-service time, appropriately accounts for the physician work involved in this service. The RUC noted that the value is similar to the current code being reported 77280 which has a work RVU of 0.70 and is also similar to the survey responses by dermatologists with the survey 25th percentile work RVU of 0.80. The RUC recommends 7 minutes pre-service time, 19 minutes intra-service time, 10 minutes post-service time for 36 minutes total time as supported by the survey. The typical course of superficial radiation therapy for the treatment of skin cancer consists of approximately fifteen treatments, with the appropriate treatment delivery code (e.g., 77437) reported for each session. Based on the current usage of CPT code 77280, the RUC clarified that the new planning code, 77436, will be used multiple times throughout the treatment course."

To justify a work RVU of 0.77, the RUC compared CPT code 77436 to both the key reference service codes 77262 *Therapeutic radiology treatment planning; intermediate* (work RVU = 2.00, 45 minutes intra-service time, and 54 minutes total time) and 77261 *Therapeutic radiology treatment planning; simple* (work RVU = 1.30, 30 minutes intra-service time, and 36 minutes total time) and noted that the key reference services have much more intra-service and total time and are more intense than 77436, therefore the reference codes are appropriately valued higher than the surveyed code. The RUC also compared CPT code 77436 to MPC code 99213 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.* (work RVU = 1.30, 20 minutes intra-service time and 30 minutes total time) noting that the comparator code has slightly more intra-service time and is much more intense than the surveyed code and is therefore appropriately valued higher.

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For additional support, the RUC noted a strong comparison between CPT code 77436 and CPT code 93280 *Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; dual lead pacemaker system* (work RVU = 0.77, 15 minutes intra-service time and 32 minutes total time) which has the same amount and intensity of physician work, yet less intra-service and total time. The RUC also referenced CPT codes 62370 *Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)* (work RVU = 0.90, 20 minutes intra-service time and 37 minutes total time) and 38226 *Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes for transportation (eg, cryopreservation, storage)* (work RVU = 0.79, 18 minutes intra-service time and 28 minutes total time) for additional justification.

The RUC concluded that CPT code 77436 should be valued based on a direct work RVU crosswalk to CPT code 95991, noting that both services involve nearly identical intra-service and total time, and agreed the crosswalk value below the survey 25th percentile was appropriate. **The RUC recommends a work RVU of 0.77 for CPT code 77436.**

77439 ***Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to the code for primary procedure)***
The RUC reviewed the survey results from 51 dermatologists and radiation oncologists and determined that the survey 25th percentile work RVU of 0.30 appropriately accounts for the physician work involved in this add-on service. The RUC recommends 10 minutes intra-service and total time as supported by the survey. Reporting of the new add-on code is limited to once per course of treatment.

Ultrasound guidance for the placement of radiation therapy fields for SRT is currently reported using HCPCs code *G6001 Ultrasonic guidance for placement of radiation therapy fields*. The new code family provides a series of CPT codes—covering planning, simulation, and treatment delivery—that describe SRT, performed typically by dermatology, and includes a combination of professional/technical services to allow for the reporting of services performed. As a result, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors for SRT will be reported with new CPT code 77439. **The RUC recommends deletion of HCPCS code G6001**.

To justify a work RVU of 0.30, the RUC compared CPT code 77439 to the top key reference service code 76937 *Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)* (work RVU = 0.30, 10 minutes intra-service and total time) and noted the strong comparison between the services which involve identical intra-service and total time and the same amount and intensity of physician work. The RUC also compared CPT code 77439 to the second key reference service code 77293 *Respiratory motion management simulation (List separately in addition to code for primary procedure)* (work RVU = 2.00, 45 minutes intra-service and total time) and noted that the reference service has much more intra-service and total time and is therefore appropriately valued higher than the surveyed code.

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For additional support, the RUC noted that recommended value for CPT code 77439 is appropriately bracketed between MPC codes 96411 *Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)* (work RVU = 0.20, 4 minutes intra-service time and 7 minutes total time) and 95885 *Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)* (work RVU = 0.35, 15 minutes intra-service and total time). The RUC concluded that CPT code 77439 should be valued at the 25th percentile work RVU as supported by the survey. **The RUC recommends a work RVU of 0.30 for CPT code 77439.**

Practice Expense
The Practice Expense (PE) Subcommittee considered the entire code family, CPT codes 77436 and 77439 alongside PE-only codes 77437 and 77438. Compelling evidence was not needed for the family but was provided for new code 77437 as the practice expense inputs are greater than the code it is replacing, CPT code 77401. The PE Subcommittee concurred that there is compelling evidence to support an increase over the aggregate current cost for clinical staff time, supplies and equipment based on changes in technology/updated equipment because the cost of the radiation delivery device typically used has increased. Compelling evidence was accepted under the recognized category of: Evidence that there has been a change in equipment or practice expense cost.

The PE Subcommittee reviewed the direct practice expense inputs and questioned discrepancies between the inputs for codes 77437 and 77438. The specialties explained that the codes are different procedures that utilize different pieces of equipment, involve different patient populations and different specialties. CPT code 77437 is for superficial delivery and will predominantly be reported by dermatology, while 77438 is for orthovoltage services and will be reported by radiation oncologists. For CPT code 77438, the PE Subcommittee acknowledged two new equipment items, *Orthovoltage Treatment Delivery System* and the *Orthovoltage Vault*. It was clarified that the equipment is typically purchased or leased.

The PE Subcommittee made one modification to CPT code 77436 to remove minutes from CA009 *Greet patient, provide gowning, ensure appropriate medical records* to eliminate potential overlap with 77437. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

G-Codes
The RUC requests that CMS delete G6001 since CPT codes 77436-77439 have been created and may be used to report superficial radiation therapy.

New Technology
The code family, CPT codes 77436, 77437, 77438 and 77439, will be placed on the New Technology list and will be re-reviewed by the RUC in three years.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

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Radiology
Radiation Oncology
Medical Radiation Physics, Dosimetry, Treatment Devices, and Special Services

...

77280 *Therapeutic radiology simulation-aided field setting; simple*

...

77300 *Basic radiation dosimetry calculation, central axis depth dose calculation, TDF, NSD, gap calculation, off axis factor, tissue inhomogeneity factors, calculation of nonionizing radiation surface and depth dose, as required during course of treatment, only when prescribed by the treating physician*

(Do not report 77300 in conjunction with 77436, 77437, 77438, 77439, 77306, 77307, 77316, 77317, 77318, 77321, 77767, 77768, 77770, 77771, 77772, ~~0394T,~~ 0395T)

…

77331 *Special dosimetry (eg, TLD, microdosimetry) (specify), only when prescribed by the treating physician*

(Do not report 77331 in conjunction with 77436, 77437, 77438, 77439)

Stereotactic Radiation Treatment Delivery

77373 *Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions*

(Do not report 77373 in conjunction with ~~*77385, 77386,*~~ ~~77401,~~ 77402, 77407, 77412)

(For single fraction cranial lesion[s], see 77371, 77372)

Radiation Treatment Delivery

Following dosimetry calculations…

All treatment delivery codes…

Radiation treatment delivery…

~~*Energies below the megavoltage range may be used in the treatment of skin lesions. Superficial radiation energies (up to 200 kV) may be generated by a variety of technologies and should not be reported with megavoltage (77402, 77407, 77412) for surface application. Do not report clinical treatment planning (77261, 77262, 77263), treatment devices (77332, 77333, 77334), isodose planning (77306, 77307, 77316, 77317, 77318),~~ physics ~~consultation (77336), or radiation treatment management (77427, 77431, 77432, 77435, 77469, 77470, 77499) with~~

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~~77401, 0394T, or 0395T. When reporting 77401 alone, evaluation and management, when performed, may be reported with the appropriate E/M codes.~~ . . .				
D77401	-	~~Radiation treatment delivery, superficial and/or ortho voltage, per day~~ ~~(Do not report 77401 in conjunction with 77373)~~ (77401 has been deleted. For surface radiation therapy, see 77436, 77437, 77438, 77439)	~~XXX~~	~~(2025 Work RVU = 0.00)~~
Surface Radiation Therapy (SRT) Surface radiation therapy (SRT) is a type of external radiation therapy that utilizes low energy radiation, <500kV, that limits penetration to tissues beyond the skin. Radiation therapy of skin cancers is principally done with X-rays. X-rays can be generated with different energies. Low energy X-rays do not penetrate deep into the body and transmit most of their energy into the skin and are therefore used for the treatment of skin cancers. These low energy X-rays are often called superficial (SXT) or orthovoltage (DXT) X-rays. Superficial and orthovoltage radiotherapy utilize low energy ionizing radiation to treat cancer and other conditions that occur either on or close to the skin surface. SRT utilizes ≤150 kilovoltage (kV) X-rays to treat various benign and malignant skin lesions on or near the surface of the skin. They penetrate tissue <1.5-2 cm from the skin surface. The shielding requirements and machinery used to generate superficial radiation differ from orthovoltage radiation. Orthovoltage X-rays, >150-500 kV, are sometimes termed “deep” X-rays (DXR). They cover the upper limit of energies used for surface radiation therapy to treat cancer and tumors. Orthovoltage X-rays penetrate tissue to a therapeutic depth < 4 cm from the skin surface. SRT should not be reported in conjunction with megavoltage (77402, 77407, 77412). Do not report clinical treatment planning (77261, 77262, 77263), simulation (77280, 77285, 77290, 77295), basic dosimetry calculation (77300), special dosimetry (77331), treatment devices (77332, 77333, 77334), isodose planning (77306, 77307, 77316, 77317, 77318), or radiation treatment management (77427, 77431, 77432, 77435, 77469, 77470, 77499) in conjunction with 77436, 77437, 77438, 77439. Superficial or orthovoltage ultrasound image guidance for placement of radiation therapy fields for treatment of cutaneous tumors, if performed, may be reported no more than once per course of treatment.				
●77436	AA1	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting (Do not report 77436 in conjunction with 77261, 77262, 77280)	XXX	0.77

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●77437	AA2	superficial, delivery, ≤150 kV, per fraction (eg, electronic brachytherapy)	XXX	PE Only
●77438	AA3	orthovoltage, delivery, >150-500 kV, per fraction	XXX	PE Only
●✚77439	AA4	superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to the code for primary procedure) (Use 77439 in conjunction with 77437, 77438) (Do not report 77436, 77437, 77438, 77439 in conjunction with 77261, 77262, 77263, 77280, 77285, 77290, 77295, 77300, 77306, 77307, 77316, 77317, 77318, 77331, 77332, 77333, 77334, 77387, 77014, 77402, 77407, 77412, 77427, 77431, 77432, 77435, 77469, 77470, 77499, 77600, 77605, 77610, 77615, 77620, 77761, 77262, 77263, 77767, 77768, 77770, 77771, 77772, 77778, 77789) (For high energy treatment of skin cancer [eg, electron, photons, gamma rays], see 77402, 77407, 77412) (For high-dose rate radionuclide surface brachytherapy, see 77767, 77768)	ZZZ	0.30

Category	Code	Descriptor	Image guidance TC (77439) Bundled into Code?	Image guidance PC (77439) Bundled into Code?	Code Type (Technical / Professional)
Surface Radiation Therapy	77436	SRT treatment planning and simulation-aided field setting	N	N	Professional / Technical
	77437	SRT superficial delivery ≤150 kV	N	N	Technical

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		77438	SRT orthovoltage delivery >150-500kV	N	N	Technical	
		77439	SRT, superficial or orthovoltage, image guidance, ultrasound	N/A	N/A	Professional / Technical	

Neutron Beam Treatment Delivery

77423 *High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)*

…

Radiation Oncology
Clinical Brachytherapy

Clinical brachytherapy requires the use of either natural or man-made radioelements applied into or around a treatment field of interest. The supervision of radioelements and dose interpretation are performed solely by the therapeutic radiologist.

Services 77750-77799 include admission to the hospital and daily visits.

For insertion of ovoids and tandems, use 57155.

For insertion of Heyman capsules, use 58346.

Definitions

(Sources refer to intracavitary placement or permanent interstitial placement; ribbons refer to temporary interstitial placement)

***A simple** application has one to four sources/ribbons.*

***An intermediate** application has five to 10 sources/ribbons.*

***A complex** application has greater than 10 sources/ribbons.*

High dose-rate brachytherapy…

Small electronic X-ray sources placed into an applicator within or close to the target may also be used to generate radiation at high-dose rates. This is referred to as high dose-rate electronic brachytherapy.

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To report high dose-rate electronic brachytherapy, ~~see~~ use ~~0394T,~~ 0395T.

77750…

77761 *Intracavitary radiation source application; simple*

77762 *intermediate*

77763 *complex*

(Do not report 77761-77763 in conjunction with ~~Category III code~~ ~~0394T,~~ 0395T)

77767 *Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel*

77768 *lesion diameter over 2.0 cm and 2 or more channels, or multiple lesions*

77770 *Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel*

77771 *2-12 channels*

77772 *over 12 channels*

(Do not report 77767, 77768, 77770, 77771, 77772 in conjunction with 77300, ~~0394T~~, 0395T)

~~(For non-brachytherapy superficial [eg, ≤200 kV] radiation treatment delivery, use 77401)~~

77778 *Interstitial radiation source application, complex, includes supervision, handling, loading of radiation source, when performed*

(Do not report 77778 in conjunction with ~~Category III codes~~ ~~0394T,~~ 0395T)

(Do not report 77778 in conjunction with 77790)

(77782-77784 have been deleted. To report, see 77767, 77768, 77770, 77771, 77772)

77789 *Surface application of low dose rate radionuclide source*

(Do not report 77789 in conjunction with ~~77401,~~ 77767, 77768, ~~0394T,~~ 0395T)

Category III Codes

~~0394T~~ ~~High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed~~

~~(Do not report 0394T in conjunction with 77261, 77262, 77263, 77300, 77306, 77307, 77316, 77317, 77318, 77332, 77333, 77334, 77336, 77427, 77431, 77432, 77435, 77469, 77470, 77499, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 77789)~~

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

		~~(For high dose rate radionuclide surface brachytherapy, see 77767, 77768)~~ ~~(For non-brachytherapy superficial [eg, ≤200 kV] radiation treatment delivery, use 77401)~~ (0394T has been deleted) (For surface radiation therapy, superficial, delivery, ≤150 kV, per fraction, use 77437)		
0395T		*High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed* *(Do not report 0395T in conjunction with 77261, 77262, 77263, 77300, 77306, 77307, 77316, 77317, 77318, 77332, 77333, 77334, 77336, 77427, 77431, 77432, 77435, 77469, 77470, 77499, 77761, 77762, 77763, 77767, 77768, 77770, 77771, 77772, 77778, 77789)* ~~(For skin surface application of high dose rate electronic brachytherapy, use 0394T)~~ *(For intraoperative use of kinetic balance sensor for implant stability during knee replacement arthroplasty, use 27599)*		
DG6001	-	~~Ultrasonic guidance for placement of radiation therapy fields~~	~~XXX~~	Request CMS Delete ~~(2025 Work RVU = 0.58)~~

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77436 Tracking Number AA1 Original Specialty Recommended RVU: **1.15**
Presented Recommended RVU: **1.15**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.77**

CPT Descriptor: Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting (Do not report 77436 in conjunction with 77261, 77262, 77280)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 76-year-old male with a 2-cm squamous cell carcinoma on the shin.

Percentage of Survey Respondents who found Vignette to be Typical: 92%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Review the patient's clinical history, pathology report, and diagnostic imaging. The patient is positioned to allow for examination of the treatment site.

Description of Intra-Service Work: The area of concern is identified, confirmed with the medical record and direct examination. The thickness of the lesion is assessed by clinical exam and/or imaging. The clinical extent of the lesion, as well as an appropriate lateral margin for microscopic involvement, is outlined based on clinical exam and/or imaging. The cone/applicator size is chosen based on the size of the treatment area. The treatment nozzle/applicator and patient positioning are adjusted to minimize the air gap between the treatment nozzle and to place the area of concern enface to the treatment nozzle/applicator. Shielding is used to shape the radiation field appropriately to the treatment area and to protect adjacent uninvolved tissues. Photographs are taken of the lesion and patient set up to facilitate subsequent treatments. The treating physician determines the appropriate treatment dose, number of fractions and radiation energy to optimally treat the target lesion. The time required to deliver the radiation dose for each fraction is determined using predefined depth dose tables or a computer algorithm.

Description of Post-Service Work: Record treatment and set up parameters as well as images depicting patient shielding and machine positioning in the medical record to reference for subsequent treatments. Review images, treatment scheduling, side effects, and expectations with the patient and/or family, if present.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025		
Presenter(s):	Ryan Hick, MD Alina Bridges, DO Brent Moody, MD William Posten, MD Brad Glick, DO, MPH Amar Rewari, MD Michael Kuettel, MD, PhD Chris Jahraus, MD Alec Harris, MD		
Specialty Society(ies):	American Academy of Dermatology Association American Society of Radiation Oncology American College of Radiation Oncology		
CPT Code:	77436		
Sample Size:	5293	**Resp N:**	64
Description of Sample:	The AADA, ASTRO, and ACRO used targeted survey methodology, accompanied by a random sample, as approved by the Research Subcommittee. The Subcommittee approved the use of a targeted list of physicians from the CMS Medicare Physician & Other Practitioners Lookup Tool (https://data.coms.gov) who report the current SRT code 77401 (Radiation treatment delivery, superficial and/or ortho voltage, per day) and 0394T (High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed). For the dermatology sample, surveys were distributed to 2,000 randomly selected U.S.-based practicing dermatologists, excluding residents. The targeted list, derived from the approved CMS database, included 331 physicians who reported codes 77401 and 0394T. Of these, 12 were excluded because their email addresses were not available in the AADA database, and 18 duplicates were removed after comparing with the random sample, resulting in surveys being sent to 301 individuals from the targeted list. Radiation Oncology distributed surveys to 2,975 randomly selected radiation oncologists, based on their membership in either ASTRO or ACRO, and to 17 physicians from the CMS-targeted list who are members of either society.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**13.00**	95.00	3000.00
Survey RVW:	0.10	1.15	**1.75**	2.50	35.00
Pre-Service Evaluation Time:			**7.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	10.00	**19.00**	30.00	50.00

Immediate Post Service-Time:	**10.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	77436	Recommended Physician Work RVU: 0.77		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		7.00	0.00	7.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		19.00		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	10.00	0.00	10.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77262	XXX	2.00	**RUC Time**

CPT Descriptor Therapeutic radiology treatment planning; intermediate

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77261	XXX	1.30	**RUC Time**

CPT Descriptor Therapeutic radiology treatment planning; simple

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36440	XXX	1.03	**RUC Time**	0

CPT Descriptor 1 Push transfusion, blood, 2 years or younger

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99213	XXX	1.30	**RUC Time**	73,675,393

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 23.4 **%**

Number of respondents who choose 2nd Key Reference Code: 13 **% of respondents:** 20.3 **%**

TIME ESTIMATES (Median)

	CPT Code: 77436	**Top Key Reference CPT Code:** 77262	**2nd Key Reference CPT Code:** **77261**
Median Pre-Service Time	7.00	3.00	3.00
Median Intra-Service Time	19.00	45.00	30.00
Median Immediate Post-service Time	10.00	6.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**36.00**	**54.00**	**36.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	7%	47%	33%	13%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	13%	40%	47%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	40%	60%
Physical effort required	0%	73%	27%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	33%	54%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	31%	46%	23%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	23%	54%	23%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	31%	46%	23%
Physical effort required	23%	54%	23%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	39%	46%	15%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

For CPT 2026, the CPT Editorial Panel approved deletion of Category I code 77401 and Category III code 0394T and establishment of three new Category I codes 77436, 77437, 77438 to report surface radiation therapy (SRT) and one new add-on code, 77439, to report ultrasound guidance for the placement of radiation therapy fields for treatment of cutaneous tumors. Reporting of the new add-on code is limited to once per course of treatment.

Simulation-aided field setting for SRT is currently reported using CPT code 77280 *Therapeutic radiology simulation-aided field setting; simple*. The new code family provides a series of CPT codes—covering planning, simulation, and treatment delivery—that describe SRT, performed typically by dermatology, and includes a combination of professional/technical services to allow for the reporting of services performed. As a result, SRT treatment planning and simulation-aided field setting will be reported with new CPT code 77436. The billing of 77280 for SRT will be prohibited under new CPT guidelines.

Survey Process

A multi-disciplinary survey conducted by AADA, ASTRO, and ACRO was distributed to both targeted and randomly selected members within each specialty. The Research Subcommittee approved use of the Medicare Physician & Other Practitioners database to identify physicians in dermatology and radiation oncology who report CPT code 77401 and Category III code 0394T. Dermatology's sample initially included 1,000 randomly selected, practicing U.S.-based dermatologists, excluding residents, and a targeted list of 301 dermatologists. For radiation oncology, a corresponding sample was drawn, comprising 2,975 randomly selected members from ASTRO and ACRO and a targeted sample of 17 physicians.

During the survey process, the AADA received emails from six dermatologists from the targeted survey declining to participate. These respondents expressed concern that the new SRT code set did not reflect their clinical practice model. Two of these responses were submitted by industry-affiliated representatives under physicians' names, and the consistent language and tone across emails raised concerns about potential industry influence. Together, these factors prompted the AADA to notify AMA RUC staff.

The AMA acknowledged the unique circumstances and shared the AADA's concerns regarding possible industry coordination to boycott survey completion. To encourage broader dermatology engagement, the AMA recommended distributing an additional random sample. After consultation with ASTRO and ACRO, it was determined that this further sampling would be limited to dermatology, as no similar feedback patterns were observed within radiation oncology responses.

The AADA subsequently distributed the survey to another randomly selected 1,000 dermatologists, following the same criteria as the original random sample, which resulted in four additional complete survey responses.

Rationale for Compelling Evidence (CE) – 77436

Recommendation: The surveying specialty societies are recommending a work RVU for 77436 (1.15) above the current value of 77280 (0.70).

Background: In April 2024, the Relativity Assessment Workgroup identified CPT code 77280 as a service for which the top specialty performing over 50% of the Medicare claims did not survey the service at the last valuation. 77280 was RUC reviewed in January 2013 after being surveyed by Radiation Oncologists. Over time, Dermatology became the

dominant using specialty. The interested specialties recommended referral to CPT for development of a superficial radiation therapy specific code. In September 2024, the CPT Editorial Panel created four new codes to describe SRT services, as noted above.

Current dominant specialty was not included in previous valuation: At the January 2013 meeting, the RUC recommended a work RVU of 0.70 for 77280, based on a survey that consisted only of Radiation Oncology. As noted, the current predominant specialty for 77280 is Dermatology.

Changed vignette from previous valuation: The vignette for the 2013 valuation of 77280 is substantially different than the vignette for the new code 77436. The vignette for 77280 describes therapeutic radiation field setting to the lumbar spine in a patient with **metastatic prostate cancer**, while the vignette for 77436 describes the typical patient undergoing treatment planning for surface radiation therapy to treat a **localized squamous cell carcinoma** on the shin.

Evidence that incorrect assumptions were made in the previous valuation of the service: The specialty societies believe that two CE criteria are met, (1) "*a previous valuation excluded a specialty that currently provides a plurality of the service"* and (2) *"a misleading vignette, survey and/or flawed crosswalk assumptions in a previous evaluation*," based on the background and summary provided above.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☒ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 77436 (New): Global XXX, Work RVUs; Pre-Service Time; Intra-Service Time; Post-Service Time not yet established.
   AND: 77437 (New): Global XXX; Technical/PE-only OR 77438 (New): Global XXX; Technical/PE-only.
   AND, IF PERFORMED:
   77439 (New): Global ZZZ; Work RVUs not yet established; Pre-Service Time N/A; Intra-Service Time not yet established; Post-Service Time N/A.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 77280

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Commonly

Specialty Radiation Oncology How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 909000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. To estimate the national utilization of this service, Medicare Fee-For-Service data was used as a representative sample. According to claims data, 2022 Medicare utilization for 77280 is 406,305. As Medicare Fee-for-Service accounts for approximately one third of all skin cancer cases, the Medicare utilization figure for 77436 as estimated below was multiplied by 3 to approximate the total number of times this service might be provided nationally over one year.

Specialty Dermatology Frequency 828000 Percentage 91.08 %

Specialty Radiation Oncology Frequency 81000 Percentage 8.91 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 303,000 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2022 Medicare utilization for CPT code 77280—both Global and 26—is 406,305. Dermatology represents the primary users of SRT services, accounting for approximately 68% of the total utilization for 77280 in the non-facility setting, or around 276,000. We estimate that dermatology's 276,000 services will represent approximately 90% of the total utilization of the new code, 77436, with radiation oncology accounting for approximately 9–10%.

Specialty Dermatology Frequency 276000 Percentage 91.08 %

Specialty Radiation Oncology Frequency 27000 Percentage 8.91 %

Specialty Frequency 0 Percentage 0.00 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Oncology

BETOS Sub-classification Level II:
Radiation Therapy

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 77261

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:77439 Tracking Number AA4 Original Specialty Recommended RVU: **0.30**
Presented Recommended RVU: **0.30**
Global Period: ZZZ Current Work RVU: **N/A** RUC Recommended RVU: **0.30**

CPT Descriptor: Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to the code for primary procedure) (Use 77439 in conjunction with 77437, 77438)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: During radiation therapy treatment delivery, a 76-year-old male with a 2-cm squamous cell carcinoma on the shin, also requires ultrasound guidance for placement of radiation therapy fields for the treatment of a cutaneous tumor. [Note: This is an add-on service. Only consider the additional work related to surface radiation therapy guidance.]

Percentage of Survey Respondents who found Vignette to be Typical: 78.43%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Ultrasound images of cutaneous tumor are evaluated. Tumor thickness, depth of invasion, and lateral extension of the tumor are measured. The physician documents the findings in the medical record and discusses the results with the patient and/or family.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025		
Presenter(s):	Ryan Hick, MD Alina Bridges, DO Brent Moody, MD William Posten, MD Brad Glick, DO, MPH Amar Rewari, MD Michael Kuettel, MD, PhD Chris Jahraus, MD Alec Harris, MD		
Specialty Society(ies):	American Academy of Dermatology Association American Society of Radiation Oncology American College of Radiation Oncology		
CPT Code:	77439		
Sample Size:	5293	**Resp N:**	51
Description of Sample:	The AADA, ASTRO, and ACRO used targeted survey methodology, accompanied by a random sample, as approved by the Research Subcommittee. The Subcommittee approved the use of a targeted list of physicians from the CMS Medicare Physician & Other Practitioners Lookup Tool (https://data.coms.gov) who report the current SRT code 77401 (Radiation treatment delivery, superficial and/or ortho voltage, per day) and 0394T (High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed). For the dermatology sample, surveys were distributed to 2,000 randomly selected U.S.-based practicing dermatologists, excluding residents. The targeted list, derived from the approved CMS database, included 331 physicians who reported codes 77401 and 0394T. Of these, 12 were excluded because their email addresses were not available in the AADA database, and 18 duplicates were removed after comparing with the random sample, resulting in surveys being sent to 301 individuals from the targeted list. Radiation Oncology distributed surveys to 2,975 randomly selected radiation oncologists, based on their membership in either ASTRO or ACRO, and to 17 physicians from the CMS-targeted list who are members of either society.		

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	90.00	1080.00
Survey RVW:	0.01	0.30	**0.90**	2.15	15.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	1.00	7.00	**10.00**	21.00	45.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	77439	Recommended Physician Work RVU: 0.30		
		Specialty Recommended Pre-Service Time	Specialty Recommended Pre Time Package	Adjustments/Recommended Pre-Service Time
Pre-Service Evaluation Time:		0.00	0.00	0.00
Pre-Service Positioning Time:		0.00	0.00	0.00
Pre-Service Scrub, Dress, Wait Time:		0.00	0.00	0.00
Intra-Service Time:		10.00		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

Select Post-Service Package

	Specialty Recommended Post-Service Time	Specialty Recommended Post Time Package	Adjustments/Recommended Post-Service Time
Immediate Post Service-Time:	0.00	0.00	0.00

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status

Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:

Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
76937	ZZZ	0.30	**RUC Time**

CPT Descriptor Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
77293	ZZZ	2.00	**RUC Time**

CPT Descriptor Respiratory motion management simulation (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:

Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization

96411	ZZZ	0.20	**RUC Time**	127,123

CPT Descriptor 1 Chemotherapy administration; intravenous, push technique, each additional substance/drug (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95885	ZZZ	0.35	**RUC Time**	122,624

CPT Descriptor 2 Needle electromyography, each extremity, with related paraspinal areas, when performed, done with nerve conduction, amplitude and latency/velocity study; limited (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 15 **% of respondents:** 29.4 **%**

Number of respondents who choose 2nd Key Reference Code: 8 **% of respondents:** 15.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 77439	**Top Key Reference CPT Code:** 76937	**2nd Key Reference CPT Code:** **77293**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	10.00	10.00	45.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**10.00**	**10.00**	**45.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	33%	40%	27%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	67%	13%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	27%	60%	13%
Physical effort required	33%	60%	7%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	67%	13%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	12%	12%	38%	38%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	25%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	38%	62%
Physical effort required	0%	38%	62%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	12%	88%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

For CPT 2026, the CPT Editorial Panel approved deletion of Category I code 77401 and Category III code 0394T and establishment of three new Category I codes 77436, 77437, 77438 to report surface radiation therapy (SRT) and one new add-on code, 77439, to report ultrasound guidance for the placement of radiation therapy fields for treatment of cutaneous tumors. Reporting of the new add-on code is limited to once per course of treatment.

Ultrasound guidance for the placement of radiation therapy fields for SRT is currently reported using HCPCs code G6001 (Ultrasonic guidance for placement of radiation therapy fields). The new code family provides a series of CPT codes—covering planning, simulation, and treatment delivery—that describe SRT, performed typically by dermatology, and includes a combination of professional/technical services to allow for the reporting of services performed. As a result, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors for SRT will be reported with new CPT code 77439. The anticipated recommendation is for CMS to delete HCPCS code G6001.

Survey Process

A multi-disciplinary survey conducted by AADA, ASTRO, and ACRO was distributed to both targeted and randomly selected members within each specialty. The Research Subcommittee approved use of the Medicare Physician & Other Practitioners database to identify physicians in dermatology and radiation oncology who report CPT code 77401 and Category III code 0394T. Dermatology's sample initially included 1,000 randomly selected, practicing U.S.-based dermatologists, excluding residents, and a targeted list of 301 dermatologists. For radiation oncology, a corresponding sample was drawn, comprising 2,975 randomly selected members from ASTRO and ACRO and a targeted sample of 17 physicians.

During the survey process, the AADA received emails from six dermatologists from the targeted survey declining to participate. These respondents expressed concern that the new SRT code set did not reflect their clinical practice model. Two of these responses were submitted by industry-affiliated representatives under physicians' names, and the consistent language and tone across emails raised concerns about potential industry influence. Together, these factors prompted the AADA to notify AMA RUC staff.

The AMA acknowledged the unique circumstances and shared the AADA's concerns regarding possible industry coordination to boycott survey completion. To encourage broader dermatology engagement, the AMA recommended distributing an additional random sample. After consultation with ASTRO and ACRO, it was determined that this further sampling would be limited to dermatology, as no similar feedback patterns were observed within radiation oncology responses.

The AADA subsequently distributed the survey to another randomly selected 1,000 dermatologists, following the same criteria as the original random sample, which resulted in four additional complete survey responses.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

- ☒ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
- ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
- ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
- ☐ Multiple codes are used to maintain consistency with similar codes.
- ☐ Historical precedents.
- ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario. 77436 (New): Global XXX, Work RVUs; Pre-Service Time; Intra-Service Time; Post-Service Time not yet established.
AND: 77437 (New): Global XXX; Technical/PE-only OR 77X08 (New): Global XXX; Technical/PE-only.
AND:
77439 (New): Global ZZZ; Work RVUs not yet established; Pre-Service Time N/A; Intra-Service Time not yet established; Post-Service Time N/A.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) G6001

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Dermatology How often? Sometimes

Specialty Radiation Oncology How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 28500
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Using the updated utilization for the Medicare population as estimated below, this figure was multiplied by 3—since Medicare Fee-for-Service accounts for approximately one third of all skin cancer cases—to approximate the total number of times this service might be provided nationally over one year.

Specialty Dermatology Frequency 26000 Percentage 91.22 %

Specialty Radiation Oncology Frequency 2600 Percentage 9.09 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 9,500
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The 2022 Medicare utilization data for G6001 is 192,052. Because reporting of 77439 is limited to once per course of treatment, as opposed to per fraction as with code G6001, the utilization for 77439 is estimated to decrease by approximately 95%. Dermatology represents the primary users of SRT services, accounting for an estimated 90% to total ultilization for 77439, with radiation oncology accounting for approximately 9-10%.

Specialty Dermatology Frequency 8640 Percentage 90.94 %

Specialty Radiation Oncology Frequency 860 Percentage 9.05 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Imaging

BETOS Sub-classification:

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. G6001

SS Rec Summary

ISSUE: Superficial Radiation Therapy

TAB: Tab: 17

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	77262	Therapeutic radiology treatment planning; intermediate	XXX	2016	144	0.040	0.037			2.00			54	3	0	0			45			6															
2nd REF	77261	Therapeutic radiology treatment planning; simple	XXX	2016	143	0.039	0.036			1.30			36	3	0	0			30			3															
CURRENT						-	-						0																								
CMBD SVY	**77436**	**Surface radiation therapy; superficial or orthovoltage, treatment planning and**	**XXX**	**New**	**64**	**0.072**	**0.049**	**0.10**	**1.15**	**1.75**	**2.50**	**35.00**	**36**	**7**	**0**	**0**	**1**	**10**	**19**	**30**	**50**	**10**												**0**	**0**	**13**	**95**	**3000**
DERM SVY	77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-	XXX	New	33	0.112	0.061	0.10	0.80	2.00	3.50	35.00	33	10	0	0	1	5	14	20	45	9												0	0	33	200	3000
RO SVY	77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-	XXX	New	31	0.037	0.032	0.21	1.30	1.50	2.00	6.01	47	5	0	0	2	13	30	30	50	12												0	0	8	23	500
XWALK	**95991**	**Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular), includes electronic analysis**	**XXX**	**2010**	**67**	**0.019**	**0.021**			**0.77**			**37**	**10**					**20**			**7**															
REC	**77436**	**Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting (do not report 77x05 in conjunction with 77261, 77262, 77280)**	**XXX**	**New**	**64**	**0.020**	**0.021**			**0.77**			**36**	**7**					**19**			**10**															

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	FAC-inpt or obs/disch 91	92	33	32	31	38	39	Office 14	13	12	11	SURVEY EXPERIENCE MIN	25th	MED	75th	MAX
1st REF	76937	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential	ZZZ	2022	389	0.030	0.030			0.30			10						10																			
2nd REF	77293	Respiratory motion management simulation (List separately in addition to code for primary	ZZZ	2013	49	0.044	0.044			2.00			45						45																			
CURRENT						-	-						0																								
CMBD SVY	**77439**	**Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for**	**ZZZ**		**51**	**0.090**	**0.090**	**0.01**	**0.30**	**0.90**	**2.15**	**15.00**	**10**				**1**	**7**	**10**	**21**	**45**														**0**	**0**	**0**	**90**	**1080**
DERM SVY	77439	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for	ZZZ		30	0.115	0.115	0.01	0.41	1.15	2.43	15.00	10				1	7	10	19	32														0	0	5	120	1080
RO SVY	77439	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for	ZZZ		21	0.033	0.033	0.04	0.25	0.40	2.00	6.00	12				1	8	12	22	45														0	0	0	15	200
REC	**77439**	**Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (list separately in addition to the code for primary procedure) (use 77x09 in conjunction with 77x07, 77x08)**	**ZZZ**			**0.030**	**0.030**			**0.30**			**10**						**10**																			

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 77436, 77437, 77439**

SPECIALTY SOCIETY(IES): AADA

PRESENTER(S): Brent Moody, MD; Ryan Hick, MD; Alina Bridges, DO; Brad Glick, DO, MPH and Willian Posten, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
77436	Surface radiation therapy; superficial or orthovoltage, treatment planning and simulation-aided field setting (Do not report 77436 in conjunction with 77261, 77262, 77280)	XXX
77437	Surface radiation therapy; superficial, delivery, ≤150 kV, per fraction (eg, electronic brachytherapy)	XXX
+77439	Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound for placement of radiation therapy fields for treatment of cutaneous tumors, per course of treatment (List separately in addition to the code for primary procedure) (Use 77439 in conjunction with 77437, 77438)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
77436	A 76-year-old male with a 2-cm squamous cell carcinoma on the shin.
77437	A 76-year-old male with a 1-cm basal cell carcinoma of the nose.
+77439	During radiation therapy treatment delivery, a 76-year-old male with a 2-cm squamous cell carcinoma on the shin, also requires ultrasound guidance for placement of radiation therapy fields for the treatment of a cutaneous tumor. [**Note:** This is an add-on service. Only consider the additional work related to surface radiation therapy guidance.]

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   AADA convened a panel that included physicians who perform the procedures. The panel developed the direct practice expense recommendations for CPT Codes 77436, 77437, and 77439 based on typical clinical practice and current AMA RUC/PE guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   77436

   For 77436, CPT code 77280 *Therapeutic radiology simulation-aided field setting; simple* was used as a reference service code on the PE spreadsheet. Field planning for SRT is currently reported with CPT code 77280.

   77437

   For 77437, both CPT codes 77401 *Radiation treatment delivery, superficial and/or ortho voltage, per day* and 96932 *Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion* are referenced on the PE spreadsheet. Superficial radiation treatment delivery is currently reported with code 77401, which will be deleted for CPT 2026.

77439
Ultrasound guidance for placement of radiation therapy codes is currently reported with HCPCS Code G6001 *Ultrasonic guidance for placement of radiation therapy fields.* Both G6001 and CPT code 76937 *Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)* are referenced on the PE spreadsheet for 77439. Of note, G6001 was created by CMS and has not been RUC reviewed for PE or physician work. The anticipated recommendation is for CMS to delete HCPCS code G6001.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

77436, 77437, and 77439 will not typically be reported with an E/M service (in the F or the NF).

See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

Dermatology is expected to be the dominant provider in the non-facility setting for codes 77436, 77437, and 77439.

77436
Dermatology is currently the dominant provider across both the non-facility and global settings for 77280. It is anticipated that 77436 will be performed approximately 95% of the time in the non-facility setting.

77437
Currently, dermatology provides 83% of SRT services with 99% in the non-facility setting. 77437 is a TC only code.

77439
Currently, dermatology is the dominant provider across both the non-facility and global settings for G6001. It is anticipated that 77439 will be performed approximately 98% of the time in the non-facility setting.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

77437
77437 is a new code. However, the practice expense inputs are greater than the code it is replacing, which is 77401, because the cost of the radiation deliver device typically used has increased. A paid

invoice is included. Our compelling evidence falls under the recognized CE category of: Evidence that there has been a change in equipment or practice expense cost.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

77436
No time is allocated for vital signs for 77436. It is assumed that this code will typically be reported with 77437, which does include time for obtaining vital signs.

77437
For 77437, 3 minutes are allocated for performance of 3 vital signs.

77439
77439 is an add-on code and, when performed, must be reported with the appropriate code for SRT treatment delivery (i.e., 77437 for superficial or 77438 for orthovoltage). We assume 77439 will typically be reported with 77437, which includes time for obtaining vital signs.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

N/A

    b. Service period (includes pre, intra and post):

77436 Assist physician or other qualified healthcare professional – related to physician work time 77437 Greet patient, provide gowning, ensure appropriate medical records Obtain vital signs Prepare room, equipment and supplies Confirm order, protocol exam Prepare, set-up and start IV, initial positioning and monitoring of patient Perform procedure – not directly related to physician time Clean room/equipment by clinical staff Check dressings, catheters, wounds Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.) Review home care instructions, coordinate visits/prescriptions 77439 Perform procedure – not directly related to physician time Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)

    c. Post-service period:

N/A

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

77437 The treatment area is assessed to ensure appropriate coverage with direct visualization. The treatment applicator is positioned over the treatment area. After confirmation of the appropriate set up, treatment with superficial radiation is delivered. 77439 The treatment site is identified. Ultrasound transmission gel is applied. Ultrasound transducer is applied over the site and ultrasound images are obtained to evaluate tumor depth and lateral margins. Wipe off the ultrasound gel from the patient. Save image into EHR.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):
    N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:
    N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?
    No

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
    N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
    77437
    An invoice for the typically used radiation delivery device is included. This will replace the current input cost for ER045 *Superficial Radiation Therapy System*. The useful life will remain the same as the current input, ER045 (5 years).

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:
    N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

77436
There are no equipment inputs for 77436.

77437
The "*Default Formula"* was used for the power table, exam light, superficial radiation therapy system and the lead blocking shield kit.

77439
The "*Default Formula"* was used for the portable ultrasound unit.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

77437
77437 is a PE-only code. We estimate this service will be provided approximately 285,000 times per year to Medicare patients nationally. For all patients, we estimate approximately 855,000 services yearly.

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

77437
We recommend CPT code 96567 *Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day* for a PLI crosswalk for 77437, based on a similar specialty mix.

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

77437
Equipment time: The code which 77437 is replacing, 77401, reflects 19 minutes of equipment time. The 19 minutes for 77401 was based on the typical dermatology practice, where a single dedicated room is used for all aspects of service delivery. While the actual radiation delivery involves two minutes of machine use, the machine is unavailable for other use while a patient is in the room.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

We propose reducing total equipment time for 77437 to 17 minutes. While the proposed time is reduced from 19 minutes, the use of a single dedicated room and the unavailability of the machine during the service remains the same. Our expert panel recommends 17 minutes of equipment time, calculated by totaling the following clinical activities:

- CA009 *Greet patient, provide gowning, ensure appropriate medical records* – 3 minutes
- CA010 *Obtain vital signs* – 3 minutes
- CA013 *Prepare room, equipment and supplies* – 2 minutes
- CA014 *Confirm order, protocol exam* – 1 minute
- CA016 *Prepare, set-up and start IV, initial positioning and monitoring of patient* – 2 minutes
- CA021 *Perform procedure/service – Not directly related to physician work* – 2 minutes
- CA024 *Clean room/equipment by clinical staff* – 3 minutes
- CA029 *Check dressings, catheters, wounds* – 1 minute

We are assuming that the two minutes of documentation (CA034) and the two minutes for review of home care instructions (CA035) are performed outside of the procedure room and thus are not included in the 17 minutes of equipment time on the PE spreadsheet.

77439
Equipment time: Our expert panel indicates it takes 5 minutes for clinical staff to acquire the ultrasound image. The predominant practice is to use the ultrasound device attached to the radiation delivery device. However, ultrasound function is not integral to the radiation deliver device. That is, the ultrasound does not directly communicate with the radiation delivery device and can be done with a portable ultrasound device. For this reason, we recommend using EQ250 *Ultrasound unit, portable* as the input for the ultrasound device rather than the much more expensive radiation delivery device. No time for the radiation delivery device is included in 77436 in any way.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

During the PE Subcommittee meeting, it was recommended to remove the 2 minutes for CA009 *Greet patient, provide gowning, ensure appropriate medical records are available* from 77436. This change was made to address what the PE Subcommittee identified as potential overlap with 77437.

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 77436, 77437, 77439**

SPECIALTY SOCIETY(IES): AADA

PRESENTER(S): Brent Moody, MD; Ryan Hick, MD; Alina Bridges, DO; Brad Glick, DO, MPH and Willian Posten, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S):** 77438
SPECIALTY SOCIETY(IES): ASTRO, ACRO
PRESENTER(S): Amar Rewari, MD, Michael Kuettel, MD, PhD, Christopher Jahraus, MD and Alec Harris, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
77438	orthovoltage, delivery, >150-500 kV, per fraction	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
77438	A 76-year-old male with a 2-cm squamous cell carcinoma on the shin.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   ASTRO and ACRO convened a panel that included physician who perform the procedure. The panel developed the direct practice expense recommendations for CPT Code 77438 based on best practices and current AMA RUC/PE guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   CPT Code 77373 *Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, entire course not to exceed 5 fractions* was used as a reference service code for 77438 on the PE spreadsheet. The other radiation oncology treatment delivery codes are under review at the January 2025 RUC meeting.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   CPT Code 77438 will not typically be reported with an E/M service (in the F or the NF).
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Radiation Oncology will be the dominant provider in the non-facility setting for 77438. 77438 is a TC only code.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

The specialties are requesting an increase over the aggregate current costs for clinical activities, supplies and equipment.

Background
CPT Code 77401 is currently used to report radiation treatment delivery for superficial and orthovoltage services. When the practice expense inputs were defined in 2002, they were based on practice patterns related to radiation oncology. In January 2020 the RUC (PE subcommittee) reviewed CPT Code 77401 and agreed that the service was, at the time, provided primarily by dermatologists according to utilization data (84% of the time). Due to change in presenting specialty, there had been a change in PE inputs including clinical staff type. The PE Subcommittee agreed that there was compelling evidence that there had been a change to perform this service based on change in dominant specialty. The inputs were then based on a typical dermatology patient.

New Codes
CPT recently approved four new CPT codes to describe surface radiation therapy (SRT). CPT Code 77436, a PC/TC code to describe planning/simulation. Both dermatology and radiation oncology will use 77436. CPT Code 77439, another PC/TC code, will be used to describe ultrasound guidance for SRT. CPT Code 77438 and 77439 are treatment delivery codes (TC only). 77437 is for superficial and will predominantly be reported by dermatology. 77438 is for orthovoltage services and will be reported by radiation oncologists.

Compelling Evidence
The specialty societies believe the CE criteria "*Evidence that previous practice expense inputs were based on one specialty, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data*" is met based on the background and summary provided above.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

In reference code 77373 three minutes were allocated for *CA010 obtain vital signs* prior to the 2018 vital signs CMS change.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

N/A

    b. Service period (includes pre, intra and post):

Greet patient, provide gowning, ensure appropriate medical records are available Prepare room, equipment and supplies Prepare, set-up and start IV, initial positioning and monitoring of patient Perform procedure, not directly related to physician time Clean room

    c. Post-service period:

N/A

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

The patient is brought into the room and identified appropriately. The patient will be set up according to the simulation information. The tumor and area of treatment will be assessed to ensure appropriate coverage with direct visualization and the treatment applicator will be positioned over the treatment area. After confirmation of the appropriate set up, treatment with orthovoltage radiation is delivered.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

Perform procedure, not directly related to physician time

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

ER045 *Superficial Radiation Therapy System* is priced based on an invoice from Sensus for a superficial radiation therapy system. An invoice is included for an orthovoltage treatment delivery system. The orthovoltage system includes the treatment machine, TP2 control CCU, generator and water cooler. The specialties included an invoice for a new orthovoltage treatment delivery vault. The orthovoltage vault has appropriate shielding for a treatments <150-500 kV.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

The specialties are recommending a useful life of 7 years for the orthovoltage treatment delivery system, consistent with inputs for similar items in the CMS database.

The specialties are recommending a useful life of 15 years for the orthovoltage vault, consistent with inputs for similar items in the CMS database.

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

The "*Default Formula"* was used for the exam table, orthovoltage treatment delivery system and the orthovoltage vault.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

The specialties estimate that 77438 might be reported in Medicare approximately 6,500. (Current RUC database, 2022 claims data for 77401, 2.2% of the claims for RO)
The specialties estimate that possibly 13,000 might be preformed nationally, based on a 50/50 Medicare/Non Medicare split. However, a true number is not known.

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

The specialties recommend CPT Code 77373 as a PLI crosswalk for CPT Code 77438.

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Clinical Labor
The current CMS policy is two radiation therapists for treatment delivery. Below is the background for that policy decision.

It is the position of the American Society of Radiologic Technologists (ASRT) that two registered radiation therapists per patient per treatment unit is the minimum standard for safe and efficient

delivery of radiation therapy.[1] The 2022 ASRT staffing survey document an average of 2.4 radiation therapist per linear accelerator. (See page 17)

ACR Accreditation requires minimum of two radiation therapists at each treatment session for adequate staffing and support.[2]

ACRO Accreditation also requires a minimum of two radiation therapists per linear accelerator. (See page 6)

ASTRO Accreditation also requires a minimum of two radiation therapists per linear accelerator. (See page 6)

"Safety Is No Accident" a joint document sponsored by ASTRO and developed/endorsed by 9 radiation oncology organizations recommends a minimum of two qualified individuals be present for any routine external beam patient treatment. (See page 11)

Equipment
Treatments >150-500 kV will need appropriate shielding. As such, the specialty societies have included pricing for a new orthovoltage vault to be used in CPT Code 77438.

Background
The debate whether a radiation treatment vault should be considered direct or indirect in CMS' practice expense methodology dates all the way back to 1997. In general, for vaults used with radiation oncology services, the RUC has included them in the recommendations forwarded to CMS and CMS has included them in radiation treatment delivery services. While CMS has included them in the related codes CMS has included comments in the federal register noting (1) concern about how vaults should be handled (direct vs indirect), (2) the need for consistency and (3) the need for further study on the issue.

The societies are optimistic that issues regarding how CMS should handle radiation oncology vaults and shielding will be addressed when the new PPI data is available for review. The RUC included the radiation oncology treatment vault/shielding as a direct expense in the current 2023-2024 Physician Practice Expense Survey.

The specialties request that the PE subcommittee review the equipment formulas/times associated with vault/shielding and pass along the invoices submitted to CMS. The specialties look forward to robust discussions with CMS when they review the PPI results.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

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[1] https://www.asrt.org/main/standards-and-regulations/professional-practice/position-statements-online
[2] https://accreditationsupport.acr.org/support/solutions/articles/11000062793-the-accreditation-process-radiation-oncology-revised-6-2-2021-#:~:text=Refer%20to%20the%20ACR%20Technical,for%20Radiation%20Therapy%20Treatment%20Delivery.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	K	L	M
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFEREN**
2						**CPT Code 77280**		**CPT Code 77436**		**CPT Cod**
3		***RUC Collaboration Website***				Therapeutic radiology simulation-aided field setting; simple		Surface radiation therapy; superficial or orthovoltage, treatment planning and		Reflectance microscopy cellular a cellular im
4	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable):** **Tab: 17 Superficial Radiation Therapy** **Specialty: AADA, ASTRO, ACRO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**					
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 246.11**	**$ -**	**$ 1.67**	**$ -**	**$ 110.43**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**34**	**0**	**2**	**0**	**47**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**0**	**0**	**0**	**0**	**2**
10		L037D	L037D	RN/LPN/MTA	0.54	*0*	*0*	*0*	*0*	*0*
11		L050C	L050C	Radiation Therapist	0.89	*0*	*0*	*0*	*0*	*0*
12		L042A	L042A	RN/LPN	0.63	*0*	*0*	*0*	*0*	*2*
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**34**	**0**	**2**	**0**	**45**
14		L037D	L037D	RN/LPN/MTA	0.54	*0*	*0*	*2*	*0*	*0*
15		L050C	L050C	Radiation Therapist	0.89	*34*	*0*	*0*	*0*	*0*
16		L152A	L152A	Medical Physicist	2.14	*0*	*0*	*0*	*0*	*0*
17		L041A	L041A	Vascular Interventional Technologist	0.838	*0*	*0*	*0*	*0*	*0*
18		L042A	L042A	RN/LPN	0.63	*0*	*0*	*0*	*0*	*45*
19		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**0**	**0**	**0**	**0**
20		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 30.26**	**$ -**	**$ 1.08**	**$ -**	**$ 29.61**
21		**PRE-SERVICE PERIOD**								
22		**Start: Following visit when decision for surgery/procedure made**								
23	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54					
24	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54					
25	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54					
26	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54					
27	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54					
28	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54					
29	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54					
30	CA007	Review patient clinical extant information and questionnaire	L042A	RN/LPN	0.63					2
31	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54					
38		**End: When patient enters office/facility for surgery/procedure**								
39		**SERVICE PERIOD**								
40		**Start: When patient enters office/facility for surgery/procedure:**								
41		**Pre-Service (of service period)**								
42	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54			**0**		
43	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L050C	Radiation	0.89	3		0		
44	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L042A	RN/LPN	0.63					3
45	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54					
46	CA010	Obtain vital signs	L042A	RN/LPN	0.63					0
47	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54					
48	CA011	Provide education/obtain consent	L042A	RN/LPN	0.63					3
49	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54					
50	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54					
51	CA013	Prepare room, equipment and supplies	L050C	Radiation	0.89	2		0		
52	CA013	Prepare room, equipment and supplies	L041A	Vascular	0.838					
53	CA013	Prepare room, equipment and supplies	L042A	RN/LPN	0.63					2
54	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54					
55	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54					
56	CA015	Setup scope (nonfacility setting only)	L042A	RN/LPN	0.63					0
57	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54					
58	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L050C	Radiation	0.89	2		0		
59	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L041A	Vascular	0.838					
60	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L042A	RN/LPN	0.63					2
61	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54					
62	CA017	Sedate/apply anesthesia	L042A	RN/LPN	0.63					0
64			L037D	RN/LPN/MTA	0.54					
65		*Check clearance mark and take scout images, show to physician*	L050C	Radiation	0.89	4		0		
66		*adjust patient position and retake scouts*	L050C	Radiation	0.89	2		0		
67		*set FOV, scan range, patient specific x-ray technique*	L050C	Radiation	0.89	1		0		
68		*scan and Recon*	L050C	Radiation	0.89	5		0		
69		*review scan, export to workstation*	L050C	Radiation	0.89	2		0		
70		*set virtual fields, generate DRR's*	L050C	Radiation	0.89	1		0		
71		*Set LAP Laser system and export*	L050C	Radiation	0.89	2		0		
72		*mark/tattoo patient*	L050C	Radiation	0.89	3		0		
73		**Intra-service (of service period)**								
74	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54			2		
75	CA018	Assist physician or other qualified healthcare professional---directly	L042A	RN/LPN	0.63					30
76	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54					
77	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54					
78	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54					
79	CA021	Perform procedure/service---NOT directly related to physician work time	L050C	Radiation	0.89					
80	CA021	Perform procedure/service---NOT directly related to physician work time	L050C	Radiation	0.89					
81	CA021	Perform procedure/service---NOT directly related to physician work time	L152A	Medical	2.14					
82	CA021	Perform procedure/service---NOT directly related to physician work time	L041A	Vascular	0.838					
87		**Post-Service (of service period)**								
88	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54					
89	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54					
90	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54					
91	CA024	Clean room/equipment by clinical staff	L050C	Radiation	0.89	3		0		
92	CA024	Clean room/equipment by clinical staff	L041A	Vascular	0.838					
93	CA024	Clean room/equipment by clinical staff	L042A	RN/LPN	0.63					3
94	CA025	Clean scope	L037D	RN/LPN/MTA	0.54					
95	CA025	Clean scope	L042A	RN/LPN	0.63					0
96	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54					
97	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54					
98	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L050C	Radiation	0.89	4		0		
99	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54					

	A	B	D	E	F	G	H	K	L	M
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFEREN**
2						**CPT Code 77280**		**CPT Code 77436**		**CPT Cod**
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable):** **Tab: 17 Superficial Radiation Therapy** **Specialty: AADA, ASTRO, ACRO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Therapeutic radiology simulation-aided field setting; simple		Surface radiation therapy; superficial or orthovoltage, treatment planning and		Reflectance microscopy cellular a cellular im
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 246.11**	**$ -**	**$ 1.67**	**$ -**	**$ 110.43**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**34**	**0**	**2**	**0**	**47**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**0**	**0**	**0**	**0**	**2**
10		L037D	L037D	RN/LPN/MTA	0.54	*0*	*0*	*0*	*0*	*0*
11		L050C	L050C	Radiation Therapist	0.89	*0*	*0*	*0*	*0*	*0*
12		L042A	L042A	RN/LPN	0.63	*0*	*0*	*0*	*0*	*2*
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**34**	**0**	**2**	**0**	**45**
14		L037D	L037D	RN/LPN/MTA	0.54	*0*	*0*	*2*	*0*	*0*
15		L050C	L050C	Radiation Therapist	0.89	*34*	*0*	*0*	*0*	*0*
16		L152A	L152A	Medical Physicist	2.14	*0*	*0*	*0*	*0*	*0*
17		L041A	L041A	Vascular Interventional Technologist	0.838	*0*	*0*	*0*	*0*	*0*
18		L042A	L042A	RN/LPN	0.63	*0*	*0*	*0*	*0*	*45*
19		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**0**	**0**	**0**	**0**
100	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54					
101	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54					
102	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L041A	Vascular	0.838					
103	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L042A	RN/LPN	0.63					2
104	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54					
105	CA031	Review examination with interpreting MD/DO	L041A	Vascular	0.838					
106	CA031	Review examination with interpreting MD/DO	L042A	RN/LPN	0.63					0
107	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54					
108	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L041A	Vascular	0.838					
109	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L042A	RN/LPN	0.63					0
110	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54					
111	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54					
112	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54					
113	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**
120		**End: Patient leaves office/facility**								
121		**POST-SERVICE PERIOD**								
122		**Start: Patient leaves office/facility**								
123	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54					
124	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54					
125		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
126		99211 16 minutes	16							
127		99212 27 minutes	27							
128		99213 36 minutes	36							
129		99214 53 minutes	53							
130		99215 63 minutes	63							
131	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
138		**End: with last office visit before end of global period**								

	A	B	D	E	F	G	H	K	L	M
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**REFEREN**
2						**CPT Code 77280**		**CPT Code 77436**		**CPT Cod**
3		***RUC Collaboration Website***								
4	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable):** **Tab: 17 Superficial Radiation Therapy** **Specialty: AADA, ASTRO, ACRO**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Therapeutic radiology simulation-aided field setting; simple		Surface radiation therapy; superficial or orthovoltage, treatment planning and		Reflectance microscopy cellular a cellular im
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 246.11**	**$ -**	**$ 1.67**	**$ -**	**$ 110.43**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**34**	**0**	**2**	**0**	**47**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**				**0**	**0**	**0**	**0**	**2**
10		L037D	L037D	RN/LPN/MTA	0.54	*0*	*0*	*0*	*0*	*0*
11		L050C	L050C	Radiation Therapist	0.89	*0*	*0*	*0*	*0*	*0*
12		L042A	L042A	RN/LPN	0.63	*0*	*0*	*0*	*0*	*2*
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**34**	**0**	**2**	**0**	**45**
14		L037D	L037D	RN/LPN/MTA	0.54	*0*	*0*	*2*	*0*	*0*
15		L050C	L050C	Radiation Therapist	0.89	*34*	*0*	*0*	*0*	*0*
16		L152A	L152A	Medical Physicist	2.14	*0*	*0*	*0*	*0*	*0*
17		L041A	L041A	Vascular Interventional Technologist	0.838	*0*	*0*	*0*	*0*	*0*
18		L042A	L042A	RN/LPN	0.63	*0*	*0*	*0*	*0*	*45*
19		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**	**0**	**0**	**0**	**0**
139	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**						
140		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 4.16**	**$ -**	**$ 0.59**	**$ -**	**$ 26.24**
141	SA048	pack, minimum multi-specialty visit	5.02	pack						1
142	SA121	Imaging Tray	9.56	item						1
143	SB005	cover-condom, transducer or ultrasound probe	4.46	item						
144	SB007	drape, sterile barrier 16in x 29in	0.51	item						
145	SB006	drape, non-sterile, sheet 40in x 60in	0.13	item						
146	SB012	drape, sterile, for Mayo stand	1.07	item						
147	SB023	gloves, non-sterile, nitrile	1.06	pair						
148	SB026	gown, patient	0.59	item		1		1		
149	SB037	pillow case	0.47	item		1		0		
150	SB044	underpad 2ft x 3ft (Chux)	0.32	item						
151	SC029	needle, 18-27g	0.04	item		1		0		
152	SD084	gas, oxygen	0.01	liter						
153	SG035	dressing, 3in x 4in (Telfa, Release)	0.05	item						
154	SG050	gauze, non-sterile 2in x 2in	0.56	item						3
155	SG055	gauze, sterile 4in x 4in	0.19	item		2		0		
156	SG079	tape, surgical paper 1in (Micropore)	0.01	inch						
157	SJ032	lubricating jelly (K-Y) (5gm uou)	0.54	item						
158	SJ038	petroleum jelly	0.37	oz						
159	SJ053	swab-pad, alcohol	0.04	item		1		0		3
160	SJ062	ultrasound transmission gel	0.03	ml						
161	SK068	razor	0.51	item						1
162	SK073	skin marking ink (tattoo)	0.51	ml		2		0		
163	SK075	skin marking pen, sterile (Skin Skribe)	1.62	item		1		0		
164	SK125	Adhesive ruler	9.31	item						1
165	SM013	disinfectant, surface (Envirocide, Sanizide)	0.18	oz						
166	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)	3.44	oz						
167	SM021	sanitizing cloth-wipe (patient)	0.07	item						
168	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item						
169	SM027	wipes, lens cleaning (per wipe) (Kimwipe)	0.04	item						1
170										
171	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**					
172		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 211.69**	**$ -**	**$ -**	**$ -**	**$ 54.58**
173	ED003	camera, 35mm system (medical grade)	1,106.50	Default	0.004					3
174	ED004	camera, digital (6 mexapixel)	152.50	Default	0.001	5		0		
175	ED011	computer system, record and verify	163,593.00	Default	0.620	5		0		
176	ED050	Technologist PACS workstation	5,557.00	PACS	0.022	34		0		
177	EF031	table, power	5,906.76	Default	0.016					43
178	EL007	room, CT	1,429,967.51	Default	5.418	27		0		
179	EQ168	light, exam	1,232.89	Default	0.003					43
180	EQ211	pulse oximeter w-printer	2,075.90	Default	0.007					
181	EQ250	ultrasound unit, portable	41,612.53	Default	0.161					
182	ER045	Superficial radiation therapy system	204,999.67	Default	0.777					
183	**ER045**	Superficial radiation therapy system **UPDATED PRICING**	**395,000.00**	Default	1.497					
184	ER057	radiation virtual simulation system	601,624.88	Default	2.280	27		0		
185	ER083	SRS system, SBRT, six systems, average	2,973,721.84	Default	9.085					
186	ER120	Lead Blocking Shield Kit	3,348.06	Default	0.009					
187	ES056	reflectance confocal imaging system	383,379.70	Default	1.453					37
188	**New**	**Orthovoltage Treatment Delivery System (NEW)**	498,961.00	Default	1.524					
189	**New**	**Orthovoltage Vault (NEW)**	347,631.78	Default	0.709					
190	EF023	table, exam	4,737.73	Default	0.011					
191		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*								
192										

	A	B	N	O	P	Q	R	S	T	W	X
1	**RUC Practice Expense Spreadsheet**		**CE CODE**	**DELETED/CURRENT**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2			**e 96932**	**CPT Code 77401**		**CPT Code 77437**		**CPT Code 77373**		**CPT Code 77438**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable):** **Tab: 17 Superficial Radiation Therapy** **Specialty: AADA, ASTRO, ACRO**	e confocal (RCM) for nd sub-aging of	Radiation treatment delivery, superficial and/or ortho voltage, per day		Surface radiation therapy; superficial, delivery, <150 kV, per fraction (eg, electronic		Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more		Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 35.28**	**$ -**	**$ 42.19**	**$ -**	**$ 1,204.72**	**$ -**	**$ 56.00**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**26**	**0**	**21**	**0**	**184**	**0**	**20**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
10		L037D	*0*	*5*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
11		L050C	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
12		L042A	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**21**	**0**	**21**	**0**	**184**	**0**	**20**	**0**
14		L037D	*0*	*21*	*0*	*21*	*0*	*24*	*0*	*0*	*0*
15		L050C	*0*	*0*	*0*	*0*	*0*	*82*	*0*	*20*	*0*
16		L152A	*0*	*0*	*0*	*0*	*0*	*78*	*0*	*0*	*0*
17		L041A	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
18		L042A	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
19		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
20		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 14.04**	**$ -**	**$ 11.34**	**$ -**	**$ 252.86**	**$ -**	**$ 17.80**	**$ -**
21		**PRE-SERVICE PERIOD**									
22		**Start: Following visit when decision for surgery/procedure made**									
23	CA001	Complete pre-service diagnostic and referral forms									
24	CA002	Coordinate pre-surgery services (including test results)									
25	CA003	Schedule space and equipment in facility									
26	CA004	Provide pre-service education/obtain consent									
27	CA005	Complete pre-procedure phone calls and prescription									
28	CA006	Confirm availability of prior images/studies									
29	CA007	Review patient clinical extant information and questionnaire									
30	CA007	Review patient clinical extant information and questionnaire									
31	CA008	Perform regulatory mandated quality assurance activity (pre-service)		5		0					
38		**End: When patient enters office/facility for surgery/procedure**									
39		**SERVICE PERIOD**									
40		**Start: When patient enters office/facility for surgery/procedure:**									
41		**Pre-Service (of service period)**									
42	CA009	Greet patient, provide gowning, ensure appropriate medical records are		3		3		3			
43	CA009	Greet patient, provide gowning, ensure appropriate medical records are								3	
44	CA009	Greet patient, provide gowning, ensure appropriate medical records are									
45	CA010	Obtain vital signs		3		3		5			
46	CA010	Obtain vital signs									
47	CA011	Provide education/obtain consent									
48	CA011	Provide education/obtain consent									
49	CA012	Review requisition, assess for special needs									
50	CA013	Prepare room, equipment and supplies		2		2		2			
51	CA013	Prepare room, equipment and supplies								2	
52	CA013	Prepare room, equipment and supplies									
53	CA013	Prepare room, equipment and supplies									
54	CA014	Confirm order, protocol exam		1		1					
55	CA015	Setup scope (nonfacility setting only)									
56	CA015	Setup scope (nonfacility setting only)									
57	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient		2		2					
58	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient								2	
59	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient									
60	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient									
61	CA017	Sedate/apply anesthesia						1			
62	CA017	Sedate/apply anesthesia									
64											
65		*Check clearance mark and take scout images, show to physician*									
66		*adjust patient position and retake scouts*									
67		*set FOV, scan range, patient specific x-ray technique*									
68		*scan and Recon*									
69		*review scan, export to workstation*									
70		*set virtual fields, generate DRR's*									
71		*Set LAP Laser system and export*									
72		*mark/tattoo patient*									
73		**Intra-service (of service period)**									
74	CA018	Assist physician or other qualified healthcare professional---directly									
75	CA018	Assist physician or other qualified healthcare professional---directly									
76	CA019	Assist physician or other qualified healthcare professional---directly									
77	CA020	Assist physician or other qualified healthcare professional---directly									
78	CA021	Perform procedure/service---NOT directly related to physician work time		2		2					
79	CA021	Perform procedure/service---NOT directly related to physician work time						82		5	
80	CA021	Perform procedure/service---NOT directly related to physician work time								5	
81	CA021	Perform procedure/service---NOT directly related to physician work time						78			
82	CA021	Perform procedure/service---NOT directly related to physician work time									
87		**Post-Service (of service period)**									
88	CA022	Monitor patient following procedure/service, multitasking 1:4						10			
89	CA023	Monitor patient following procedure/service, no multitasking									
90	CA024	Clean room/equipment by clinical staff		3		3		3			
91	CA024	Clean room/equipment by clinical staff								3	
92	CA024	Clean room/equipment by clinical staff									
93	CA024	Clean room/equipment by clinical staff									
94	CA025	Clean scope									
95	CA025	Clean scope									
96	CA026	Clean surgical instrument package									
97	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions									
98	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions									
99	CA028	Review/read post-procedure x-ray, lab and pathology reports									

	A	B	N	O	P	Q	R	S	T	W	X
1	**RUC Practice Expense Spreadsheet**		**CE CODE**	**DELETED/CURRENT**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2			**e 96932**	**CPT Code 77401**		**CPT Code 77437**		**CPT Code 77373**		**CPT Code 77438**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable):** **Tab: 17 Superficial Radiation Therapy** **Specialty: AADA, ASTRO, ACRO**	e confocal (RCM) for nd sub- aging of	Radiation treatment delivery, superficial and/or ortho voltage, per day		Surface radiation therapy; superficial, delivery, <150 kV, per fraction (eg, electronic		Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more		Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 35.28**	**$ -**	**$ 42.19**	**$ -**	**$ 1,204.72**	**$ -**	**$ 56.00**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**26**	**0**	**21**	**0**	**184**	**0**	**20**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
10		L037D	*0*	*5*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
11		L050C	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
12		L042A	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**21**	**0**	**21**	**0**	**184**	**0**	**20**	**0**
14		L037D	*0*	*21*	*0*	*21*	*0*	*24*	*0*	*0*	*0*
15		L050C	*0*	*0*	*0*	*0*	*0*	*82*	*0*	*20*	*0*
16		L152A	*0*	*0*	*0*	*0*	*0*	*78*	*0*	*0*	*0*
17		L041A	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
18		L042A	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
19		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
100	CA029	Check dressings, catheters, wounds		1		1					
101	CA030	Technologist QC's images in PACS, checking for all images, reformats,									
102	CA030	Technologist QC's images in PACS, checking for all images, reformats,									
103	CA030	Technologist QC's images in PACS, checking for all images, reformats,									
104	CA031	Review examination with interpreting MD/DO									
105	CA031	Review examination with interpreting MD/DO									
106	CA031	Review examination with interpreting MD/DO									
107	CA032	Scan exam documents into PACS. Complete exam in RIS system to									
108	CA032	Scan exam documents into PACS. Complete exam in RIS system to									
109	CA032	Scan exam documents into PACS. Complete exam in RIS system to									
110	CA033	Perform regulatory mandated quality assurance activity (service period)									
111	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry		2		2					
112	CA035	Review home care instructions, coordinate visits/prescriptions		2		2					
113	CA036	Discharge day management		**n/a**		**n/a**		**n/a**		**n/a**	
120		**End: Patient leaves office/facility**									
121		**POST-SERVICE PERIOD**									
122		**Start: Patient leaves office/facility**									
123	CA037	Conduct patient communications									
124	CA038	Coordinate post-procedure services									
125		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
126		99211 16 minutes									
127		99212 27 minutes									
128		99213 36 minutes									
129		99214 53 minutes									
130		99215 63 minutes									
131	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
138		**End: with last office visit before end of global period**									

	A	B	N	O	P	Q	R	S	T	W	X
1	**RUC Practice Expense Spreadsheet**		**CE CODE**	**DELETED/CURRENT**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2			**e 96932**	**CPT Code 77401**		**CPT Code 77437**		**CPT Code 77373**		**CPT Code 77438**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable):** **Tab: 17 Superficial Radiation Therapy** **Specialty: AADA, ASTRO, ACRO**	e confocal (RCM) for nd sub-aging of	Radiation treatment delivery, superficial and/or ortho voltage, per day		Surface radiation therapy; superficial, delivery, <150 kV, per fraction (eg, electronic		Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more		Surface radiation therapy; orthovoltage, delivery, >150-500 kV, per fraction	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 35.28**	**$ -**	**$ 42.19**	**$ -**	**$ 1,204.72**	**$ -**	**$ 56.00**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0**	**26**	**0**	**21**	**0**	**184**	**0**	**20**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**5**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
10		L037D	*0*	*5*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
11		L050C	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
12		L042A	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0**	**21**	**0**	**21**	**0**	**184**	**0**	**20**	**0**
14		L037D	*0*	*21*	*0*	*21*	*0*	*24*	*0*	*0*	*0*
15		L050C	*0*	*0*	*0*	*0*	*0*	*82*	*0*	*20*	*0*
16		L152A	*0*	*0*	*0*	*0*	*0*	*78*	*0*	*0*	*0*
17		L041A	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
18		L042A	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*	*0*
19		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
139	**Supply Code**	**MEDICAL SUPPLIES**									
140		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 5.95**	**$ -**	**$ 4.93**	**$ -**	**$ 6.31**	**$ -**	**$ 4.54**	**$ -**
141	SA048	pack, minimum multi-specialty visit						1			
142	SA121	Imaging Tray									
143	SB005	cover-condom, transducer or ultrasound probe									
144	SB007	drape, sterile barrier 16in x 29in									
145	SB006	drape, non-sterile, sheet 40in x 60in						1		2	
146	SB012	drape, sterile, for Mayo stand									
147	SB023	gloves, non-sterile, nitrile		3		2				2	
148	SB026	gown, patient									
149	SB037	pillow case		1		1				1	
150	SB044	underpad 2ft x 3ft (Chux)						3			
151	SC029	needle, 18-27g									
152	SD084	gas, oxygen						10			
153	SG035	dressing, 3in x 4in (Telfa, Release)		1		1					
154	SG050	gauze, non-sterile 2in x 2in									
155	SG055	gauze, sterile 4in x 4in									
156	SG079	tape, surgical paper 1in (Micropore)		8		8		10			
157	SJ032	lubricating jelly (K-Y) (5gm uou)									
158	SJ038	petroleum jelly		1		1					
159	SJ053	swab-pad, alcohol				1					
160	SJ062	ultrasound transmission gel									
161	SK068	razor									
162	SK073	skin marking ink (tattoo)									
163	SK075	skin marking pen, sterile (Skin Skribe)		1		1				1	
164	SK125	Adhesive ruler									
165	SM013	disinfectant, surface (Envirocide, Sanizide)		1		1					
166	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)									
167	SM021	sanitizing cloth-wipe (patient)									
168	SM022	sanitizing cloth-wipe (surface, instruments, equipment)								1	
169	SM027	wipes, lens cleaning (per wipe) (Kimwipe)									
170											
171	**Equipment Code**	**EQUIPMENT**									
172		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 15.29**	**$ -**	**$ 25.92**	**$ -**	**$ 945.55**	**$ -**	**$ 33.66**	**$ -**
173	ED003	camera, 35mm system (medical grade)									
174	ED004	camera, digital (6 mexapixel)									
175	ED011	computer system, record and verify									
176	ED050	Technologist PACS workstation									
177	EF031	table, power		19		17					
178	EL007	room, CT									
179	EQ168	light, exam		19		17					
180	EQ211	pulse oximeter w-printer						104			
181	EQ250	ultrasound unit, portable									
182	ER045	Superficial radiation therapy system		19							
183	**ER045**	Superficial radiation therapy system **UPDATED PRICING**				17					
184	ER057	radiation virtual simulation system									
185	ER083	SRS system, SBRT, six systems, average						104			
186	ER120	Lead Blocking Shield Kit		19		17					
187	ES056	reflectance confocal imaging system									
188	**New**	**Orthovoltage Treatment Delivery System (NEW)**								15	
189	**New**	**Orthovoltage Vault (NEW)**								15	
190	EF023	table, exam								15	
191		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									
192											

	A	B	Y	Z	AA	AB	AC	AD
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2			**CPT Code 76937**		**HCPCS Code G6001**		**CPT Code 77439**	
3		***RUC Collaboration Website***						
4	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable):** **Tab: 17 Superficial Radiation Therapy** **Specialty: AADA, ASTRO, ACRO**	Ultrasound guidance for vascular access requiring ultrasound evaluation of		Ultrasonic guidance for placement of radiation therapy fields		Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 28.22**	**$ -**	**$ 135.36**	**$ -**	**$ 4.52**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**15**	**0**	**22**	**0**	**6**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**
10		L037D	*0*	*0*	*0*	*0*	*0*	*0*
11		L050C	*0*	*0*	*0*	*0*	*0*	*0*
12		L042A	*0*	*0*	*0*	*0*	*0*	*0*
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**15**	**0**	**22**	**0**	**6**	**0**
14		L037D	*0*	*0*	*0*	*0*	*6*	*0*
15		L050C	*0*	*0*	*22*	*0*	*0*	*0*
16		L152A	*0*	*0*	*0*	*0*	*0*	*0*
17		L041A	*15*	*0*	*0*	*0*	*0*	*0*
18		L042A	*0*	*0*	*0*	*0*	*0*	*0*
19		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**
20		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 12.57**	**$ -**	**$ 19.58**	**$ -**	**$ 3.24**	**$ -**
21		**PRE-SERVICE PERIOD**						
22		**Start: Following visit when decision for surgery/procedure made**						
23	CA001	Complete pre-service diagnostic and referral forms						
24	CA002	Coordinate pre-surgery services (including test results)						
25	CA003	Schedule space and equipment in facility						
26	CA004	Provide pre-service education/obtain consent						
27	CA005	Complete pre-procedure phone calls and prescription						
28	CA006	Confirm availability of prior images/studies						
29	CA007	Review patient clinical extant information and questionnaire						
30	CA007	Review patient clinical extant information and questionnaire						
31	CA008	Perform regulatory mandated quality assurance activity (pre-service)						
38		**End: When patient enters office/facility for surgery/procedure**						
39		**SERVICE PERIOD**						
40		**Start: When patient enters office/facility for surgery/procedure:**						
41		**Pre-Service (of service period)**						
42	CA009	Greet patient, provide gowning, ensure appropriate medical records are						
43	CA009	Greet patient, provide gowning, ensure appropriate medical records are						
44	CA009	Greet patient, provide gowning, ensure appropriate medical records are						
45	CA010	Obtain vital signs						
46	CA010	Obtain vital signs						
47	CA011	Provide education/obtain consent						
48	CA011	Provide education/obtain consent						
49	CA012	Review requisition, assess for special needs						
50	CA013	Prepare room, equipment and supplies						
51	CA013	Prepare room, equipment and supplies						
52	CA013	Prepare room, equipment and supplies	2					
53	CA013	Prepare room, equipment and supplies						
54	CA014	Confirm order, protocol exam						
55	CA015	Setup scope (nonfacility setting only)						
56	CA015	Setup scope (nonfacility setting only)						
57	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
58	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
59	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2					
60	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient						
61	CA017	Sedate/apply anesthesia						
62	CA017	Sedate/apply anesthesia						
64								
65		*Check clearance mark and take scout images, show to physician*						
66		*adjust patient position and retake scouts*						
67		*set FOV, scan range, patient specific x-ray technique*						
68		*scan and Recon*						
69		*review scan, export to workstation*						
70		*set virtual fields, generate DRR's*						
71		*Set LAP Laser system and export*						
72		*mark/tattoo patient*						
73		**Intra-service (of service period)**						
74	CA018	Assist physician or other qualified healthcare professional---directly						
75	CA018	Assist physician or other qualified healthcare professional---directly						
76	CA019	Assist physician or other qualified healthcare professional---directly						
77	CA020	Assist physician or other qualified healthcare professional---directly						
78	CA021	Perform procedure/service---NOT directly related to physician work time					5	
79	CA021	Perform procedure/service---NOT directly related to physician work time			22		0	
80	CA021	Perform procedure/service---NOT directly related to physician work time						
81	CA021	Perform procedure/service---NOT directly related to physician work time						
82	CA021	Perform procedure/service---NOT directly related to physician work time	3					
87		**Post-Service (of service period)**						
88	CA022	Monitor patient following procedure/service, multitasking 1:4						
89	CA023	Monitor patient following procedure/service, no multitasking						
90	CA024	Clean room/equipment by clinical staff						
91	CA024	Clean room/equipment by clinical staff						
92	CA024	Clean room/equipment by clinical staff	3					
93	CA024	Clean room/equipment by clinical staff						
94	CA025	Clean scope						
95	CA025	Clean scope						
96	CA026	Clean surgical instrument package						
97	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
98	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions						
99	CA028	Review/read post-procedure x-ray, lab and pathology reports						

	A	B	Y	Z	AA	AB	AC	AD
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2			**CPT Code 76937**		**HCPCS Code G6001**		**CPT Code 77439**	
3		***RUC Collaboration Website***	Ultrasound guidance for vascular access requiring ultrasound evaluation of		Ultrasonic guidance for placement of radiation therapy fields		Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound	
4	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable):** **Tab: 17 Superficial Radiation Therapy** **Specialty: AADA, ASTRO, ACRO**						
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 28.22**	**$ -**	**$ 135.36**	**$ -**	**$ 4.52**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**15**	**0**	**22**	**0**	**6**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**
10		L037D	*0*	*0*	*0*	*0*	*0*	*0*
11		L050C	*0*	*0*	*0*	*0*	*0*	*0*
12		L042A	*0*	*0*	*0*	*0*	*0*	*0*
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**15**	**0**	**22**	**0**	**6**	**0**
14		L037D	*0*	*0*	*0*	*0*	*6*	*0*
15		L050C	*0*	*0*	*22*	*0*	*0*	*0*
16		L152A	*0*	*0*	*0*	*0*	*0*	*0*
17		L041A	*15*	*0*	*0*	*0*	*0*	*0*
18		L042A	*0*	*0*	*0*	*0*	*0*	*0*
19		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**
100	CA029	Check dressings, catheters, wounds						
101	CA030	Technologist QC's images in PACS, checking for all images, reformats,						
102	CA030	Technologist QC's images in PACS, checking for all images, reformats,	2					
103	CA030	Technologist QC's images in PACS, checking for all images, reformats,						
104	CA031	Review examination with interpreting MD/DO						
105	CA031	Review examination with interpreting MD/DO	2					
106	CA031	Review examination with interpreting MD/DO						
107	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
108	CA032	Scan exam documents into PACS. Complete exam in RIS system to	1					
109	CA032	Scan exam documents into PACS. Complete exam in RIS system to						
110	CA033	Perform regulatory mandated quality assurance activity (service period)						
111	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry					1	
112	CA035	Review home care instructions, coordinate visits/prescriptions						
113	CA036	Discharge day management	**n/a**		**n/a**		**n/a**	
120		**End: Patient leaves office/facility**						
121		**POST-SERVICE PERIOD**						
122		**Start: Patient leaves office/facility**						
123	CA037	Conduct patient communications						
124	CA038	Coordinate post-procedure services						
125		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
126		99211 16 minutes						
127		99212 27 minutes						
128		99213 36 minutes						
129		99214 53 minutes						
130		99215 63 minutes						
131	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
138		**End: with last office visit before end of global period**						

	A	B	Y	Z	AA	AB	AC	AD
1	**RUC Practice Expense Spreadsheet**		**REFERENCE CODE**		**CURRENT**		**RECOMMENDED**	
2			**CPT Code 76937**		**HCPCS Code G6001**		**CPT Code 77439**	
3		***RUC Collaboration Website***						
4	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable):** **Tab: 17 Superficial Radiation Therapy** **Specialty: AADA, ASTRO, ACRO**	Ultrasound guidance for vascular access requiring ultrasound evaluation of		Ultrasonic guidance for placement of radiation therapy fields		Surface radiation therapy; superficial or orthovoltage, image guidance, ultrasound	
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**ZZZ**	**ZZZ**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 28.22**	**$ -**	**$ 135.36**	**$ -**	**$ 4.52**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**15**	**0**	**22**	**0**	**6**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**
10		L037D	*0*	*0*	*0*	*0*	*0*	*0*
11		L050C	*0*	*0*	*0*	*0*	*0*	*0*
12		L042A	*0*	*0*	*0*	*0*	*0*	*0*
13		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**15**	**0**	**22**	**0**	**6**	**0**
14		L037D	*0*	*0*	*0*	*0*	*6*	*0*
15		L050C	*0*	*0*	*22*	*0*	*0*	*0*
16		L152A	*0*	*0*	*0*	*0*	*0*	*0*
17		L041A	*15*	*0*	*0*	*0*	*0*	*0*
18		L042A	*0*	*0*	*0*	*0*	*0*	*0*
19		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0**	**0**	**0**	**0**	**0**	**0**
139	**Supply Code**	**MEDICAL SUPPLIES**						
140		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 13.71**	**$ -**	**$ 112.23**	**$ -**	**$ 0.47**	**$ -**
141	SA048	pack, minimum multi-specialty visit						
142	SA121	Imaging Tray						
143	SB005	cover-condom, transducer or ultrasound probe	1					
144	SB007	drape, sterile barrier 16in x 29in	2					
145	SB006	drape, non-sterile, sheet 40in x 60in						
146	SB012	drape, sterile, for Mayo stand			1		0	
147	SB023	gloves, non-sterile, nitrile						
148	SB026	gown, patient						
149	SB037	pillow case						
150	SB044	underpad 2ft x 3ft (Chux)						
151	SC029	needle, 18-27g						
152	SD084	gas, oxygen						
153	SG035	dressing, 3in x 4in (Telfa, Release)						
154	SG050	gauze, non-sterile 2in x 2in						
155	SG055	gauze, sterile 4in x 4in					1	
156	SG079	tape, surgical paper 1in (Micropore)						
157	SJ032	lubricating jelly (K-Y) (5gm uou)	6		2		0	
158	SJ038	petroleum jelly						
159	SJ053	swab-pad, alcohol					1	
160	SJ062	ultrasound transmission gel	150				2	
161	SK068	razor						
162	SK073	skin marking ink (tattoo)						
163	SK075	skin marking pen, sterile (Skin Skribe)						
164	SK125	Adhesive ruler						
165	SM013	disinfectant, surface (Envirocide, Sanizide)					1	
166	SM018	glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)			32		0	
167	SM021	sanitizing cloth-wipe (patient)	5					
168	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	2					
169	SM027	wipes, lens cleaning (per wipe) (Kimwipe)						
170								
171	**Equipment Code**	**EQUIPMENT**						
172		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 1.94**	**$ -**	**$ 3.55**	**$ -**	**$ 0.81**	**$ -**
173	ED003	camera, 35mm system (medical grade)						
174	ED004	camera, digital (6 mexapixel)						
175	ED011	computer system, record and verify						
176	ED050	Technologist PACS workstation	15					
177	EF031	table, power						
178	EL007	room, CT						
179	EQ168	light, exam						
180	EQ211	pulse oximeter w-printer						
181	EQ250	ultrasound unit, portable	10		22		5	
182	ER045	Superficial radiation therapy system						
183	**ER045**	Superficial radiation therapy system **UPDATED PRICING**						
184	ER057	radiation virtual simulation system						
185	ER083	SRS system, SBRT, six systems, average						
186	ER120	Lead Blocking Shield Kit						
187	ES056	reflectance confocal imaging system						
188	**New**	**Orthovoltage Treatment Delivery System (NEW)**						
189	**New**	**Orthovoltage Vault (NEW)**						
190	EF023	table, exam						
191		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*						
192								

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2025

Combination COVID-19 Vaccine Administration – Tab 18

In September 2024, the CPT Editorial Panel created a new add-on code, 90481, to report when each additional non-COVID vaccine component is administered with the COVID-19 vaccine. CPT code 90480 was revised as part of this family of services.

90480 ***Immunization administration by intramuscular injection, ~~of~~ severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine; first or only component of each vaccine administered***
In September 2023, the RUC reviewed CPT code 90480 and recommended the survey median work RVU of 0.25. The RUC recommended 7 minutes of intra-service/total time. The RUC noted that this service is typically performed on the same day as an Evaluation and Management (E/M) office visit and the recommended work and time is not duplicative from that which is included in the E/M visit. The specialty societies requested that the RUC affirm the work RVU for 90480 as it was recently surveyed. **The RUC recommends affirming a work RVU of 0.25 for CPT code 90480.**

90481 ***Immunization administration by intramuscular injection, ~~of~~ severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine; each additional component administered (List separately in addition to code for primary procedure)***
The specialty societies noted that 90481 does not have additional physician work or direct practice expenses associated with it. All work and direct practice expense is included in the administration of the base code 90480. The CDC requested this code for tracking multi-antigen vaccines outside the pediatric population. This add-on code is intended for use in the identification of a second component of the COVID combination vaccine. CPT code 90481 simply represents the second component of the product composition that was administered and provides a means to track the administration of the second vaccine. **The RUC recommends a work RVU of 0.00 for CPT code 90481.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications. For CPT code 90480, the RUC affirmed the September 2023 inputs. No direct practice expense inputs were recommended for CPT code 90481 as it was developed for product tracking purposes only. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Evaluation and Management Services
Preventive Medicine Services

The extent and focus of the services will largely...

. . .

Codes 99381-99397 include counseling/anticipatory guidance/risk factor reduction interventions which are provided at the time of the initial or periodic comprehensive preventive medicine examination. (Refer to 99401, 99402, 99403, 99404, 99411, and 99412 for reporting those counseling/anticipatory guidance/risk factor reduction interventions that are provided at an encounter separate from the preventive medicine examination.)

(For behavior change intervention, see 99406, 99407, 99408, 99409)

Immunization/vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization risk/benefit counseling without administration, see 90482, 90483, 90484. For immunization administration and immunization risk/benefit counseling, see 90460, 90461, 90471-90474, 90480, 90481*, 96380, 96381. For immunization/vaccine/toxoid products, see 90380, 90381, 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322.*

Medicine
Immunization Administration for Vaccines/Toxoids

Report vaccine immunization administration codes (*90460, 90461, 90471-90474, 90480,* 90481*) in addition to the vaccine and toxoid code(s) (90476-90759, 91304, 91318, 91319, 91320, 91321, 91322).*

Report codes 90460 and 90461 only when the physician or other qualified health care professional provides face-to-face counseling of the patient/family during the administration of a vaccine other than when performed for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccines. For immunization administration of any vaccine, other than SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines, that is not accompanied by face-to-face physician or other qualified health care professional counseling to the patient/family/guardian or for administration of vaccines to patients over 18 years of age, report codes 90471-90474. (See also ***Instructions for Use of the CPT Codebook*** *for definition of reporting qualifications.)*

Report 90480, 90481 for immunization administration only if the vaccine includes a ~~of~~ SARS-CoV-2 (coronavirus disease [COVID-19]) component~~vaccines only~~. ~~This code is~~ These codes are used for administration and counseling that involves the use of COVID-19 vaccines for immunization against contracting disease. *This includes administration of COVID-19 vaccine for all age populations*. For administration of

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additional vaccine(s) or toxoid component(s) combined with COVID-19 vaccine for patients 18 years of age or younger with counseling by the physician or other qualified health care professional for the additional vaccine or toxoid component, use 90461.

For physician or other qualified health care professional (QHP) immunization counseling of three minutes or greater when the immunization is not administered on the same date, see 90482, 90483, 90484.

If more than one immunization is recommended and the patient/family/caregiver accepts one or more immunization(s) and declines one or more immunization(s), use 90460, 90461, 90471, 90472, 90473, 90474, 90480, 96380, 96381 as indicated for immunization administration and see 90482, 90483, 90484 for immunization counseling for those immunizations for which administration did not occur on the same day that counseling was performed.

If a significant separately identifiable evaluation and management service (eg, new or established patient office or other outpatient services [99202-99215], office or other outpatient consultations [99242, 99243, 99244, 99245], emergency department services [99281-99285], preventive medicine services [99381-99429]) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.

A component refers to all antigens in a vaccine that prevent disease(s) caused by one organism (90460 and 909461). Multi-valent antigens or multiple serotypes of antigens against a signle organism are considered a single component of vaccines. Combination vaccines are thosew vaccines that contain multiple vaccine components. Conjugates or adjuvants contained in vaccines are not considered to be component parts of the vaccine as defined above.

For immune globulines and monoclonal antibodies immunizations, see 90281-90399. For administration of immue globulines and monoclonal antibodies immunizations, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96364.

For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96374, 96375, 96380, 96381, 96380, 96381.

(For allergy testing, see 95004 et seq)

(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)

(For therapeutic or diagnostic injections, see 96372-96379)

90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only compent of each vaccine or toxoid administered*

+90461 *each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)*

(Use 90460 for each vaccine administered. For vaccines with multiple components [combination vaccines], report 90460 in conjunction with 90461 for each additional component in a given vaccine)

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		(Do not report 90460, 90461 in conjunction with 91304, 91318, 91319, 91320, 91321, 91322, unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter) *(For physician or other qualified health care professional immunization counseling of 3 minutes or greater when one or more immunizations are not administered on the same date, see 90482, 90483, 90484)* (For administration of additional vaccine[s] or toxoid[s] component combined with COVID-19 vaccine for patients 18 years of age or younger with counseling by the physician or other qualified health care professional for the additional vaccine or toxoid component, use 90461)		
▲90480	BB1	Immunization administration by intramuscular injection, ~~of~~ severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine~~, single dose~~; first or only component of each vaccine administered (Report 90480 for the administration of vaccine 91304, 91318, 91319, 91320, 91321, 91322) (Do not report 90480 in conjunction with 90476-90759, unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter) (For physician or other qualified health care professional [QHP] immunization counseling of 3 minutes or greater when one or more immunizations are not administered on the same date, see 90482, 90483, 90484)	XXX	0.25 (Affirm September 2023 RUC Recommendation)
✚●90481	BB2	each additional component administered (List separately in addition to code for primary procedure) (Use 90481 in conjunction with 90480) (Report 90481 for immunization administration for all patients greater than 18 years of age and patients 18 years of age or younger without counseling by the physician or other qualified health care professional for the additional vaccine or toxoid component)	ZZZ	0.00

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★◀●*90482* *Immunization counseling by physician or other qualified health care professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes*

★◀●*90483* *greater than 10 minutes up to 20 minutes*

★◀●*90484* *greater than 20 minutes*

(When reporting 90482, 90483, 90484, do not count time spent on counseling for immunizations that were administered on the same day of service)

(When reporting 90482, 90483, 90484, do not include service time reported with 90460, 90461, 90471, 90472, 90473, 90474, 90480, 96380, 96381)

(Report 90482, 90483, 90484 once per date of service for cumulative counseling time for immunization[s] not provided, regardless of the number of products)

Vaccines, Toxoids

To assist users to report the most recent new or revised vaccine product codes, the American Medical Association (AMA) currently uses the CPT website (ama-assn.org/cpt-cat-i-immunization-codes), which features updates of CPT Editorial Panel actions regarding these products. See the Introduction section of the CPT code set for a complete list of the dates of release and implementation.

The CPT Editorial Panel, in recognition of the public health interest in vaccine products, has chosen to publish new vaccine product codes prior to approval by the US Food and Drug Administration (FDA). These codes are indicated with the ↗ symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approval, the ↗ symbol will be removed. CPT users should refer to the AMA CPT website (ama-assn.org/cpt-cat-i-immunization-codes) for the most up-to-date information on codes with the ↗ symbol.

*Codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322 identify the vaccine product **only**. To report the administration of a vaccine/toxoid other than SARS-CoV-2 (coronavirus disease [COVID-19]), the vaccine/toxoid product codes (90476-90759) must be used in addition to an immunization administration code(s) (90460, 90461, 90471, 90472, 90473, 90474). To report the administration of a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine, the vaccine/toxoid product codes 91304, 91318, 91319, 91320, 91321, 91322 should be reported with the corresponding immunization administration ~~code~~s (90480, 90481).*

Do not report 90476-90759 in conjunction with the SARS-CoV-2 (coronavirus disease [COVID-19]) immunization administration ~~code~~s 90480, 90481, unless both a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter.

Modifier 51 should not be reported with vaccine/toxoid codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322, when reported in conjunction with administration codes 90460, 90461, 90471, 90472, 90473, 90474, 90480, 90481.

If a significantly separately identifiable Evaluation and Management (E/M) service (eg, office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.

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AMERICAN
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January 13, 2025

Ezequiel Silva III, MD
Chair, AMA/Specialty Society Relative Value Scale Update Committee
Relative Value Systems, American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611

Dear Dr. Silva,

The American Osteopathic Association, on behalf of the more than 195,000 osteopathic physicians and medical students we represent, appreciates this opportunity to comment on Tab 18 of the January 2025 RUC meeting (Combination COVID-19 Vaccine Administration, CPT codes 90480 and 9X16X). Approximately 57% of DOs practice in primary care specialties, including family medicine, internal medicine, pediatrics, geriatrics, and obstetrics/gynecology. As a result, most of our members commonly provide vaccine administration services as part of their practice. We would like to express our support for the recommendation submitted for 90480 and 9X16X.

CPT code 90480, I*mmunization administration by intramuscular injection, of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)(coronavirus disease [COVID-19]) vaccine single dose; first or only component of each vaccine administered*, was recently surveyed and valued at the September 2023 RUC meeting. As described by the specialty societies, the CPT Editorial Panel approved changes to the original code descriptor that are editorial in nature to reflect combination vaccine products newly entering the market. As more of these products are developed and their administration becomes more commonplace, it is important that CPT coding enables physicians to document and report vaccines administered. Because the change made by CPT is largely editorial, and there has been no substantive change to this service since its survey in 2023, we agree with the societies' recommendation to reaffirm the current 7 minutes of intra-service/total time, work RVU of 0.25, and direct practice expense inputs.

CPT code 9X16X, *each additional component administered (list separately in addition to code for primary procedure)*, is a child code for 90480 intended to indicate the additional components of the combination vaccine product. The societies developing recommendations for tab 18 explain that this code has no work or direct practice expense because it is intended to be used for tracking purposes for multi-antigen vaccines, and the work of vaccine administration is already captured by 90480.

Thank you again for the opportunity to comment on this tab. The AOA supports the recommendations submitted for tab 18. Please let us know if you have any questions.

Paul Martin, DO, FACOFP
AOA RUC Advisor

Robert Pedowitz, DO
AOA RUC Alternate Advisor

December 10, 2024

Ezequiel Silva III, MD
Chairperson, AMA/Specialty Society Relative Value Scale Update Committee
Relative Value Systems, American Medical Association
AMA Plaza - 330 N Wabash Ave, Suite 39300
Chicago, IL 60611

Re: Tab 18 Combination COVID-19 Vaccine Administration (90480, 9X16X)

Dear Dr. Silva:

The American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the American College of Physicians (ACP), and the American Nurses Association (ANA) respectfully submit the following recommendations for Tab 18, Combination COVID-19 Vaccine Administration (90480 and 9X16X).

1. 90480 *Immunization administration by intramuscular injection, of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine single dose; first or only component of each vaccine administered*: **Reaffirm current time, work RVUs, and direct Practice Expense inputs (see Summary Spreadsheet and PE Spreadsheet)**

   Rationale
   a. CPT code 90480 was recently valued at the September 2023 RUC meeting based upon a robust survey response of 171 physicians.
   b. At the September 2024 CPT Editorial Panel meeting, the CPT Panel approved edits to the code descriptor that are editorial in nature to accommodate future introduction into the marketplace of a combination COVID-19/flu vaccine that are administered in a single injection and do not change the physician time, work, or PE inputs for the service.
   c. No changes were made by the CPT Editorial Panel to the vignette for the typical patient used for the RUC survey for 90480.

2. 9X16X *each additional component administered (List separately in addition to code for primary procedure)*: **No work or direct Practice Expense inputs (see Summary Spreadsheet and PE Spreadsheet)**

   Rationale:
   a. The CPT Editorial Panel approved this code at the September 2024 CPT Editorial Panel meeting.

   b. The CDC requested this code for tracking multi-antigen vaccines outside the pediatric population. This add-on code is intended for use in the identification of the second

component of the COVID combination vaccine. Per the CPT Panel, there is no work or practice expense associated with this code. The work of the "administration" is captured by 90480. It simply represents the second component of the "cocktail" that was administered and provides a means to track the administration of this second vaccine.

Background

On August 14, 2023, new CPT codes were created to consolidate over 50 previously implemented codes and streamline the reporting of immunizations for the novel coronavirus (SARS-CoV-2, also known as COVID-19). The CPT Editorial Panel approved a single code (90480) to describe the administration of new and existing COVID-19 vaccine products. In August 2023, the specialty societies conducted an expedited survey to value the consolidated single COVID-19 immunization administration code, CPT code 90480. The RUC reviewed the specialty societies' recommendation at the September 2023 RUC meeting and determined that the survey median work RVU of 0.25 appropriately accounted for the work required to perform this service. The RUC recommended 7 minutes of intra-service/total time. The RUC noted that this service is typically performed on the same day as an Evaluation and Management (E/M) office visit and the recommended work and time are not duplicative from that which is included in the E/M visit.

At the September 2024 CPT Editorial Panel meeting, *Moderna* and *Pfizer* collaborated on a Code Change Application to address appropriate reporting for the administration of a vaccine that includes COVID-19 product and influenza product for vaccination against both conditions/diseases. The Code Change Application was submitted in anticipation of FDA approval for products currently being tested in clinical trials. The CPT Editorial Panel approved (1) revision of code 90480 to note "first or only component of each vaccine administered"; and (2) creation of child code 9X16X to report each additional non-COVID vaccine component administration.

90480 Immunization administration by intramuscular injection, ~~of~~ severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine ~~single dose~~; first or only component of each vaccine administered

(Report 90480 for the administration of vaccine 91304, 9XXX1, 9XXX2, 9XXX3, 9XXX4, 9XXX5)

(Do not report 90480 in conjunction with 90476-90759)

+9X16X each additional component administered (List separately in addition to code for primary procedure)

(Use 9X16X in conjunction with 90480)

(Report 9X16X for immunization administration for all patients greater than 18 years of age and patients 18 years of age or younger without counseling by the physician or other qualified healthcare professional for the additional vaccine or toxoid component)

(For administration of an additional vaccine or toxoid component combined with COVID-19 vaccine for patients 18 years of age or younger with counseling by the physician or other qualified healthcare professional for the additional vaccine or toxoid component, use 90461)

Code Use

The typical site of service for 90480 and 9X16X includes both Facility and Non-facility settings:

Hospital inpatient
Hospital outpatient
Emergency department
Office
Inpatient psychiatric facility
Skilled nursing facility
Nursing facility
Assisted living facility
Patient's home
Other
Public health clinics, pharmacies, other seasonal vaccine clinics (can be employer sponsored or another sponsor).

Summary

The AAP, the AAFP, the ACP, and the ANA recommend reaffirming the current time of 7 minutes intra-service/total time and work RVU of 0.25 for 90480. We recommend reaffirming the current PE inputs.

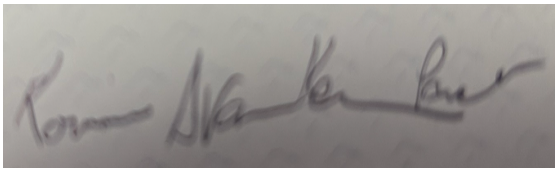
For 9X16X, we recommend no time, work, or direct PE inputs.

Sincerely,

Steven Krug, MD
RUC Advisor
American Academy of Pediatrics

Bradley Fox, MD, FAAFP
RUC Advisor
American Academy of Family Physicians

Charles Hamori, MD, FACP
RUC Advisor
American College of Physicians



Korinne Van Keuren, DNP, APRN, NP-BC, RNFA
RUC HCPAC Advisor
American Nurses Association

SS Rec Summary

ISSUE: Combination COVID-19 Vaccine Administration

TAB: 18

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF						-	-						0														
2nd REF						-	-						0														
CURRENT	90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	XXX	2023		0.036	0.036			0.25			7						7								
REC	90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2	XXX	AFFIRM		0.036	0.036			0.25			7						7								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF						-	-						0														
2nd REF						-	-						0														
CURRENT	90481	each additional component administered (List separately in addition to code for primary procedure)	ZZZ			-	-						0														
REC	90481	each additional component administered (List separately in addition to code for primary	ZZZ			-	-			0.00			0	0					0			0					

NONFACILITY DIRECT PE INPUTS **CPT CODE(S):**90480, 90481

SPECIALTY SOCIETY(IES): AAP, AAFP, ACP, ANA

PRESENTER(S): Steven Krug, MD, Suzanne Berman, MD, Brad Fox, MD, Korinne Van Keuren, DNP, APRN, NP-BC, RNFA, Charles Hamori, MD, FACP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025 (Affirmation of September 2023 Recommendations for 90480)

CPT Code	Long Descriptor	Global Period
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR CoV2) (coronavirus disease [COVID 19]) vaccine, first or only component of each vaccine administered	XXX
90481	each additional component administered (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
90480	A female patient presents for possible immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. After counseling, she is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose.
90481	An adult female patient presents for possible immunization against SARS-CoV-2 and influenza infection to decrease the risk of contracting the diseases. The physician or QHP determines that the patient is an appropriate candidate for a combination COVID-19 and Influenza vaccine and orders its administration. [**Note:** This is an add-on service. Only consider the additional work related to the administration of the additional influenza immunization.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The specialty societies convened multispecialty consensus panel including RUC advisors and providers of immunizations in the NF setting. The panel developed the direct practice expense recommendations for CPT Code 90480 based on best practices and current AMA RUC/PE guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   CPT Code 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other QHP; first or only component of each vaccine or toxoid administered* was selected as a comparison on the PE spreadsheet. Code 90460 is a recently PE reviewed IA service.

   There is no work or PE associated with the new code 90481 as it was developed for product tracking purposes only. Thus no comparison code was selected.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
Is this code(s) typically reported with the E/M service in the nonfacility?

Code 90480 is typically reported with an E/M service. Code 90480 is typically reported with an E/M service in the NF setting.

See the *Billed Together* tab in the RUC Database.

4. What specialty is the dominant provider *in the nonfacility?* What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

The dominant provider for new CPT Code 90480 and new CPT Code 90481 in the facility and non facility is not known at this time.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Pre Service CA007 Review patient clinical extant information and questionnaire

Used for imaging service. 1 minute standard.
Specialties are recommending 1 minute to account for the clinical staff time to review the patient immunization questionnaire.

CA008
Perform regulatory mandated quality assurance activity (pre-service)
Standard is 0 for XXX services.
Specialties are recommending 1 minute to account for the clinical staff time to ensure the vaccine stock is viable.

Service
CA014 Confirm order, protocol exam
Used for imaging service. 1 minute standard.
Specialties are recommending 2 minutes to account for the clinical staff time to ensure the correct sequencing and vaccination.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

CA007: Confirming vaccine order/checking appropriateness for patient

CA008: Checking historical and current temperatures for vaccine refrigerator; recording temperatures; reporting temperatures; vaccine inventorying; ordering vaccines; completing required Vaccines for Children (VFC) paperwork; receiving vaccines; inspecting/logging vaccines and putting them in the vaccine refrigerator; creating lot numbers in EHR

    b. Service period (includes pre, intra and post):

CA011: Giving Vaccine Information Sheet (VIS) to patient/family; getting informed consent and signature if applicable

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CA014: Going to laboratory and taking vaccine vials out of vaccine refrigerator; drawing up vaccine into syringe; going back to patient room and preparing patient/parent, confirming that this is correct patient-correct vaccine

CA021: Actual administration of vaccine; bandage application

CA022: Watching patient after vaccine is administered

CA024: Disposal of vaccine-specific medical waste

CA034: Charting administered immunizations in the patient chart and EMR; preparing patient record/immunization card

c. Post-service period:

CA037: Contacting patient/parent to follow up on immunization administration

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

CA021: RN/LPN/MTA prepares the vaccine, instructs the patient (or parent) on proper positioning, selects and prepares the injection site, administers the vaccine, and applies a bandage to the injection site. The patient is then monitored for potential anaphylaxis response to the vaccine.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment? **N/A**

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment? **N/A**

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:
    N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or **No**.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
    N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
    N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:
    N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

The specialty societies included the following equipment items:

EF049 refrigerator, vaccine medical grade, 2-data logger sngl glass door
ED043 refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates

The specialties used the 'default' equipment formula for both EF049 and ED043.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Equipment
ED043: While its description begins with "refrigerator, vaccine," it is the temperature monitor with alarm for the vaccine medical grade refrigerator. The specialties do not have two vaccine refrigerators included as part of the recommendations.

We are recommending affirmation of the September 2023 recommendations for CPT Code 90480. No changes have been made from those approved times on the PE SOR. There is no work or PE associated with the new code 90481 as it was developed for product tracking purposes only.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NONFACILITY DIRECT PE INPUTS **CPT CODE(S):**90480, 90481

SPECIALTY SOCIETY(IES): AAP, AAFP, ACP, ANA

PRESENTER(S): Steven Krug, MD, Suzanne Berman, MD, Brad Fox, MD, Korinne Van Keuren, DNP, APRN, NP-BC, RNFA, Charles Hamori, MD, FACP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. *The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.* Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.
In addition, please provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**	
2						**90460**		**90480**	
3		***RUC Collaboration Website***				Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR CoV2) (coronavirus disease [COVID 19]) vaccine, single dose.	
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 18 Combination COVID-19 Vaccine Administration (90480, 9X16X)** **Specialty: AAP, AAFP, ACP, ANA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 11.96**	**$ -**	**$ 11.96**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**20.0**	**0.0**	**20.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**2.0**	**0.0**	**2.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**17.0**	**0.0**	**17.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**1.0**	**0.0**	**1.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 10.80**	**$ -**	**$ 10.80**	**$ -**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54				
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54				
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54				
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54				
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54				
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54	1		1	
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54	1		1	
23			L037D	RN/LPN/MTA	0.54				
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54				
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54				
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54	3		3	
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54				
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54				
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54	2		2	
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54				
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54				
42			L037D	RN/LPN/MTA	0.54				
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54				
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54				
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54				
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54	4		4	
53			L037D	RN/LPN/MTA	0.54				
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
59		**Post-Service (of service period)**							
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54	4		4	
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54				
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	1		1	
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54				
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54				
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54				
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54				
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54	3		3	
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54				
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.54				
81		**End: Patient leaves office/facility**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54	1		1	
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54				
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.54				
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54				
99		**End: with last office visit before end of global period**							

	A	B	D	E	F	G	H	I	J
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**CURRENT**	
2						**90460**		**90480**	
3		***RUC Collaboration Website***				Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered		Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR CoV2) (coronavirus disease [COVID 19]) vaccine, single dose.	
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 18 Combination COVID-19 Vaccine Administration (90480, 9X16X)** **Specialty: AAP, AAFP, ACP, ANA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 11.96**	**$ -**	**$ 11.96**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**20.0**	**0.0**	**20.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**2.0**	**0.0**	**2.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**17.0**	**0.0**	**17.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**1.0**	**0.0**	**1.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 0.93**	**$ -**	**$ 0.93**	**$ -**
102	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0.49	item		1		1	
103	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.41	item		1		1	
104	SK012	CDC information sheet	0.03	item		1		1	
109									
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.23**	**$ -**	**$ 0.23**	**$ -**
112	EF049	refrigerator, vaccine medical grade, w-data logger sngl glass door	7674.43	Default	0.020365838	10		10	
113	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates	1000	Default	0.002653727	10		10	
114									
119									

	A	B	K	L	M	N
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED- Affirming September 2023 RUC Recommendations**		**RECOMMENDED**	
2			**90480**		**90481**	
3		***RUC Collaboration Website***	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR CoV2) (coronavirus disease [COVID 19]) vaccine; first or only component of each vaccine administered		each additional component administered (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 18 Combination COVID-19 Vaccine Administration (90480, 9X16X)** **Specialty: AAP, AAFP, ACP, ANA**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 11.96**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**20.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**2.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**17.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**1.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ 10.80**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**				
14		**Start: Following visit when decision for surgery/procedure made**				
15	CA001	Complete pre-service diagnostic and referral forms				
16	CA002	Coordinate pre-surgery services (including test results)				
17	CA003	Schedule space and equipment in facility				
18	CA004	Provide pre-service education/obtain consent				
19	CA005	Complete pre-procedure phone calls and prescription				
20	CA006	Confirm availability of prior images/studies				
21	CA007	Review patient clinical extant information and questionnaire	1			
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	1			
23						
28		*Other activity: please include short clinical description here and type*				
29		**End: When patient enters office/facility for surgery/procedure**				
30		**SERVICE PERIOD**				
31		**Start: When patient enters office/facility for surgery/procedure:**				
32		**Pre-Service (of service period)**				
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are				
34	CA010	Obtain vital signs				
35	CA011	Provide education/obtain consent	3			
36	CA012	Review requisition, assess for special needs				
37	CA013	Prepare room, equipment and supplies				
38	CA014	Confirm order, protocol exam	2			
39	CA015	Setup scope (nonfacility setting only)				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient				
41	CA017	Sedate/apply anesthesia				
42						
47		*Other activity: please include short clinical description here and type*				
48		**Intra-service (of service period)**				
49	CA018	Assist physician or other qualified healthcare professional---directly				
50	CA019	Assist physician or other qualified healthcare professional---directly				
51	CA020	Assist physician or other qualified healthcare professional---directly				
52	CA021	Perform procedure/service---NOT directly related to physician work time	4			
53						
58		*Other activity: please include short clinical description here and type*				
59		**Post-Service (of service period)**				
60	CA022	Monitor patient following procedure/service, multitasking 1:4	4			
61	CA023	Monitor patient following procedure/service, no multitasking				
62	CA024	Clean room/equipment by clinical staff	1			
63	CA025	Clean scope				
64	CA026	Clean surgical instrument package				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports				
67	CA029	Check dressings, catheters, wounds				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,				
69	CA031	Review examination with interpreting MD/DO				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to				
71	CA033	Perform regulatory mandated quality assurance activity (service period)				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	3			
73	CA035	Review home care instructions, coordinate visits/prescriptions				
74	CA036	Discharge day management	**n/a**		**n/a**	
75						
81		**End: Patient leaves office/facility**				
82		**POST-SERVICE PERIOD**				
83		**Start: Patient leaves office/facility**				
84	CA037	Conduct patient communications	1			
85	CA038	Coordinate post-procedure services				
92	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**
93						
98		*Other activity: please include short clinical description here and type*				
99		**End: with last office visit before end of global period**				

	A	B	K	L	M	N
1	**RUC Practice Expense Spreadsheet**		**RECOMMENDED- Affirming September 2023 RUC Recommendations**		**RECOMMENDED**	
2			**90480**		**90481**	
3		***RUC Collaboration Website***	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR CoV2) (coronavirus disease [COVID 19]) vaccine; first or only component of each vaccine administered		each additional component administered (List separately in addition to code for primary procedure)	
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 18 Combination COVID-19 Vaccine Administration (90480, 9X16X)** **Specialty: AAP, AAFP, ACP, ANA**				
5		**LOCATION**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ 11.96**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**20.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**2.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**17.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**1.0**	**0.0**	**0.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**				
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ 0.93**	**$ -**	**$ -**	**$ -**
102	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	1			
103	SG021	bandage, strip 0.75in x 3in (Bandaid)	1			
104	SK012	CDC information sheet	1			
109						
110	**Equipment Code**	**EQUIPMENT**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ 0.23**	**$ -**	**$ -**	**$ -**
112	EF049	refrigerator, vaccine medical grade, w-data logger sngl glass door	10			
113	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates	10			
114						
119						

AMA/Specialty Society RVS Update Committee Summary of Recommendations

September 2023

SARS-CoV-2-Immunization Administration – Tab 18

On August 14, 2023, new CPT codes were created to consolidate over 50 previously implemented codes and streamline the reporting of immunizations for the novel coronavirus (SARS-CoV-2, also known as COVID-19). The CPT Editorial Panel approved the addition of new product codes 91318-91322 to identify monovalent vaccine product for immunization against COVID-19 (Pfizer, Moderna); retained existing Novavax Product Code 91304 for currently authorized vaccine product available for use in the U.S. and the updated (XBB.1.5) vaccine; deleted and/or revised all other existing COVID codes (product and administration with associated guidelines and parenthetical note deletions/revisions); and added a single administration code (90480) for administration of new (i.e., 91318-91322) and existing (i.e., 91304) COVID-19 vaccine products.

All existing CPT codes that describe COVID-19 vaccine products and associated administration codes that end in "A" for products that are no longer covered under an existing Emergency Use Authorization (EUA) or Biologics License Application (BLA) from the US Food and Drug Administration (FDA) will be deleted effective November 1, 2023.

In August 2023, the specialty societies conducted an expedited survey to value the consolidated single COVID-19 immunization administration code, CPT code 90480. The RUC reviewed the specialty societies' recommendation at the September 2023 RUC meeting.

90480 ***Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose***
The RUC reviewed the survey results from 171 pediatricians and obstetricians/gynecologists and determined that the survey median work RVU of 0.25 appropriately accounts for the work required to perform this service. The RUC recommends 7 minutes of intra-service/total time. The RUC noted that this service is typically performed on the same day as an Evaluation and Management (E/M) office visit and the recommended work and time is not duplicative from that which is included in the E/M visit.

The RUC compared the surveyed code with the top key reference service 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered* (work RVU = 0.24 and 7 minutes intra-service/total time). The RUC noted that 70% of the respondents who chose CPT code 90460 as the key reference service indicated the surveyed code is overall slightly more intense and complex to perform. This is supported by the additional complexity of the intra-service work as compared to 90460 based on the need to address ongoing vaccine hesitancy associated with COVID-19. Analysis from the CDC's State of Vaccine Confidence Insights Report, KFF COVID-19 Vaccine Monitor, American Academy of Family Physicians, American College Health Association, American Academy of Pediatrics, and Journal of Community have shown that the

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

COVID-19 pandemic has had a profound effect on vaccine confidence, with a significant overall increase in vaccine hesitancy. Notably, COVID-19 vaccines have experienced the highest level of hesitancy compared to other vaccines. Therefore, the RUC determined that the physician or QHP work is slightly more for code 90480 compared to 90460.

The RUC compared the surveyed code to the second top key reference service 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* (work RVU = 0.17 and 7 minutes intra-service/total time). The RUC noted that while both services require the same amount of time, offering CPT code 90471 (such as for seasonal influenza), which entails less physician work and is less intense/complex. CPT code 90741 is valued appropriately lower, as there is slightly less patient education and discussion about vaccination hesitancy when compared to the COVID related patient education and vaccine protection that is required for CPT code 90480.

For additional support, the RUC referenced MPC codes 99406 *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes* (work RVU = 0.24 and 7 minutes intra-service/total time) and 71111 *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (work RVU = 0.32, 7 minutes intra-service time and 9 minutes total time), which places the surveyed code in the proper rank order based on the intensity, complexity, and time required to perform this service. **The RUC recommends a work RVU of 0.25 for CPT code 90480.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct practice expense inputs and made no modifications. The specialty societies recommended identical inputs as recently reviewed and approved for immunization administration code 90460. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

New Technology/New Services
The RUC recommends that CPT code 90480 be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation and utilization assumptions.

Modifier -51 Exempt
The RUC acknowledges that vaccines and immunizations are inherently precluded from the modifier -51 application and note that the revisions to the CPT guidelines are already in place, which includes COVID immunizations.

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Category I
Evaluation and Management
Preventive Medicine Services

Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90460, 90461, 90471-90474, 90480 ~~0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A~~. For vaccine/toxoid products, see 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322, ~~91300-91317~~.

Medicine
Immunization Administration for Vaccines/Toxoids

Report vaccine immunization administration codes (90460, 90461, 90471-90474, 90480 ~~0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A~~) in addition to the vaccine and toxoid code(s) (90476-90759, 91304, 91318, 91319, 91320, 91321, 91322, ~~91300-91317~~).

Report codes 90460 and 90461 only when the physician or other qualified health care professional provides face-to-face counseling of the patient/family during the administration of a vaccine other than when performed for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccines. For immunization administration of any vaccine, other than SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines, that is not accompanied by face-to-face physician or other qualified health care professional counseling to the patient/family/guardian or for administration of vaccines to patients over 18 years of age, report 90471-90474. (See also ***Instructions for Use of the CPT Codebook*** *for definition of reporting qualifications.)*

Report 90480 ~~0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A~~ for immunization administration of SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines only. This code is used for administration and counseling that involves the use of COVID-19 vaccines for immunization against contracting the disease. This includes administration of COVID-19 vaccine for all age populations. ~~Each administration code is specific to each individual vaccine product (eg, 91300-91317), the dosage schedule (eg, first dose, second dose), and counseling, when performed. The appropriate administration code is chosen based on the type of vaccine and the specific dose number the patient receives in the schedule. For example, 0012A is reported for the second dose of vaccine 91301. Do not report~~

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

~~90460-90474 for the administration of SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines. Codes related to SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine administration are listed in Appendix Q, with their associated vaccine code descriptors, vaccine administration codes, patient age, vaccine manufacturer, vaccine name(s), National Drug Code (NDC) Labeler Product ID, and interval between doses. In order to report these codes, the vaccine must fulfill the code descriptor and must be the vaccine represented by the manufacturer and vaccine name listed in Appendix Q.~~

If a significant separately identifiable Evaluation and Management service (eg, new or established patient office or other outpatient services [99202-99215], office or other outpatient consultations [99241-99245], emergency department services [99281-99285], preventive medicine services [99381-99429]) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.

A component refers to all antigens in a vaccine that prevent disease(s) caused by one organism (90460 and 90461). Multi-valent antigens or multiple serotypes of antigens against a single organism are considered a single component of vaccines. Combination vaccines are those vaccines that contain multiple vaccine components. Conjugates or adjuvants contained in vaccines are not considered to be component parts of the vaccine as defined above.

For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96374.

(For allergy testing, see 95004 et seq)

(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)

(For therapeutic or diagnostic injections, see 96372-96379)

▲*90460* *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered*

▲✚*90461* *each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)*

(Use 90460 for each vaccine administered. For vaccines with multiple components [combination vaccines], report 90460 in conjunction with 90461 for each additional component in a given vaccine)

(Do not report 90460, 90461 in conjunction with 91304, 91318, 91319, 91320, 91321, 91322 ~~91300-91317,~~ unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter)

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲*90471*		*Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)*		
		(Do not report 90471 in conjunction with 90473)		
▲ ✚*90472*		*each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)*		
		(Use 90472 in conjunction with 90460, 90471, 90473)		
		(Do not report 90471, 90472 in conjunction with 91318, 91319, 91320, 91321, 91322~~91300-91317~~, unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter)		
		~~*(For immune globulins, see 90281-90399. For administration of immune globulins, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96374)*~~		
		(For intravesical administration of BCG vaccine, see 51720, 90586)		
▲*90473*		*Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)*		
		(Do not report 90473 in conjunction with 90471)		
▲ ✚*90474*		*each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)*		
		(Use 90474 in conjunction with 90460, 90471, 90473)		
		(Do not report 90473, 90474 in conjunction with 91318, 91319, 91320, 91321, 91322~~91300-91317,~~ unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter)		
~~***D****0001A*~~		~~*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; first dose*~~		
~~***D****0002A*~~		~~*second dose*~~		
~~***D****0003A*~~		~~*third dose*~~		
~~***D****0004A*~~		~~*booster dose*~~		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		~~*(Report 0001A, 0002A, 0003A, 0004A for the administration of vaccine 91300)*~~		
		~~*(Do not report 0001A, 0002A, 0003A, 0004A in conjunction with 91305, 91307, 91308, 91312, 91315)*~~		
~~***D**0051A*~~		~~*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose*~~		
~~***D**0052A*~~		~~*second dose*~~		
~~***D**0053A*~~		~~*third dose*~~		
~~***D**0054A*~~		~~*booster dose*~~		
		~~*(Report 0051A, 0052A, 0053A, 0054A for the administration of vaccine 91305)*~~		
		~~*(Do not report 0051A, 0052A, 0053A, 0054A in conjunction with 91300, 91307, 91308, 91312, 91315, 91317)*~~		
~~***D**0121A*~~		~~*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; single dose*~~		
~~***D**0124A*~~		~~*additional dose*~~		
		~~*(Report 0121A, 0124A for the administration of vaccine 91312)*~~		
		~~*(Do not report 0121A, 0124A in conjunction with 91300, 91305, 91307, 91308, 91315, 91317)*~~		
~~***D**0071A*~~		~~*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose*~~		
~~***D**0072A*~~		~~*second dose*~~		
~~***D**0073A*~~		~~*third dose*~~		
~~***D**0074A*~~		~~*booster dose*~~		
		~~*(Report 0071A, 0072A, 0073A, 0074A for the administration of vaccine 91307)*~~		
		~~*(Do not report 0071A, 0072A, 0073A, 0074A in conjunction with 91300, 91305, 91308, 91312, 91315, 91317)*~~		
~~***D**0151A*~~		~~*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)*~~		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		~~*(coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; single dose*~~		
~~***D**0154A*~~		~~*additional dose*~~		
		~~*(Report 0151A, 0154A for the administration of vaccine 91315)*~~		
		~~*(Do not report 0151A, 0154A in conjunction with 91300, 91305, 91307, 91308, 91312, 91317)*~~		
~~***D**0081A*~~		~~*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV- 2) (coronavirus disease [COVID-19]) vaccine, mRNALNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose*~~		
~~***D**0082A*~~		~~*second dose*~~		
~~***D**0083A*~~		~~*third dose*~~		
		~~*(Report 0081A, 0082A, 0083A for the administration of vaccine 91308)*~~		
		~~*(Do not report 0081A, 0082A, 0083A in conjunction with 91300, 91305, 91307, 91312, 91315)*~~		
~~***D**0171A*~~		~~*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose*~~		
~~***D**0172A*~~		~~*second dose*~~		
~~***D**0173A*~~		~~*third dose*~~		
~~***D**0174A*~~		~~*additional* dose~~		
		~~*(Report 0171A, 0172A, 0173A, 0174A for the administration of vaccine 91317)*~~		
		~~*(Use 0174A in conjunction with 91317 when used as a additional dose administration of primary series for 91308, [ie, following administration of 0081A, 0082A, 0083A])*~~		
		~~*(Do not report 0171A, 0172A, 0173A, 0174A in conjunction with 91300, 91305, 91307, 91308, 91312, 91315)*~~		
~~***D**0011A*~~		~~*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; first dose*~~		
~~***D**0012A*~~		~~*second dose*~~		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~*D0013A*~~		~~*third dose*~~		
		~~*(Report 0011A, 0012A, 0013A for the administration of vaccine 91301)*~~		
		~~*(Do not report 0011A, 0012A, 0013A in conjunction with 91306, 91309, 91311, 91313, 91314, 91316)*~~		
~~*D0064A*~~		~~*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose*~~		
		~~*(Report 0064A for the administration of vaccine 91306)*~~		
		~~*(Do not report 0064A in conjunction with 91301, 91309, 91311, 91313, 91314, 91316)*~~		
~~*D0134A*~~		~~*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, additional dose*~~		
		~~*(Report 0134A for the administration of vaccine 91313)*~~		
		~~*(Do not report 0134A in conjunction with 91301, 91306, 91309, 91311, 91314, 91316)*~~		
~~*D0141A*~~		~~*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; first dose*~~		
~~*DX142A*~~		~~*second dose*~~		
~~*D0144A*~~		~~*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, additional dose*~~		
		~~*(Report 0141A, 0142A, 0144A for the administration of vaccine 91314)*~~		
		~~*(Do not report 0141A, 0142A, 0144A in conjunction with 91301, 91306, 91311, 91309, 91313, 91316)*~~		
~~*D0091A*~~		~~*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years*~~		
~~*D0092A*~~		~~*second dose, when administered to individuals 6 through 11 years*~~		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~D0093A~~		~~third dose, when administered to individuals 6 through 11 years~~		
~~D0094A~~		~~additional dose, when administered to individuals 18 years and over~~		
		~~(Report 0091A, 0092A, 0093A, 0094A for the administration of vaccine 91309)~~		
		~~(Do not report 0091A, 0092A, 0093A, 0094A in conjunction with 91301, 91306, 91311, 91313, 91314, 91316)~~		
~~D0021A~~		~~Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage; first dose~~		
~~D0022A~~		~~second dose~~		
		~~(Report 0021A, 0022A for the administration of vaccine 91302)~~		
~~D0031A~~		~~Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage; single dose~~		
~~D0034A~~		~~booster dose~~		
		~~(Report 0031A, 0034A for the administration of vaccine 91303)~~		
~~D0041A~~		~~Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage; first dose~~		
~~D0042A~~		~~second dose~~		
~~D0044A~~		~~booster dose~~		
		~~(Report 0041A, 0042A, 0044A for the administration of vaccine 91304)~~		
~~D0104A~~		~~Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, booster dose~~		
		~~(Report 0104A for the administration of vaccine 91310)~~		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
~~*D0111A*~~		~~*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; first dose*~~		
~~*D0112A*~~		~~*second dose*~~		
~~*D0113A*~~		~~*third dose*~~		
		~~*(Report 0111A, 0112A, 0113A for the administration of vaccine 91311)*~~		
		~~*(Do not report 0111A, 0112A, 0113A in conjunction with 91301, 91306, 91309, 91313, 91314, 91316)*~~		
~~*D0164A*~~		~~*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, additional dose*~~		
		~~*(Report 0164A for the administration of vaccine 91316)*~~		
		~~*(Do not report 0164A in conjunction with 91301, 91306, 91309, 91311, 91313, 91314)*~~		
		(0001A, 0002A, 0003A, 0004A have been deleted. To report administration of COVID-19 vaccine, use 90480)		
		(0051A, 0052A, 0053A, 0054A have been deleted. To report administration of COVID-19 vaccine, use 90480)		
		(0121A, 0124A have been deleted. To report administration of COVID-19 vaccine, use 90480)		
		(0071A, 0072A, 0073A, 0074A have been deleted. To report administration of COVID-19 vaccine, use 90480)		
		(0151A, 0154A have been deleted. To report administration of COVID-19 vaccine, use 90480)		
		(0081A, 0082A, 0083A have been deleted. To report administration of COVID-19 vaccine, use 90480)		
		(0171A, 0172A, 0173A, 0174A have been deleted. To report administration of COVID-19 vaccine, use 90480)		
		(0011A, 0012A, 0013A have been deleted. To report administration of COVID-19 vaccine, use 90480)		
		(0064A has been deleted. To report administration of COVID-19 vaccine, use 90480)		
		(0134A has been deleted. To report administration of COVID-19 vaccine, use 90480)		
		(0141A, 0142A, 0144A have been deleted. To report administration of COVID-19 vaccine, use 90480)		
		(0091A, 0092A, 0093A, 0094A have been deleted. To report administration of COVID-19 vaccine, use 90480)		
		(0021A, 0022A have been deleted. To report administration of COVID-19 vaccine, use 90480)		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
		(0031A, 0034A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0041A, 0042A, 0044A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0104A has been deleted. To report administration of COVID-19 vaccine, use 90480) (0111A, 0112A, 0113A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0164A has been deleted. To report administration of COVID-19 vaccine, use 90480)		
● 90480	DD1	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose (Report 90480 for the administration of vaccine 91304, 91318, 91319, 91320, 91321, 91322) (Do not report 90480 in conjunction with 90476-90759)	XXX	0.25

Vaccines, Toxoids

To assist users to report the most recent new or revised vaccine product codes, the American Medical Association (AMA) currently uses the CPT website, which features updates of CPT Editorial Panel actions regarding these products. Once approved by the CPT Editorial Panel, these codes will be made available for release on a semiannual (twice a year: July 1 and January 1) basis. As part of the electronic distribution, there is a six-month implementation period from the initial release date (ie, codes released on January 1 are eligible for use on July 1 and codes released on July 1 are eligible for use January 1).

The CPT Editorial Panel, in recognition of the public health interest in vaccine products, has chosen to publish new vaccine product codes prior to approval by the US Food and Drug Administration (FDA). These codes are indicated with the ↙ symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approval, the ↙ symbol will be removed. CPT users should refer to the AMA CPT website (www.ama-assn.org/go/cpt-vaccine) for the most up-to-date information on codes with the ↙ symbol.

Codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322~~, 91300 91317,~~ identify the vaccine product **only**. To report the administration of a vaccine/toxoid other than SARS-CoV-2 (coronavirus disease [COVID-19]), the vaccine/toxoid product codes (90476-90759) must be used in addition to an immunization administration code(s) (90460, 90461, 90471, 90472, 90473, 90474).To report the administration of a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine, the vaccine/toxoid product codes 91304, 91318, 91319, 91320, 91321, 91322 ~~(91300-91317)~~ should be reported with the corresponding immunization administration code (904800001A, ~~0002A, 0003A, 0004A, 0011A, 0012A,~~

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~~0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A~~). ~~All SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine codes in this section are listed in Appendix Q with their associated vaccine code descriptors, vaccine administration codes, patient age, vaccine manufacturer, vaccine name(s), NDC Labeler Product ID, and interval between doses. In order to report these codes, the vaccine must fulfill the code descriptor and must be the vaccine represented by the manufacturer and vaccine name listed in Appendix Q.~~

Do not report 90476-90759 in conjunction with the SARS-CoV-2 (coronavirus disease [COVID-19]) immunization administration codes ~~90480~~0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A unless both a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter.

Modifier 51 should not be reported with vaccine/toxoid codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322~~91300-91317,~~ when reported in conjunction with administration codes 90460, 90461, 90471, 90472, 90473, 90474, 90480~~0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A~~.

If a significantly separately identifiable Evaluation and Management (E/M) service (eg, office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.

To meet the reporting requirements of immunization registries, vaccine distribution programs, and reporting systems (eg, Vaccine Adverse Event Reporting System) the exact vaccine product administered needs to be reported. Multiple codes for a particular vaccine are provided in the CPT codebook when the schedule (number of doses or timing) differs for two or more products of the same vaccine type (eg, hepatitis A, Hib) or the vaccine product is available in more than one chemical formulation, dosage, or route of administration.

The "when administered to" age descriptions included in CPT vaccine codes are not intended to identify a product's licensed age indication. The term "preservative free" includes use for vaccines that contain no preservative and vaccines that contain trace amounts of preservative agents that are not present in a sufficient concentration for the purpose of preserving the final vaccine formulation. The absence of a designation regarding a preservative does not necessarily indicate the presence or absence of preservative in the vaccine. Refer to the product's prescribing information (PI) for the licensed age indication before administering vaccine to a patient.

Separate codes are available for combination vaccines (eg, Hib-HepB, DTap-IPV/Hib). It is inappropriate to code each component of a combination vaccine separately. If a specific vaccine code is not available, the unlisted procedure code should be reported, until a new code becomes available.

The vaccine/toxoid abbreviations listed in codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322~~, 91300-91317,~~ reflect the most recent US vaccine abbreviation references used in the Advisory Committee on Immunization Practices (ACIP) recommendations at the time of CPT code set publication. Interim updates to vaccine code descriptors will be made following abbreviation approval by the ACIP on a timely

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basis via the AMA CPT website (www.ama-assn.org/go/cpt-vaccine). The accuracy of the ACIP vaccine abbreviation designations in the CPT code set does not affect the validity of the vaccine code and its reporting function.

~~*For the purposes of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccinations, codes 0003A, 0013A, 0053A, 0073A, 0083A, 0093A, 0113A, and 0173A represent the administration of a third dose in the primary series (eg, patient with immunocompromising condition or patient age 6 months through 4 years). In contrast, the booster*~~ or additional ~~*dose codes 0004A, 0034A, 0044A, 0054A, 0064A, 0074A, 0094A, 0104A, 0124A, 0134A, 0144A, 0154A, 0164A and 0174A represent the administration of a dose of vaccine when the initial immune response to a primary vaccine series was sufficient, but has likely waned over time.*~~

(For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365-96375)

~~***D**91300 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use*~~

~~*(Report 91300 with administration codes 0001A, 0002A, 0003A, 0004A)*~~

~~*(Do not report 91300 in conjunction with administration codes 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)*~~

~~***D**91305 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use*~~

~~*(Report 91305 with administration codes 0051A, 0052A, 0053A, 0054A)*~~

~~*(Do not report 91305 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)*~~

~~***D**91312 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use*~~

~~*(Report 91312 with administration code 0121A, 0124A)*~~

~~*(Do not report 91312 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)*~~

~~***D**91307 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use*~~

~~*(Report 91307 with administration codes 0071A, 0072A, 0073A, 0074A)*~~

~~*(Do not report 91307 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0081A, 0082A, 0083A, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)*~~

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~~**D**91315 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use~~

~~(Report 91315 with administration code 0151A, 0154A)~~

~~(Do not report 91315 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0121A, 0124A, 0171A, 0172A, 0173A, 0174A)~~

~~**D**91308 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use~~

~~(Report 91308 with administration codes 0081A, 0082A, 0083A)~~

~~(Do not report 91308 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0121A, 0124A, 0151A, 0154A, 0171A, 0172A, 0173A, 0174A)~~

~~**D**91317 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use~~

~~(Report 91317 with administration codes 0171A, 0172A, 0173A, 0174A)~~

~~(Use 91317 as the third dose in the primary series, with the first two doses reported using 91308, 0081A, 0082A)~~

~~(Use 91317 as the additional dose in the primary series, with the first three doses reported using 91308, 0081A, 0082A, 0083A)~~

~~(Do not report 91317 in conjunction with administration codes 0001A, 0002A, 0003A, 0004A, 0051A, 0052A, 0053A, 0054A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0121A, 0124A, 0151A, 0154A)~~

~~**D**91301 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use~~

~~(Report 91301 with administration codes 0011A, 0012A, 0013A)~~

~~(Do not report 91301 in conjunction with administration codes 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A, 0164A)~~

~~**D**91306 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use~~

~~(Report 91306 with administration code 0064A)~~

~~(Do not report 91306 in conjunction with administration codes 0011A, 0012A, 0013A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A, 0164A)~~

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~~**D**91313 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use~~

~~(Report 91313 with administration code 0134A)~~

~~(Do not report 91313 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0141A, 0142A, 0144A, 0164A)~~

~~**D**91314 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use~~

~~(Report 91314 with administration code 0141A, 0142A, 0144A)~~

~~(Do not report 91314 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0164A)~~

~~**D**91311 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use~~

~~(Report 91311 with administration codes 0111A, 0112A, 0113A)~~

~~(Do not report 91311 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0134A, 0141A, 0142A, 0144A, 0164A)~~

~~**D**91316 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use~~

~~(Report 91316 with administration code 0164A)~~

~~(Do not report 91316 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0091A, 0092A, 0093A, 0094A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A)~~

~~**D**91309 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use~~

~~(Report 91309 with administration code 0091A, 0092A, 0093A, 0094A)~~

~~(Do not report 91309 in conjunction with administration codes 0011A, 0012A, 0013A, 0064A, 0111A, 0112A, 0113A, 0134A, 0141A, 0142A, 0144A, 0164A)~~

~~**D**91302 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use~~

~~(Report 91302 with administration codes 0021A, 0022A)~~

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~~**D**91303 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use~~

~~(Report 91303 with administration code 0031A, 0034A)~~

(91300 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91305 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91312 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91307 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91315 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91308 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91317 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91301 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91306 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91313 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91314 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91311 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91316 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

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	(91309 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)
	(91302 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)
	(91303 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)
▲91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, ~~preservative free,~~ 5 mcg/0.5 mL dosage, for intramuscular use
	(Report 91304 with administration code~~s~~ 90480~~0041A, 0042A, 0044A~~)
	(91310 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)
~~***D**91310*~~	~~*Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use*~~
	~~*(Report 91310 with administration code 0104A)*~~
#✓●91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
	(Report 91318 with administration code 90480)
#✓●91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
	(Report 91319 with administration code 90480)
#✓●91320	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
	(Report 91320 with administration code 90480)
#✓●91321	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use
	(Report 91321 with administration code 90480)
#✓●91322	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use

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(Report 91322 with administration code 90480)

90476 *Adenovirus vaccine, type 4, live, for oral use*

Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration

Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)

▲*96372* *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular*

(For administration of vaccines/toxoids, see 90460, 90461, 90471, 90472, 90480~~0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A~~)

Appendix Q

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Vaccines

The crosswalk of COVID-19 vaccine code descriptors, administration codes, patient age, and vaccine manufacturer, vaccine name(s), NDC Labeler Product ID, and interval between doses instructions (formerly Appendix Q) have been removed from the have been removed from the CPT code set. For information or guidance on reporting for COVID-19 immunization services, refer to the E/M and Medicine section guidelines.

~~*This table links the individual severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine product codes (91300-91317) to their associated immunization administration codes (0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A), patient age, manufacturer name, vaccine name(s), 10- and 11-digit National Drug Code (NDC) Labeler Product ID, and interval between doses. These codes are also located in the **Medicine** section of the CPT code set.*~~

~~*Additional introductory and instructional information for codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A and 91300-91317 can be found in the **Immunization Administration for Vaccines/Toxoids** and **Vaccines, Toxoids** guidelines in the **Medicine** section of the CPT code set.*~~

~~**Appendix Q**~~

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Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Vaccines

Vaccine Code	Vaccine Administration Code(s)	Patient Age	Vaccine Manufacturer	Vaccine Name(s)	NDC 10/NDC 11 Labeler Product ID (Vial)	Dosing Interval
#91300 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted, for intramuscular use	0001A (1st Dose) 0002A (2nd Dose) 0003A (3rd Dose) 0004A (Booster)	12 yrs of age and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine / Comirnaty	59267-1000-1 59267-1000-01	All Dosing: Refer to FDA/CDC Guidance
#91305 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	0051A (1st Dose) 0052A (2nd Dose) 0053A (3rd Dose) 0054A (Booster)	12 yrs of age and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1025-1 59267-1025-01 00069-2025-1 00069-2025-01	All Dosing: Refer to FDA/CDC Guidance
#✓●91312 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use	0121A (Single Dose) 0124A (Additional Dose)	12 years and older	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0304-1 59267-0304-01 59267-1404-1 59267-1404-01	All Dosing: Refer to FDA/CDC Guidance
#91307 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	0071A (1st Dose) 0072A (2nd Dose) 0073A (3rd Dose) 0074A (Booster)	5 yrs through 11 yrs	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-1055-1 59267-1055-01	All Dosing: Refer to FDA/CDC Guidance

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#✓●91315	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	0151A (1st Dose) 0154A (Additional Dose)	5 years through 11 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0565-1 59267-0565-01	All Dosing: Refer to FDA/CDC Guidance
#91308	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	0081A (1st Dose) 0082A (2nd Dose) 0083A (3rd Dose)	6 mo through 4 yrs	Pfizer, Inc	Pfizer-BioNTech COVID-19 Vaccine	59267-0078-1 59267-0078-01 59267-0078-4 59267-0078-04	All Dosing: Refer to FDA/CDC Guidance
●91317	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use	0171A (1st Dose) 0172A (2nd Dose) 0173A (3rd Dose) 0174A (Additional Dose)	6 months through 4 years	Pfizer, Inc	Pfizer-BioNTech COVID-19 Bivalent	59267-0609-1 59267-0609-01	All Dosing: Refer to FDA/CDC Guidance
#●91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage, for intramuscular use	0011A (1st Dose) 0012A (2nd Dose) 0013A (3rd Dose)	12 years and older	Moderna, Inc	Moderna COVID-19 Vaccine/ Spikevax	80777-273-10 80777-0273-10 80777-100-11 80777-0100-11	All Dosing: Refer to FDA/CDC Guidance
#91306	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use	0064A (Booster)	18 yrs of age and older	Moderna, Inc	Moderna COVID-19 Vaccine	80777-273-10 80777-0273-10	All Dosing: Refer to FDA/CDC Guidance

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#●91313	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease [COVID]-19) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	0134A (Additional Dose)	12 years and older	Moderna, Inc	Moderna COVID-19 Vaccine, Bivalent	80777-282-05 80777-0282-05	Additional Dose: Refer to FDA/CDC Guidance
#●91314	Severe acute respiratory syndrome coronavirus 2 (SARS-COV-2) (coronavirus disease COVID-19) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	0141A (1st Dose) 0142A (2nd Dose) 0144A (Additional Dose)	6 months through 11 years	Moderna, Inc	Moderna COVID-19 Vaccine, Bivalent	80777-282-05 80777-0282-05	All Dosing: Refer to FDA/CDC Guidance
#✓●91311	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use	0111A (1st Dose) 0112A (2nd Dose) 0113A (3rd Dose)	6 mo through 5 yrs	Moderna, Inc	Moderna COVID-19 Vaccine	80777-279-05 80777-0279-05	All Dosing: Refer to FDA/CDC Guidance
✓#●91316	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use	0164A (Additional Dose)	6 months through 5 years	Moderna, Inc	Moderna COVID-19 Vaccine, Bivalent	80777-283-02 80777-0283-02	Additional Dose: Refer to FDA/CDC Guidance
#●91309	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use	0091A (1st Dose) 0092A (2nd Dose) 0093A (3rd Dose)	6 years through 11 years	Moderna, Inc	Moderna COVID-19 Vaccine	80777-275-05 80777-0275-05	All Dosing: Refer to FDA/CDC Guidance
		0094A (Additional Dose)	18 years and older	Moderna, Inc	Moderna COVID-19 Vaccine	80777-275-05 80777-0275-05	All Dosing: Refer to FDA/CDC Guidance
#✓91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	0021A (1st Dose) 0022A (2nd Dose)	18 yrs of age and older	AstraZeneca, Plc	AstraZeneca COVID-19 Vaccine	0310-1222-10 00310-1222-10	28 Days

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#91303	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, $5x10^{10}$ viral particles/0.5 mL dosage, for intramuscular use	0031A (Single Dose) 0034A (Booster)	18 yrs of age and older	Janssen	Janssen COVID-19 Vaccine	59676-580-05 59676-0580-05	Booster: Refer to FDA/CDC Guidance
#91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use	0041A (1st Dose) 0042A (2nd Dose)	12 yrs of age and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	21 Days
		0044A (Booster)	18 years and older	Novavax, Inc	Novavax COVID-19 Vaccine	80631-100-01 80631-1000-01	Booster: Refer to FDA/CDC Guidance
#✓●91310	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, monovalent, preservative free, 5 mcg/0.5 mL dosage, adjuvant AS03 emulsion, for intramuscular use	0104A (Booster)	18 yrs of age and older	Sanofi Pasteur	Sanofi Pasteur COVID-19 Vaccine, (Adjuvanted For Booster Immunization)	49281-618-20 49281-0618-20	Booster: Refer to FDA/CDC Guidance

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SARS-CoV-2-Immunization Administration – Coding Changes (Clean Copy)

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Category I **Evaluation and Management** **Preventive Medicine Services** Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90460, 90461, 90471-90474, 90480. For vaccine/toxoid products, see 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322. **Medicine** **Immunization Administration for Vaccines/Toxoids** Report vaccine immunization administration codes (90460, 90461, 90471-90474, 90480) in addition to the vaccine and toxoid code(s) (90476-90759, 91304, 91318, 91319, 91320, 91321, 91322). *Report codes 90460 and 90461 only when the physician or other qualified health care professional provides face-to-face counseling of the patient/family during the administration of a vaccine other than when performed for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccines. For immunization administration of any vaccine, other than SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines, that is not accompanied by face-to-face physician or other qualified health care professional counseling to the patient/family/guardian or for administration of vaccines to patients over 18 years of age, report 90471-90474. (See also* ***Instructions for Use of the CPT Codebook*** *for definition of reporting qualifications.)* Report 90480 for immunization administration of SARS-CoV-2 (coronavirus disease [COVID-19]) vaccines only. This code is used for administration and counseling that involves the use of COVID-19 vaccines for immunization against contracting the disease. This includes administration of COVID-19 vaccine for all age populations. *If a significant separately identifiable Evaluation and Management service (eg, new or established patient office or other outpatient services [99202-99215], office or other outpatient consultations [99241-99245], emergency department services [99281-99285], preventive medicine services [99381-99429]) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.* *A component refers to all antigens in a vaccine that prevent disease(s) caused by one organism (90460 and 90461). Multi-valent antigens or multiple serotypes of antigens against a single organism are considered a single component of vaccines. Combination vaccines are those vaccines that contain multiple vaccine components. Conjugates or adjuvants contained in vaccines are not considered to be component parts of the vaccine as defined above.*				

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96374.				
		(For allergy testing, see 95004 et seq)		
		(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)		
		(For therapeutic or diagnostic injections, see 96372-96379)		
▲*90460*		*Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered*		
▲ ✚*90461*		*each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)*		
		(Use 90460 for each vaccine administered. For vaccines with multiple components [combination vaccines], report 90460 in conjunction with 90461 for each additional component in a given vaccine)		
		(Do not report 90460, 90461 in conjunction with 91304, 91318, 91319, 91320, 91321, 91322 unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter)		
▲*90471*		*Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)*		
		(Do not report 90471 in conjunction with 90473)		
▲ ✚*90472*		*each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)*		
		(Use 90472 in conjunction with 90460, 90471, 90473)		
		(Do not report 90471, 90472 in conjunction with 91318, 91319, 91320, 91321, 91322 unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter)		
		(For intravesical administration of BCG vaccine, see 51720, 90586)		
▲*90473*		*Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)*		
		(Do not report 90473 in conjunction with 90471)		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
▲✚*90474*		*each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)* *(Use 90474 in conjunction with 90460, 90471, 90473)* (Do not report 90473, 90474 in conjunction with 91318, 91319, 91320, 91321, 91322 unless both a severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter) (0001A, 0002A, 0003A, 0004A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0051A, 0052A, 0053A, 0054A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0121A, 0124A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0071A, 0072A, 0073A, 0074A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0151A, 0154A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0081A, 0082A, 0083A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0171A, 0172A, 0173A, 0174A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0011A, 0012A, 0013A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0064A has been deleted. To report administration of COVID-19 vaccine, use 90480) (0134A has been deleted. To report administration of COVID-19 vaccine, use 90480) (0141A, 0142A, 0144A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0091A, 0092A, 0093A, 0094A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0021A, 0022A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0031A, 0034A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0041A, 0042A, 0044A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0104A has been deleted. To report administration of COVID-19 vaccine, use 90480) (0111A, 0112A, 0113A have been deleted. To report administration of COVID-19 vaccine, use 90480) (0164A has been deleted. To report administration of COVID-19 vaccine, use 90480)		

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CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
● 90480	DD1	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose (Report 90480 for the administration of vaccine 91304, 91318, 91319, 91320, 91321, 91322) (Do not report 90480 in conjunction with 90476-90759)	XXX	0.25

Vaccines, Toxoids

To assist users to report the most recent new or revised vaccine product codes, the American Medical Association (AMA) currently uses the CPT website, which features updates of CPT Editorial Panel actions regarding these products. Once approved by the CPT Editorial Panel, these codes will be made available for release on a semiannual (twice a year: July 1 and January 1) basis. As part of the electronic distribution, there is a six-month implementation period from the initial release date (ie, codes released on January 1 are eligible for use on July 1 and codes released on July 1 are eligible for use January 1).

The CPT Editorial Panel, in recognition of the public health interest in vaccine products, has chosen to publish new vaccine product codes prior to approval by the US Food and Drug Administration (FDA). These codes are indicated with the ↯ symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approval, the ↯ symbol will be removed. CPT users should refer to the AMA CPT website (www.ama-assn.org/go/cpt-vaccine) for the most up-to-date information on codes with the ↯ symbol.

Codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322 identify the vaccine product **only**. To report the administration of a vaccine/toxoid other than SARS-CoV-2 (coronavirus disease [COVID-19]), the vaccine/toxoid product codes (90476-90759) must be used in addition to an immunization administration code(s) (90460, 90461, 90471, 90472, 90473, 90474).To report the administration of a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine, the vaccine/toxoid product codes 91304, 91318, 91319, 91320, 91321, 91322 should be reported with the corresponding immunization administration code (90480).

Do not report 90476-90759 in conjunction with the SARS-CoV-2 (coronavirus disease [COVID-19]) immunization administration code 90480 unless both a SARS-CoV-2 (coronavirus disease [COVID-19]) vaccine/toxoid product and at least one vaccine/toxoid product from 90476-90759 are administered at the same encounter.

Modifier 51 should not be reported with vaccine/toxoid codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322 when reported in conjunction with administration codes 90460, 90461, 90471, 90472, 90473, 90474, 90480.

If a significantly separately identifiable Evaluation and Management (E/M) service (eg, office or other outpatient services, preventive medicine services) is performed, the appropriate E/M service code should be reported in addition to the vaccine and toxoid administration codes.

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To meet the reporting requirements of immunization registries, vaccine distribution programs, and reporting systems (eg, Vaccine Adverse Event Reporting System) the exact vaccine product administered needs to be reported. Multiple codes for a particular vaccine are provided in the CPT codebook when the schedule (number of doses or timing) differs for two or more products of the same vaccine type (eg, hepatitis A, Hib) or the vaccine product is available in more than one chemical formulation, dosage, or route of administration.

The "when administered to" age descriptions included in CPT vaccine codes are not intended to identify a product's licensed age indication. The term "preservative free" includes use for vaccines that contain no preservative and vaccines that contain trace amounts of preservative agents that are not present in a sufficient concentration for the purpose of preserving the final vaccine formulation. The absence of a designation regarding a preservative does not necessarily indicate the presence or absence of preservative in the vaccine. Refer to the product's prescribing information (PI) for the licensed age indication before administering vaccine to a patient.

Separate codes are available for combination vaccines (eg, Hib-HepB, DTap-IPV/Hib). It is inappropriate to code each component of a combination vaccine separately. If a specific vaccine code is not available, the unlisted procedure code should be reported, until a new code becomes available.

The vaccine/toxoid abbreviations listed in codes 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322 reflect the most recent US vaccine abbreviation references used in the Advisory Committee on Immunization Practices (ACIP) recommendations at the time of CPT code set publication. Interim updates to vaccine code descriptors will be made following abbreviation approval by the ACIP on a timely basis via the AMA CPT website (www.ama-assn.org/go/cpt-vaccine). The accuracy of the ACIP vaccine abbreviation designations in the CPT code set does not affect the validity of the vaccine code and its reporting function.

(For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365-96375)

(91300 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91305 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91312 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91307 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91315 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91308 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

(91317 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

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	(91301 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)
	(91306 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)
	(91313 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)
	(91314 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)
	(91311 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)
	(91316 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)
	(91309 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)
	(91302 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)
	(91303 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)
▲91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, ~~preservative free,~~ 5 mcg/0.5 mL dosage, for intramuscular use
	(Report 91304 with administration code 90480~~0041A, 0042A, 0044A~~)
	(91310 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)
#↗●91318	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 3 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
	(Report 91318 with administration code 90480)
#↗●91319	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 10 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use
	(Report 91319 with administration code 90480)

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#↗●91320 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use

(Report 91320 with administration code 90480)

#↗●91321 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 25 mcg/0.25 mL dosage, for intramuscular use

(Report 91321 with administration code 90480)

#↗●91322 Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, 50 mcg/0.5 mL dosage, for intramuscular use

(Report 91322 with administration code 90480)

90476 *Adenovirus vaccine, type 4, live, for oral use*

Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration

Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)

▲*96372* *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular*

(For administration of vaccines/toxoids, see 90460, 90461, 90471, 90472, 90480)

Appendix Q

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) Vaccines

The crosswalk of COVID-19 vaccine code descriptors, administration codes, patient age, and vaccine manufacturer, vaccine name(s), NDC Labeler Product ID, and interval between doses instructions (formerly Appendix Q) have been removed from the have been removed from the CPT code set. For information or guidance on reporting for COVID-19 immunization services, refer to the E/M and Medicine section guidelines.

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AMERICAN ACADEMY OF FAMILY PHYSICIANS

September 25, 2023

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update Committee
Relative Value Systems, American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611

Dear Dr. Silva:

On behalf of the American Academy of Family Physicians (AAFP) and its 129,600 members, we write to comment on the recommendations in Tab 18 (SARS-CoV-2-Immunization Administration – Revised Code Set) of the September 2023 RUC agenda. Although the AAFP did not participate in the survey for this tab, many family physicians provide this service as part of their practices. These comments are based on our review of the recommendations.

Upon review, we support the specialties' recommendation of 0.25 work relative value units (RVUs) for new code 90480. As noted in the corresponding summary of recommendation (SOR) form, this value is supported by a time and intensity comparison with the key reference service, 90460, and fits nicely with the established work RVUs for other codes with similar time, which are also noted in the SOR.

We likewise support the recommended direct practice expense inputs for code 90480. We note they are the same inputs currently assigned to code 90460, which the RUC recently reviewed in 2021.

Thank you for the opportunity to comment on this tab. Please let us know if you have any questions about these comments.

Sincerely,

/s/

Brad Fox, MD
AAFP RUC Advisor

/s/

Amber Isley, MD
AAFP Alternate RUC Advisor

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:90480 Tracking Number DD1 Original Specialty Recommended RVU: **0.25**
Presented Recommended RVU: **0.25**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.25**

CPT Descriptor: Immunization administration by intramu scular injection of severe acute respiratory syndrome coronavirus 2 (SAR-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A female patient presents for possible immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. After counseling, she is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose.

Percentage of Survey Respondents who found Vignette to be Typical: 82%

Site of Service (Complete for 010 and 090 Globals Only)

Percent of survey respondents who stated they typically perform the procedure; In the hospital 0% , In the ASC 0%, In the office 0%

Percent of survey respondents who stated they typically perform this procedure in the hospital, stated the patient is; Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Percent of survey respondents who stated that if the patient is typically kept overnight also stated that they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other QHP reviews the patient's chart to confirm that vaccination to decrease the risk of COVID-19 is indicated. Counsel the patient, parent or guardian on the benefits and risks of vaccination to decrease the risk of COVID-19 and obtain consent. Administer the dose of the COVID-19 vaccine by intramuscular injection. Monitor the patient for any adverse reaction. Update the patient's immunization record (and registry when applicable) to reflect the vaccine administered.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	09/2023					
Presenter(s):	Steven Krug, MD (AAP); Suzanne Berman, MD (AAP); Jon Hathaway, MD (ACOG); Eilaen Attwood, MD (ACOG)					
Specialty Society(ies):	American Academy of Pediatrics, American College of Obstetricians and Gynecologists					
CPT Code:	90480					
Sample Size:	24500	**Resp N:**	171			
Description of Sample:	Random (ACOG); Random Sample of Applicable Subsets (AAP)					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**20.00**	100.00	3600.00
Survey RVW:	0.10	0.22	**0.25**	0.35	5.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	5.00	**7.00**	10.00	25.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55); 99224 (20); 99225 (40); 99226 (55); 99354 (60); 99355 (30); 99356 (60); 99357 (30)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	90480	**Recommended Physician Work RVU: 0.25**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**7.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**
Prolonged Services:	**0.00**	99354x **0.00** 55x **0.00** 56x **0.00** 57x **0.00**
Sub Obs Care:	**0.00**	99224x **0.00** 99225x **0.00** 99226x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? Yes

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90460	XXX	0.24	**RUC Time**

CPT Descriptor Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90471	XXX	0.17	**RUC Time**

CPT Descriptor Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99406	XXX	0.24	**RUC Time**	319,663

CPT Descriptor 1 Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
71111	XXX	0.32	**RUC Time**	10,672

CPT Descriptor 2 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 86 **% of respondents:** 50.2 **%**

Number of respondents who choose 2nd Key Reference Code: 47 **% of respondents:** 27.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 90480	Top Key Reference CPT Code: 90460	2nd Key Reference CPT Code: **90471**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	7.00	7.00	7.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Prolonged Services Time	0.0	0.00	0.00
Median Subsequent Observation Care Time	0.0	0.00	0.00
Median Total Time	**7.00**	**7.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	1%	27%	62%	8%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	3%	35%	62%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	8%	75%	16%

Physical effort required	6%	78%	16%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	3%	27%	70%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	2%	13%	25%	55%	4%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	34%	58%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	11%	83%	6%
Physical effort required	19%	68%	13%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	13%	32%	55%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In response to the needs of the public health emergency (PHE), in 2020 through 2023 the CPT Editorial Panel approved over 50 new CPT codes for the new vaccine products developed for protection against the novel coronavirus (SARS-CoV-2, also known as COVID-19) and their associated administration. These codes were developed based on extensive collaboration with CMS and the CDC to support tracking, reporting and analysis for data-driven planning and allocation to meet the needs of the new pandemic and are unique to each corresponding vaccine, does and patient age range.

Due to the existing pandemic and public health need for rapid deployment of COVID-19 vaccines, the RUC convened special meetings to expedite approval of recommendations for work relative values and direct practice expense inputs for the 47 codes that described immunization administration (IA) by intramuscular injection of COVID-19 vaccines. The American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), American College of Physicians (ACP), American Academy of Pediatrics (AAP), and American Nurses Association (ANA) received approval by the Research Subcommittee to develop work RVU and intra-service time recommendations using a crosswalk methodology. For the initial four IA codes, the RUC approved a work RVU and intra-service time based on a crosswalk to the 2009 RUC recommendations for CPT code 90460 (Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered) as proposed by the societies. RUC recommendations for all subsequent COVID-19 IA codes were based on either a similar crosswalk to 90460 or a crosswalk to previously approved values for COVID-19 IA codes. This work occurred in the same time period that CMS agreed with the RUC regarding the importance of appropriate resource-based valuation for IA services in general, as critical in maintaining high immunization rates in the United States, as well as ensuring capacity to respond quickly to vaccinate against preventable disease outbreaks. Prior to this point, CMS has not accepted RUC survey-based recommendations for IA codes with the one exception of the value for CPT code 90470 -- immunization administration for the pandemic H1N1 vaccine in 2009. Similar to the COVID-19 IA codes, the value for CPT code 90470 was a crosswalk to the RUC-approved value for CPT code 90460 at the same RUC meeting because the timing of the H1N1 vaccine need did not allow for a separate survey. The CPT code 90470 was viewed as temporary for the pandemic and has since been retired.

Beginning August 14, 2023, new CPT codes were created to consolidate over 50 previous codes and greatly streamline the reporting of immunizations for the novel coronavirus (SARS-CoV-2, also known as COVID-19). The CPT Editorial Panel approved the addition of new product codes 91318-91322 to identify monovalent vaccine product for immunization against COVID-19 (Pfizer, Moderna); retained existing Novavax Product Code 91304 for currently authorized vaccine product available for use in the U.S. and the updated (XBB.1.5) vaccine; deleted and/or revised all other existing COVID codes (product and administration with associated guidelines and parenthetical note deletions/revisions); and added a single administration code (90480) for administration of new (i.e., 91318-91322) and existing (i.e., 91304) COVID-19 vaccine product.

All existing CPT codes that describe COVID-19 vaccine products and associated administration codes that end in “A” for products that are no longer covered under an existing Emergency Use Authorization (EUA) or Biologics License Application (BLA) from the US Food and Drug Administration (FDA) will be deleted effective Nov. 1, 2023.

Survey Process

In August 2023, ACOG and AAP conducted an expedited survey to value the consolidated single COVID-19 IA code, CPT code 90480, with a total of 171 survey respondents. ACOG used a random sample of their members; AAP used a random sample of applicable subsets of their members. AAP pulled a random sample of US membership from the following practice sections, excluding RUC members, alternate RUC members, students, post-graduate trainees and retirees: Administration and Practice Management, Community Pediatrics, Children with Disabilities, Early Career Physicians, Early Childhood, Immigrant Child and Family Health, and Adolescent Health. AAP determined that these members would most likely be familiar with or have experience administering COVID-19 vaccines. AAP pulled an equal size random sample from each subsection based on expert opinion of the estimated demographics of the providers performing the service.

The societies established an expert panel to review the survey results. The vignette of the typical patient used for the survey was provided by the CPT Editorial Panel. 82% of respondents found the vignette to be typical.

The following recommendations represent the first time standard RUC survey methodology is being used to develop proposed work RVU and intra-service time values for this service.

The RUC reviewed all non-COVID related immunization CPT codes, including 90460, at the April 2021 RUC meeting.

Recommendations

Based on the review of the survey data, the specialties recommend the survey median of 0.25 work RVUs and the survey median of 7 minutes intra-service time, which also serves as the total time. The survey yielded a strong response rate by individuals experienced with the service and indicated tight alignment in their RVU valuations. The median RVUs of 0.25 is supported by the intensity/complexity measures, where 70% of survey respondents indicated the service overall was more intense/complex than the top key reference service code, 90460, *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid,* which has an RVW of 0.24. The IWPUT of 0.036 supports the additional complexity of the intra-service work as compared to 90460 based on the need to address ongoing vaccine hesitancy associated with COVID-19. Surveys on the impact of the COVID-19 pandemic on vaccine confidence indicate vaccine hesitancy overall has increased, and the COVID-19 vaccines may have the greatest hesitancy (CDC's State of Vaccine Confidence Insights Report, KFF COVID-19 Vaccine Monitor, American Academy of Family Physicians, American College Health Association, Pediatrics, Journal of Community.

The recommended time is supported by the primary key reference service, 90460, *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid,* which has an intra-service time of 7 minutes. It is also supported by MPC code 99406, *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes)*, which also has an intra-service time of 7 minutes.

There are multiple other RUC-reviewed services with an XXX global period that have comparable times and work RVUs:

Code	Descriptor	Global	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time
88311	Decalcification procedure	XXX	0.24	0	5	2	7
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	XXX	0.24	0	7	0	7
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	XXX	0.24	0	7	0	7
90480	Immunization administration by	XXX	0.25	0	7	0	7

	intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose						
77073	Bone length studies (orthoroentgenogram, scanogram)	XXX	0.26	1	5	1	7
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral)	XXX	0.26	1	5	1	7
70260	Radiologic examination, skull; complete, minimum of 4 views	XXX	0.28	1	4	1	6

These examples illustrate that the recommended value and time for code 90480 are properly positioned when compared to other services of other specialties in the resource-based relative value scale.

Conclusion

For code 90480, *Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose*, the societies recommend an RVU of 0.25 and intra-service time of 7 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Code 90480 is typically reported in addition to an office visit E/M

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

	Code	Global	Work RVU	Pre-Time	Intra-Time	Post-Time
3.	99213	XXX	1.30	5	20	5
4.	90480	XXX	0.25	0	7	0
5.	Total		1.55	5	27	5

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) One of 47 COVID-19 IA codes

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty AAP How often? Commonly

Specialty ACOG How often? Commonly

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 269868876
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. CDC COVID Vaccine Data Tracker; CDC VaxView 2023 data on intent to vaccinate; 2020 US Census Data

Specialty AAP Frequency 14962400 Percentage 5.54 %

Specialty ACOG Frequency 2922458 Percentage 1.08 %

Specialty Frequency 0 Percentage 0.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 7,105,693 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. 2021 Medicare utilization in RUC database for 0004A Booster dose NF

Specialty AAP Frequency 71056 Percentage 0.99 %

Specialty ACOG Frequency 7106 Percentage 0.10 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 90460

SS Rec Summary

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	AK	AL	AM	AN	AO
1	**ISSUE:** COVID IA - Revised Code Set																											
2	**TAB:** 18																											
3					RUC				RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
4	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
5	1st REF	90460	Immunization administration through 18 years of age via any route of administration, with counseling by	XXX	2021	86	0.034	0.034			0.24			7						7								
6	2nd REF	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular	XXX	2021	47	0.024	0.024			0.17			7						7								
7	CURRENT						-	-						0														
8	SVY	90480	Immunization administration by intramuscular injection of severe acute	XXX		171	0.036	0.036	0.10	0.22	0.25	0.35	5.00	7	0	0	0	0	5	7	10	25	0	0	0	20	100	3600
9		90480	AAP	XXX		88	0.043	0.043	0.10	0.21	0.26	0.31	1.50	6	0	0	0	0	4	6	10	20	0	0	0	63	200	3600
10		90480	ACOG	XXX		83	0.031	0.031	0.14	0.23	0.25	0.50	5.00	8	0	0	0	3	6	8	12	25	0	0	1	20	50	500
11	REC	90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2				0.036	0.036			0.25			7						7								

NONFACILITY DIRECT PE INPUTS **CPT CODE(S):**90480
SPECIALTY SOCIETY(IES): AAP & ACOG
PRESENTER(S): Steven Krug, MD, Jonathan Hathaway, MD, PhD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: September 2023

CPT Code	Long Descriptor	Global Period
90480	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR CoV2) (coronavirus disease [COVID 19]) vaccine, single dose	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
90480	A female patient presents for possible immunization against SARS-CoV-2 to decrease the risk of contracting this disease, consistent with evidence-supported guidelines. After counseling, she is offered and accepts an intramuscular injection of SARS-CoV-2 vaccine for this purpose.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The specialty societies convened multispecialty consensus panel including RUC advisors and providers of immunizations in the NF setting. The panel developed the direct practice expense recommendations for CPT Code 90480 based on best practices and current AMA RUC/PE guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   CPT Code 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other QHP; first or only component of each vaccine or toxoid administered* was selected as a comparison on the PE spreadsheet. Code 90460 is a recently PE reviewed IA service.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?

   Code 90480 is typically reported with an E/M service. Code 90480 is typically reported with an E/M service in the NF setting.

   See the *Billed Together* tab in the RUC Database.

4. What specialty is the dominant provider *in the nonfacility?* What percent of the time does the dominant provider provide the service(s) in the nonfacility? Is the dominant provider in the nonfacility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The dominant provider for new CPT Code 90480 in the facility and non facility is not known at this time.

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A

See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Pre Service CA007 Review patient clinical extant information and questionnaire Used for imaging service. 1 minute standard. Specialties are recommending 1 minute to account for the clinical staff time to review the patient immunization questionnaire. CA008 Perform regulatory mandated quality assurance activity (pre-service) Standard is 0 for XXX services. Specialties are recommending 1 minute to account for the clinical staff time to ensure the vaccine stock is viable. Service CA014 Confirm order, protocol exam Used for imaging service. 1 minute standard. Specialties are recommending 2 minutes to account for the clinical staff time to ensure the correct sequencing and vaccination.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

CA007: Confirming vaccine order/checking appropriateness for patient CA008: Checking historical and current temperatures for vaccine refrigerator; recording temperatures; reporting temperatures; vaccine inventorying; ordering vaccines; completing required Vaccines for Children (VFC) paperwork; receiving vaccines; inspecting/logging vaccines and putting them in the vaccine refrigerator; creating lot numbers in EHR

    b. Service period (includes pre, intra and post):

CA011: Giving Vaccine Information Sheet (VIS) to patient/family; getting informed consent and signature if applicable CA014: Going to laboratory and taking vaccine vials out of vaccine refrigerator; drawing up vaccine into syringe; going back to patient room and preparing patient/parent, confirming that this is correct patient-correct vaccine CA021: Actual administration of vaccine; bandage application CA022: Watching patient after vaccine is administered CA024: Disposal of vaccine-specific medical waste CA034: Charting administered immunizations in the patient chart and EMR; preparing patient record/immunization card

    c. Post-service period:

CA037: Contacting patient/parent to follow up on immunization administration

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CA021: RN/LPN/MTA prepares the vaccine, instructs the patient (or parent) on proper positioning, selects and prepares the injection site, administers the vaccine, and applies a bandage to the injection site. The patient is then monitored for potential anaphylaxis response to the vaccine.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):
N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment? **N/A**

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment? **N/A**

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:
N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or **No**.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

The specialty societies included the following equipment items:

EF049 refrigerator, vaccine medical grade, 2-data logger sngl glass door
ED043 refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates

The specialties used the 'default' equipment formula for both EF049 and ED043.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Equipment
ED043: While its description begins with "refrigerator, vaccine," it is the temperature monitor with alarm for the vaccine medical grade refrigerator. The specialties do not have two vaccine refrigerators included as part of the recommendations.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)
NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. *The PE SOR serves as key support for the spreadsheet and should include any*

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.
Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.
In addition, please provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**90460**		**90480**	
3		***RUC Collaboration Website***				***Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered***		*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR CoV2) (coronavirus disease [COVID 19]) vaccine, single dose*	
4	**Clinical Activity Code**	**Meeting Date:** September 2023 **Revision Date (if applicable):** **Tab:** 18 SARS-CoV-2-Immunization Administration – Revised Code Set (90480) **Specialty:** AAP & ACOG	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**				
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 10.26**	**$ -**	**$ 10.26**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**20**	**0**	**20**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**2**	**0**	**2**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**17**	**0**	**17**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**1**	**0**	**1**	**0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 9.10**	**$ -**	**$ 9.10**	**$ -**
13		**PRE-SERVICE PERIOD**							
14		**Start: Following visit when decision for surgery/procedure made**							
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.455				
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.455				
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.455				
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.455				
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.455				
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.455				
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.455	1		1	
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.455	1		1	
23			L037D	RN/LPN/MTA	0.455				
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.455				
29		**End: When patient enters office/facility for surgery/procedure**							
30		**SERVICE PERIOD**							
31		**Start: When patient enters office/facility for surgery/procedure:**							
32		**Pre-Service (of service period)**							
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.455				
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.455				
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.455	3		3	
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.455				
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.455				
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.455	2		2	
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.455				
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.455				
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.455				
42			L037D	RN/LPN/MTA	0.455				
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.455				
48		**Intra-service (of service period)**							
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.455				
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.455				
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.455				
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.455	4		4	
55			L037D	RN/LPN/MTA	0.455				
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.455				
59		**Post-Service (of service period)**							
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.455	4		4	
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.455				
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.455	1		1	
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.455				
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.455				
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.455				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.455				
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.455				
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.455				
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.455				
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.455				
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.455				
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.455	3		3	
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.455				
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.455	**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.455				
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.455				
81		**End: Patient leaves office/facility**							
82		**POST-SERVICE PERIOD**							
83		**Start: Patient leaves office/facility**							
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.455	1		1	
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.455				
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.455	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.455				
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.455				
99		**End: with last office visit before end of global period**							

	A	B	D	E	F	G	H	K	L
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**	
2						**90460**		**90480**	
3		***RUC Collaboration Website***				***Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered***		*Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SAR CoV2) (coronavirus disease [COVID 19]) vaccine, single dose*	
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5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 10.26**	**$ -**	**$ 10.26**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**20**	**0**	**20**	**0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**2**	**0**	**2**	**0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**17**	**0**	**17**	**0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**1**	**0**	**1**	**0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 0.93**	**$ -**	**$ 0.93**	**$ -**
102	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0.49	item		1		1	
103	SG021	bandage, strip 0.75in x 3in (Bandaid)	0.41	item		1		1	
104	SK012	CDC information sheet	0.03	item		1		1	
107									
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.23**	**$ -**	**$ 0.23**	**$ -**
112	EF049	refrigerator, vaccine medical grade, w-data logger sngl glass door	7674.43	Default	0.020365838	10		10	
113	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates	1000	Default	0.002653727	10		10	
117									

AMA/Specialty Society RVS Update Committee Summary of Recommendations

January 2025

Scalp Cooling Services (PE Only) – Tab 19

At the September 2024 CPT Editorial Panel meeting three new Category I codes were created to report medical scalp cooling services to address chemotherapy induced alopecia. Two existing Category III codes, 0662T and 0663T, were deleted. The new codes were surveyed for the January 2025 RUC meeting, however, the RUC determined that the code family requires no physician work and are practice expense (PE) only services.

97007 ***Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education***
The RUC reviewed the survey results from 35 oncologists and determined that this code requires no physician work and is a PE only service that requires an L056A *RN/OCN* to perform the clinical tasks. This service requires 2 minutes of CA009 *Greet patient, provide gowning, ensure appropriate medical records are available* rather than the 3-minute standard because the patient is not wearing a gown. Five minutes of CA011 *Patient education/obtain consent* comprises education on how to affix the cap, hair and scalp care, maintenance of supply items, cleaning instructions, and storage instructions. Further, during the intra-service portion of the service period, 5 minutes for CA021 *Perform procedure/service—not directly related to physician work time* is required to examine the scalp and select a cap for the patient with accompanying instructions on the scalp cooling process, how it works with the infusion session, time expectations, and potential adverse events. Two minutes are required for CA024 *Clean room/equipment by clinical staff* which is below the 3-minute standard.

The PE Subcommittee acknowledged the new high-cost supply input, *Scalp Cooling Cap/Kit,* as recommended for CPT code 97007. The specialty societies clarified that the patient uses one cap for their chemotherapy treatment plan, so it is reusable for the one patient, after which it is considered medical waste due to the close skin contact and extended period of exposure to the chemotherapy during the time the cap is worn. **The RUC continues to call on CMS to separately identify and pay for high-cost disposable supplies using appropriate HCPCS codes. Further, the RUC was not certain if the item is provided directly to the patient (rather than the practice) and if this might impact whether the cap would be considered Durable Medical Equipment by CMS. The RUC recommends the direct practice expense inputs as submitted by the specialty society.**

97008 ***Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and pre-cooling period***
The RUC reviewed the survey results from 32 oncologists and determined that this code requires no physician work and is a PE only service. CPT code 97008 is typically reported with 96413 *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug,* 96415 *Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure),* and family code 97009.

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This service requires 9 minutes total clinical staff time, 2 minutes of CA013 *Prepare room, equipment and supplies* and 7 minutes of CA021 *Perform procedure/service—not directly related to physician work time*. For CA021, activities include the preparation of hair for scalp cooling, fitting the individual cooling cap, thermal cover, and protective headband to the patient's head, and attaching the cap to the continuously monitored cooling system.

The RUC and PE Subcommittee determined that the recommended new equipment item, *Scalp Cooling System*, is leased equipment that may be used by more than one patient simultaneously. Therefore, the RUC does not have a mechanism to apply a cost-per-minute formula. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

97009 ***Mechanical scalp cooling; provided after discontinuation of chemotherapy, each 30 minutes (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 31 oncologists and determined that this code requires no physician work and is a PE only service. CPT code 97009 is typically reported with 96413 *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug,* 96415 *Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure),* and family code 97008. Typically, three units of 97009 are reported per chemotherapy session.

The Practice Expense Subcommittee reviewed the direct practice expense inputs and reduced the 7 minutes of CA021 *Perform procedure/service—not directly related to physician work time* to 5 minutes because typical post-chemotherapy scalp cooling lasts 90 minutes for which 3 units of this add-on code would expect to be reported. The patient remains in the chemotherapy infusion chair post-infusion and is monitored throughout the remainder of scalp cooling. The post-service portion of the service period requires 1 minute of CA024 *Clean room/equipment by clinical staff* rather than the full 3 minute standard as the specialty divided the standard by three to account for the typical 3 episodes.

Similar to 97008, the recommended new equipment item, *Scalp Cooling System,* is a leased equipment that may be used by more than one patient simultaneously. Therefore, the RUC does not have a mechanism to apply a cost-per-minute formula. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

New Technology
CPT codes 97007, 97008, and 97009 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Medicine
Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration
Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)

A therapeutic, prophylactic, or diagnostic IV…

See codes 96401-96549 for the administration…

(Do not report 96365-96379 with codes for which IV push or infusion is an inherent part of the procedure [eg, administration of contrast material for a diagnostic imaging study])

(For mechanical scalp cooling, see ~~0662T, 0663T~~ 97007, 97008, 97009)

Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration

Chemotherapy administration codes 96401-96549…

The term "chemotherapy" in 96401-96549 includes other highly complex drugs or highly complex biologic agents.

Report separate codes…

Report both the specific service…

Regional (isolation)…

(For home infusion services, see 99601-99602)

(For mechanical scalp cooling, see 97007, 97008, 97009)

Special Dermatological Procedures

96999 Unlisted special dermatological service or procedure

Mechanical Scalp Cooling Services (Green)

Machine-based scalp cooling is used to address chemotherapy-induced alopecia. To report mechanical scalp cooling services, the device must be a medical device as defined by the FDA and ordered and performed by trained clinical staff under the supervision of a physician or other qualified health care professional. These devices are used in an office or facility setting and are not intended for home use.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

Codes 97007, 97008, 97009 are not reported if the scalp cooling device is ordered by a physician or other qualified health care professional but self-administered by the patient during chemotherapy administration.

Code 97007 should be reported once per chemotherapy treatment period and involves a dedicated visit that includes the initial fitting and supply of the custom cap and patient education on hair and skin care, potential therapy side effects, and treatment outcomes. This may be performed independently by clinical staff after scalp cooling has been ordered by a physician or other qualified health care professional.

Mechanical scalp cooling is reported using 97008 once per chemotherapy session. Initiation of 97008 begins 30 minutes prior to each chemotherapy administration when scalp cooling is performed, and concludes when the chemotherapy administration session and post chemotherapy monitoring is completed. Periodic patient monitoring and management of scalp cooling during chemotherapy is included in the chemotherapy administration service and is not separately reported. Code 97009 may be reported for the continuation of scalp cooling provided after chemotherapy has been completed and will vary depending on the duration of the chemotherapy regimen. Code 97009 is reported once for each 30 minutes of scalp cooling provided upon discontinuation of the chemotherapy infusion. Do not report 97009 for scalp cooling of less than 16 minutes. Codes 97008, 97009 may be performed by clinical staff under the direct supervision of a physician or other qualified health care professional.

Definitions:

***Chemotherapy treatment period*:** the chemotherapy treatment prescribed may be administered over multiple chemotherapy sessions over a period of time on separate dates of service.

Chemotherapy session: is an individual chemotherapy session or treatment day.

●97007	CC1	Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education (Report 97007 once per chemotherapy treatment period) (Do not report 97007 for each chemotherapy session)	XXX	PE Only
●97008	CC2	Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and pre-cooling period (Report 97008 once per chemotherapy session)	XXX	PE Only
●+97009	CC3	provided after discontinuation of chemotherapy, each 30 minutes (List separately in addition to code for primary procedure) (Use 97009 in conjunction with 97008) (Do not report 97009 for scalp cooling less than 16 minutes)	ZZZ	PE Only

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

		(For selective head or total body hypothermia in the critically ill neonate, use 99184)		

Category III Codes

~~0662T Scalp cooling, mechanical; initial measurement and calibration of cap~~

~~(Report 0662T once per chemotherapy treatment period)~~

~~+0663T placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)~~

~~(Use 0663T in conjunction with 96409, 96411, 96413, 96415, 96416, 96417)~~

~~(Report 0663T once per chemotherapy session)~~

~~(For selective head or total body hypothermia in the critically ill neonate, use 99184)~~

(0662T, 0663T have been deleted)

(For mechanical scalp cooling, see 97007, 97008, 97009)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 97007, 97008, 97009
SPECIALTY SOCIETY(IES): ASCO
PRESENTER(S): Elizabeth Blanchard, MD & Arturo Loaiza-Bonilla, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
97007	Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education (Report 97007 once per chemotherapy treatment period) (Do not report 97007 for each chemotherapy session)	XXX
97008	Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and pre-cooling period (Report 97008 once per chemotherapy session)	XXX
97009	Mechanical scalp cooling; provided after discontinuation of chemotherapy, each 30 minutes (List separately in addition to code for primary procedure) (Use 97009 in conjunction with 97008) (Do not report 97009 for scalp cooling less than 16 minutes) (For selective head or total body hypothermia in the critically ill neonate, use 99184)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
97007	A 40-year-old female with breast cancer requiring chemotherapy is prescribed scalp cooling for the prevention of chemotherapy induced alopecia.
97008	A 52-year-old female with breast cancer requiring chemotherapy was prescribed scalp cooling for chemotherapy-induced alopecia. Prior to the start of administration of chemotherapy, scalp cooling is initiated.
97009	A 52-year-old female with breast cancer requiring chemotherapy was prescribed scalp cooling for chemotherapy-induced alopecia. Prior to the start of administration of chemotherapy, scalp cooling is initiated.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 97007, 97008, 97009
SPECIALTY SOCIETY(IES): ASCO
PRESENTER(S): Elizabeth Blanchard, MD & Arturo Loaiza-Bonilla, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   ASCO convened a panel that included physicians who perform the procedure. The panel developed the direct practice expense recommendations for CPT Codes 97007-97009 based on best practices and current AMA RUC/PE guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   CPT Code 96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour* was used as a reference code on the PE spreadsheet for 97007 and 97008. CPT Code 96366 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour* (List separately in addition to code for primary procedure) was used as a reference code on the PE spreadsheet for 97009.

   The reference codes selected are performed by hematology/oncology, are RUC reviewed and performed in the NF setting. CPT Codes 96365 and 96366 were selected as one of the top two reference service codes on the physician work surveys.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   CPT Codes 97007-97009 are new CPT codes. The predecessor Cat III codes had such low volumes, that billed together data is not noted in the RUC database. The specialty society believes that 97007 – 97009 would not typically reported with an E/M service (F nor NF).

   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

   CPT Codes 97007-97009 are new CPT codes. The predecessor Cat III codes had such low volumes, that billed together data is not noted in the RUC database. The specialty society believes that Hematology/Oncology will be the dominant provider in both the F and the NF.

   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   N/A

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 97007, 97008, 97009
SPECIALTY SOCIETY(IES): ASCO
PRESENTER(S): Elizabeth Blanchard, MD & Arturo Loaiza-Bonilla, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

97007 Greet patient Provide education Perform procedure not directly related to physician time Clean room

CPT CODE(S): 97007, 97008, 97009
SPECIALTY SOCIETY(IES): ASCO
PRESENTER(S): Elizabeth Blanchard, MD & Arturo Loaiza-Bonilla, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Note: 97007 *Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education*

The specialty reviewed the range of times assigned to CA011 provide education (0.08-85). The median is 3 min (for the codes that have been assigned times). The specialty is recommending 5 minutes for 97007. There are 58 other codes that have 5 minutes assigned for CA011.

97008
Prepare room
Perform procedure not directly related to physician time

97009
Perform procedure not directly related to physician time
Clean room

c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

97007
CA011: The following activities would be included, how to affix the cap, hair and scalp care, maintenance of the items, cleaning instructions, storage instructions.

CA021: The following activities would be included, the scalp is examined and a cap is selected for the patient. The patient is instructed on the scalp cooling process, how it will work with infusion session, time expectations, potential adverse events.

97008
On the day of chemotherapy infusion, the patient presents to the infusion suite. Hair is prepared for scalp cooling. The patient's individual cooling cap, thermal cover and protective headband is fitted on the patient's head and is attached to the continuously monitored cooling system. The cooling system is initiated 30 minutes prior to chemotherapy to gradually bring the temperature down to the appropriate level for therapy.

Note: The specialty used the following algorithm in 97008 to determine the recommended minutes for CA021 *perform procedure not directly related to physician work time:*
1st 3 mins: 1min/1min
Subsequent min: 7mins/1 min

97009

CPT CODE(S): 97007, 97008, 97009
SPECIALTY SOCIETY(IES): ASCO
PRESENTER(S): Elizabeth Blanchard, MD & Arturo Loaiza-Bonilla, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The patient remains in the chemotherapy infusion chair post-infusion. The patient is monitored throughout the scalp cooling session.

Note: The specialty used the following algorithm in 97009 to determine the recommended minutes for CA021 *perform procedure not directly related to physician work time:*
7mins/1 min

Clean Room
The RUC physician work survey indicated 97009 will be typically reported three times per chemotherapy session. The specialty divided the standard 3 minutes for CA024 *clean room* by three and is recommending 1 minutes for each 97009.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

The specialty recommends time for "Perform procedure, not directly related to physician work". See Question 11.

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

New Supply: Scalp Cooling Cap/Kit

There are currently two companies providing this medical scalp cooling service. Invoices attached from both companies. The two companies operationalize the pricing of the cap/kit differently,

however the price is ultimately similar. For example, one company invoices the total cost of the cap/kit upfront for $1800. The other company breaks down the total cost of the cap/kit over the time period a patient receives treatments. More specifically, they invoice $250 to get the actual cap/kit and then charge a rate ($265-$300) per treatment (what they refer to as a treatment card). For 6 sessions the cap/kit fee works out to be $1840-$2050. The specialty society inserted the lower of the two company costs, $1800, in the spreadsheet.

Note: A patient uses one cap for their set of chemotherapy infusions. The cap is not reuseable (by another patient) as the caps are considered medical waste after use by the patient. This is due to the close skin contact and extended period of exposure to the chemotherapy during the time the caps are worn.

Contents of the Scalp Cooling Cap/Kit:

- Cooling wrap (inner cap)
- Thermal cap (outer cap to insulate)
- Chin strap
- Headband (water resistant high tech material to protect skin from frostbite)
- Spray bottle for wetting hair
- Wet hairbrush

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

New Equipment Item: Scalp Cooling System

There are currently two companies providing this service. Invoices attached from both companies. Both companies lease the machines to practices. Invoices vary from $250-$300 a month. The specialties included $3000 on the PE spreadsheet. That represents the lower of the two monthly amounts ($250) times 12 (months) and recommend assigning a useful life of one year.

Contents of Scalp Cooling System:

- Machine
- Connector hoses

- Liquid Coolant

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

1 year useful life

Note: There are three other items in the CMS equipment list that have 1 year useful life EQ354, ER044, ER060

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas)*. If you have selected "other formula" for any of the equipment, please explain here:

The "other equipment formula" was used for the chair and the cooling system.

The specialty societies are recommending 30 minutes for the chair and the scalp cap cooling system to align with the CPT guidelines.

New CPT Guidelines
Mechanical scalp cooling is reported using 97008 once per chemotherapy session. Initiation of 97008 begins 30 minutes prior to each chemotherapy administration when scalp cooling is performed and concludes when the chemotherapy administration session and post chemotherapy monitoring is completed. Periodic patient monitoring and management of scalp cooling during chemotherapy is included in the chemotherapy administration service and is not separately reported.

Code 97009 should be reported for the continuation of scalp cooling provided after chemotherapy has been completed and will vary depending on the duration of the chemotherapy regimen. Code 97009 is reported once for each 30 minutes of scalp cooling provided upon discontinuation of the chemotherapy infusion. Do not report 97009 for scalp cooling of less than 16 minutes.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

CPT CODE(S): 97007, 97008, 97009
SPECIALTY SOCIETY(IES): ASCO
PRESENTER(S): Elizabeth Blanchard, MD & Arturo Loaiza-Bonilla, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

The specialty society recommended 2 minutes for CA009 "Greet patient, provide gowning, ensure appropriate medical records are available" because the patient does not change into a gown.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

The PE subcommittee removed 2 minutes from CA021 for 97009. The stated reason was that there would not be the first 3 minutes of 1:1 included in 97008 for 97009.

The PE subcommittee removed the equipment inputs from the recommendations. The stated reason was that any equipment leased would be captured under the indirect practice expense portion of CMS' current practice expense methodology.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	K	L	M	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**	
2						**96365**		**9XX01**		**97008**		**96366**		**97009**	
3		***RUC Collaboration Website***				**Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour**		Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education		Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and pre-cooling period		**Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)**		Mechanical scalp cooling;each 30 minutes	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 19 **Specialty:** ASCO	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 45.20**	**$ -**	**$ 1,811.34**	**$ -**	**$ 7.29**	**$ -**	**$ 10.47**	**$ -**	**$ 4.86**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L056A	RN/OCN	0.81	**49**		**14**		**9**		**12**		**6**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L056A	RN/OCN	0.81	**2**		**0**		**0**		**0**		**0**	
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**44**		**14**		**9**		**12**		**6**	
11		*L056A*	*L056A*	*RN/OCN*	*0.81*	*44*		*14*		*9*		*12*		*6*	
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L056A	RN/OCN	0.81	**3**		**0**		**0**		**0**		**0**	
13		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 39.69**	**$ -**	**$ 11.34**	**$ -**	**$ 7.29**	**$ -**	**$ 9.72**	**$ -**	**$ 4.86**	**$ -**
14		**PRE-SERVICE PERIOD**													
15		**Start: Following visit when decision for surgery/procedure made**													
16	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54										
17	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54										
18	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54										
19	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54										
20	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54										
21	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54										
22	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54										
23	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L056A	RN/OCN	0.81	2									
24			L037D	RN/LPN/MTA	0.54										
25			L037D	RN/LPN/MTA	0.54										
26			L037D	RN/LPN/MTA	0.54										
30		**End: When patient enters office/facility for surgery/procedure**													
31		**SERVICE PERIOD**													
32		**Start: When patient enters office/facility for surgery/procedure:**													
33		**Pre-Service (of service period)**													
34	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L056A	RN/OCN	0.81	3		2							
35	CA010	Obtain vital signs	L056A	RN/OCN	0.81	5						5			
36	CA011	Provide education/obtain consent	L056A	RN/OCN	0.81			5							
37	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54										
38	CA013	Prepare room, equipment and supplies	L056A	RN/OCN	0.81	2				2					
39	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54										
40	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54										
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L056A	RN/OCN	0.81	2									
42	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54										
49		**Intra-service (of service period)**													
50	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54										
51	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54										
52	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54										
53	CA021	Perform procedure/service---NOT directly related to physician work time	L056A	RN/OCN	0.81	29		5		7		7		**5**	
59		**Post-Service (of service period)**													
62	CA024	Clean room/equipment by clinical staff	L056A	RN/OCN	0.81	3		2						1	
81		**End: Patient leaves office/facility**													
82		**POST-SERVICE PERIOD**													
83		**Start: Patient leaves office/facility**													
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54										
85	CA038	Coordinate post-procedure services	L056A	RN/OCN	0.81	3									
99		**End: with last office visit before end of global period**													

	A	B	D	E	F	G	H	K	L	M	N	O	P	Q	R
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4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 19 **Specialty:** ASCO	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**										
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**ZZZ**	**ZZZ**	**ZZZ**	**ZZZ**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 45.20**	**$ -**	**$ 1,811.34**	**$ -**	**$ 7.29**	**$ -**	**$ 10.47**	**$ -**	**$ 4.86**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L056A	RN/OCN	0.81	**49**		**14**		**9**		**12**		**6**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L056A	RN/OCN	0.81	**2**		**0**		**0**		**0**		**0**	
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**				**44**		**14**		**9**		**12**		**6**	
11		*L056A*	*L056A*	*RN/OCN*	*0.81*	*44*		*14*		*9*		*12*		*6*	
12		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L056A	RN/OCN	0.81	**3**		**0**		**0**		**0**		**0**	
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**											
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 4.76**	**$ -**	**$ 1,800.00**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
102	SB004	cover, thermometer probe	0.22	item		1									
103	SB022	gloves, non-sterile	0.3	pair		1									
104	SC018	iv infusion set	1.27	item		1									
105	SC051	syringe 10-12ml	0.21	item		1									
106	SC058	syringe w-needle, OSHA compliant (SafetyGlide)	0.49	item		1									
107	SG037	dressing, 4in x 4.75in (Tegaderm)	0.6	item		1									
108	SG050	gauze, non-sterile 2in x 2in	0.56	item		2									
109	SH039	heparin 1,000 units-ml inj	0.47	ml		1									
110	SJ053	swab-pad, alcohol	0.04	item		2									
111	**NEW**	**Scalp Cooling Cap/Kit**	**1800**	item				**1**							
114	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**										
115		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.75**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 0.75**	**$ -**	**$ -**	**$ -**
116	EQ032	IV infusion pump	2439.096	Other Formula	0.006472694	60						60			
117	EF009	chair, medical recliner	2256.58	Other Formula	0.005988346	60						60			
118	**NEW**	**Scalp Cooling System**	3000	Other Formula	0.045					**0**				**0**	
122															

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: New Technology/New Services and Different Performing Specialty from Survey

January 2025

Remote Monitoring – Tab 20

In April 2022, the RUC identified code 99457 *Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month; first 20 minutes* as part of a Relativity Assessment Workgroup (RAW) screen for services that were surveyed by one specialty but are now typically performed by a different specialty. In September 2022, the RAW reviewed an action plan on this service and recommended the service be reviewed in two years (2021-2022 data) after utilization stabilized following the pandemic. In April 2024, the RAW noted that 99457, along with the codes 99453, 99454 and 99458 were on the new technology/new services list for review. The specialty societies indicated that a CPT code change application (CCA) was submitted for May 2024 to review remote physiologic monitoring (RPM) and remote therapeutic monitoring (RTM) codes (which may require surveying of these codes) and to refer this issue to CPT Assistant regarding correct coding of this family of services. The RAW recommended that this code family be reviewed at the next RAW meeting in September 2024, to summarize what has occurred at the CPT Editorial Panel. The RAW noted that if this family were not addressed via the upcoming CPT process, the RAW should discuss when it would be surveyed. In September 2024, the RAW noted that a CCA for remote monitoring was reviewed at the September 2024 CPT meeting, which included codes 99453-99458. The RUC noted that 99453-99458 needed to be surveyed because the utilization of 99457 significantly increased and the primary specialties who perform these services did not participate in the original survey.

In September 2024, the CPT Editorial Panel added one code and made code revisions to report RPM device supply for 2-15 days and 16-30 days within a 30-day period to report RPM parameters; created one new code and code revisions to report RPM treatment management services for the first 10 minutes, first 20 minutes, and each additional 20 minutes thereafter; added three RTM device supply codes to report respiratory, musculoskeletal and cognitive behavioral therapy for 2-15 days and 16-30 days within a 30-day period; created one new code and made code revisions to report RTM treatment management services for the first 10 minutes, first 20 minutes, and each additional 20 minutes thereafter; and revised the "Digitally Stored Data Services/Remote Physiologic Monitoring" guidelines, "Remote Physiologic Monitoring Treatment Management Services" guidelines, "Remote Therapeutic Monitoring Services" guidelines, and the "Remote Therapeutic Monitoring Treatment Management Services" guidelines.

Remote Physiologic Monitoring (RPM)

Remote physiologic monitoring (RPM) represents the remote monitoring of parameters such as weight, blood pressure and pulse oximetry for the purposes of monitoring a patient's condition to inform their management. CPT codes 99453, 99445 and 99454 are practice expense only codes that describe remote monitoring of physiologic parameters for the initial set up, daily recordings or programmed alerts transmissions for 2-15 days and 16-30 days. Additionally, CPT code 99473 is a practice expense only code for self-measured blood pressure using a validated device with patient education/training and device calibration.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

CPT codes 99091, 99474, 99470, 99457 and 99458 are all services that require physician work. When these services were surveyed for the January 2025 RUC meeting, the survey response threshold was not met. CPT codes 99091 and 99474 are performed under 100,000 times in the Medicare population, therefore 30 responses are required and CPT codes 99470, 99457 and 99458 are performed over 1 million times in the Medicare population and at least 75 responses are required. The RUC's policy is that surveys below the established thresholds for services with Medicare claims greater than 100,000 will be reviewed as interim and specialty societies will need to resurvey for the next meeting. These minimum survey thresholds apply to both existing codes and any new codes with estimated Medicare claims of these amounts. However, the RUC discussed and agreed that conducting another survey immediately would most likely not produce a better result. Also, the dominant specialties continue to fluctuate. **The RUC recommends that CPT codes 99091, 99474, 99470, 99457 and 99458 be resurveyed after one year of utilization data is available for this CPT 2026 code structure. All RPM codes will be reviewed at the January 2028 RUC meeting.**

99091 ***Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days***
The RUC reviewed the survey results from 28 physicians and nurse practitioners and determined the survey 25th percentile work RVU of 0.70 appropriately accounts for the work typically required to perform this service. This code is a time-based code requiring a minimum of 30 minutes of physician or other qualified health care professional time over a 30-day period and may not be reported if 30 minutes is not met. The RUC agreed that the intra-service time for this code should be modified to be 30 minutes as the CPT descriptor clearly states that the physician must spend a minimum of 30 minutes to report this service. The RUC recommends 30 minutes of intra-service and total time.

The RUC compared the surveyed code to the top key reference code 99213 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.* (work RVU = 1.30, 20 minutes intra-service time and 30 minutes total time) and determined although these services require the same amount of total time, the surveyed code is much less intense and complex to perform, therefore appropriately valued lower. The RUC compared the surveyed code to the second top key reference service 99212 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.* (work RVU = 0.70, 11 minutes intra-service time and 16 minutes total time) and determined these services require the same physician work to perform, thus are valued the same.

For additional support, the RUC referenced MPC code 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report (eg, Gibbons or double-J type)* (work RVU = 0.70, 15 minutes intra-service time and 20 minutes total time) and 93015 *ardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report* (work RVU = 0.75, 20 minutes intra-service time and 26 minutes total time), both which require similar physician work and time to perform. The RUC determined that the survey 25th percentile work value of 0.70 appropriately places CPT code 99091 relative to other services in the Medicare Physician Payment Schedule (MFS) based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.70 for CPT code 99091.**

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99474 ***Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient***

The RUC reviewed the survey results from 28 physicians and nurse practitioners and determined the current value of 0.18 appropriately accounts for the work typically required to perform this service. The specialty societies indicated that the service has not changed and there was not compelling evidence that the physician work has increased. The RUC noted that the new survey times result in a negative IWPUT. Therefore, the RUC recommends the current time of 3 minutes pre-service evaluation time, 5 minutes intra-service time and 2 minutes immediate post-service time.

The RUC compared the surveyed code to MPC codes 93010 *Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only* (work RVU = 0.17, 3 minutes intra-service time and 6 minutes total time) and 99211 *Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional* (work RVU = 0.18, 5 minutes intra-service time and 7 minutes total time), which require similar physician work and time to perform. The RUC determined that the current work value of 0.18 appropriately places CPT code 99474 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.18 for CPT code 99474.**

99470 ***Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes***

The RUC reviewed the survey results from 17 physicians and determined the survey 25th percentile work RVU of 0.39 appropriately accounts for the work required typically to perform this service. The RUC recommends 10 minutes intra-service and total time. The RUC noted that this time-based code is reported when the clinical staff, physician and/or QHP have collectively spent 10-19 minutes performing RPM treatment management services for a patient in a calendar month. This code may not be reported if the service is performed for less than 10 minutes in a calendar month. RPM treatment management services have distinct reporting rules from RTM treatment management services. RTM treatment management services are also time-based codes, however, unlike RPM, their reporting is only based on physician or QHP time. A separate question was included in the survey asking, "*How much CLINICAL STAFF time (ie RN, LPN, MTA) is required per patient treated for each of the following steps in patient care related to this service?"* For CPT code 99470 the median clinical staff time was 9 minutes. The physician/QHP time of 10 minutes, plus the 9 minutes of clinical staff time, totals 19 minutes, which appropriately fits in the coding structure for this code requiring less than 20 minutes. Whereas CPT code 99457 would be reported for RPM requiring 20-39 minutes.

The RUC compared the surveyed code to the top key reference code 99422 *Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes* (work RVU = 0.50, 15 minutes intra-service and total time) and determined that the surveyed code requires less physician time and therefore is appropriately valued lower. The RUC compared the surveyed code to the second top key reference service 93224 *External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional* (work RVU = 0.39, 8 minutes intra-service and 15 minutes total time) and determined these services require the same physician work to perform, with the surveyed code requiring less total time but being slightly more intense and complex.

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For additional support the RUC referenced MPC codes 71111 *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (work RVU = 0.32, 7 minutes intra-service time and 9 minutes total time) and 92250 *Fundus photography with interpretation and report* (work RVU = 0.40, 10 minutes intra-service time and 12 minutes total time) both which bracket the surveyed code and is comparable for physician work and time. The RUC determined that the survey 25th percentile work RVU of 0.39 appropriately places CPT code 99470 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.39 for CPT code 99470.**

99457 ***Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 20 minutes***
The RUC reviewed the survey results from 22 physicians and determined the survey 25th percentile work RVU of 0.45 appropriately accounts for the work typically required to perform this service. The RUC recommends 14 minutes intra-service and total time. The RUC noted that this time-based code is reported when the clinical staff, physician and/or QHP have collectively spent 20-39 minutes performing RPM treatment management services for a patient in a calendar month. This code may not be reported if the service is performed for less than 20 minutes in a calendar month. RPM treatment management services have distinct reporting rules from RTM treatment management services. RTM treatment management services are also time-based codes, however, unlike RPM, their reporting is only based on physician or QHP time. A separate question was included in the survey asking, "*How much CLINICAL STAFF time (ie RN, LPN, MTA) is required per patient treated for each of the following steps in patient care related to this service?"* For CPT code 99457 the median clinical staff time was 20 minutes. The physician/QHP time of 14 minutes, plus the 20 minutes of clinical staff time, totals 34 minutes, which appropriately fits in the coding structure requiring 20-39 minutes to report.

The RUC compared the surveyed code to the top key reference code 99213 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.* (work RVU = 1.30, 20 minutes intra-service time and 30 minutes total time) and determined that the surveyed code requires less physician work and time and therefore is appropriately valued lower. The RUC compared the surveyed code to the second top key reference service 99422 *Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes* (work RVU = 0.50, 15 minutes intra-service and total time) and determined that the surveyed code requires similar physician work and time, thus is appropriately valued similarly.

For additional support the RUC referenced MPC codes 76857 *Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)* (work RVU = 0.50, 7 minutes intra-service time and 17 minutes total time), and 92250 *Fundus photography with interpretation and report* (work RVU = 0.40, 10 minutes intra-service time and 12 minutes total time) both of which bracket the surveyed code and are comparable for physician work and time. The RUC determined that the survey 25th percentile work RVU of 0.45 appropriately places CPT code 99457 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.45 for CPT code 99457.**

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99458 ***Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)***

The RUC reviewed the survey results from 18 physicians and determined the survey 25th percentile and current work RVU of 0.61 appropriately accounts for the work typically required to perform this service. The RUC recommends 16 minutes intra-service and total time. This code is a time-based code requiring a minimum of an additional 20 minutes and may not be reported if 20 minutes is not met. For example, the first unit of this add-on code cannot be reported until at least 40 minutes of RPM treatment management has been performed (99457 X 1 unit, 99458 X 1 unit). The RUC noted that this code includes the work of not only a physician and QHP but also clinical staff. A separate question was included in the survey asking, "*How much CLINICAL STAFF time (ie RN, LPN, MTA) is required per patient treated for each of the following steps in patient care related to this service?"* For CPT code 99458 the median clinical staff time was 19 minutes. The RUC also noted that the median reporting for this code is once per claim according to the 2023 Medicare claims data. The physician/QHP time of 16 minutes, plus the 19 minutes of clinical staff time, totals 35 minutes, which appropriately fits in the coding structure requiring an additional 20-39 minutes to report after the first 20 minutes (99457). The RUC agreed that this add-on code 99458 for each additional 20 minutes is slightly more intense and complex than the base code 99457 because these patients are more complex and have multiple co-morbidities requiring the physician/QHP typically to spend more time to manage.

The RUC compared the surveyed code to the top key reference code 99437 *Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)* (work RVU = 1.00, 30 minutes of intra-service and total time) and determined that the surveyed code requires less physician work and time and therefore appropriately valued lower. The RUC compared the surveyed code to the second top key reference service 99439 *Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)* (work RVU = 0.70, 20 minutes intra-service and total time) and determined that the surveyed code requires slightly less physician work to perform, thus appropriately valued lower.

For additional support the RUC referenced MPC codes 77002 *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)* (work RVU = 0.54, 15 minutes intra-service time and 17 minutes total time), and 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)* (work RVU = 0.80, 15 minutes intra-service time and total time) both of which bracket the surveyed code and are comparable for physician work. The RUC determined that the survey 25th percentile work RVU of 0.61 appropriately places CPT code 99458 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.61 for CPT code 99458.**

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Practice Expense - RPM
The Practice Expense (PE) Subcommittee considered and approved compelling evidence for the existing RPM codes, such as CPT code 99454, based on changes in technology, given the proliferation of vendors, and change in specialty as internal medicine is now the primary provider.

The PE Subcommittee reviewed the direct practice expenses for the RPM services and made a single modification to CPT code 99445 to reduce the equipment minutes by half from 43,200 to 20,160, based on the number of days 99445 is performed (2 to 15 days, not a full 30 days as with code 99454). The PE Subcommittee agreed with renaming equipment package EQ392 ~~*heart failure*~~ *patient physiologic monitoring equipment package.* Additionally, for 99445 and 99454, a new supply item was added for *digital remote physiologic monitoring device app,* for which an invoice was submitted for $6.62 per patient. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

Work Neutrality for RPM
The RUC's recommendation for the remote physiologic monitoring codes 99453, 99445, 99454, 99091, 99473, 99474, 99470, 99457 and 99458 will result in overall work savings that should be redistributed back to the Medicare conversion factor.

New Technology/New Services - RPM
The use of RPM services continue to fluctuate in terms of the specialties who report and the monitoring that occurs. All the codes in this family would be considered new technology. Since CPT has split out the services it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RPM family of services will be placed on the New Technology list and resurveyed and reviewed by the RUC at the January 2028 meeting.

RUC Flag
The RUC notes that it will flag remote physiologic monitoring codes 99453, 99445, 99454, 99091, 99473, 99474, 99470, 99457 and 99458 as do not use to validate physician work in the RUC database due to the low survey response. These services will be resurveyed for the January 2028 RUC meeting.

Remote Therapeutic Monitoring (RTM)

Remote therapeutic monitoring (RTM) represents the monitoring of adherence to at-home therapeutic interventions. RTM can be provided for a variety of conditions, and there are distinct device supply codes which are PE only that have been created for three types of therapeutic monitoring currently respiratory system, cognitive behavioral therapy and musculoskeletal system monitoring.

CPT codes 98975, 98984, 98976, 98985 and 98977 are practice expense only codes that describe remote therapeutic monitoring for the initial setup and device supply for data access or data transmissions for 2-15 days and 16-30 days for monitoring both the respiratory system (98984 & 98876) and musculoskeletal system (98985 and 98977). Additionally, CPT codes 98986 and 98978 are practice expense only codes for device supply for data access or data transmissions for 2-15 days and 16-30 days for monitoring of cognitive behavioral therapy. Codes 98986 and 98978 are reported primarily by non-MD/DOs and, therefore, were reviewed separately by the Health Care Professionals Advisory Committee (HCPAC) Review Board.

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CPT codes 98979, 98980 and 98981 are RTM treatment management services that describe physician or other qualified health care professional work for the first 10 minutes, first 20 minutes and each additional 20 minutes. These services were surveyed for January 2025, and each met the survey threshold of at least 30 responses. RTM treatment management services have distinct reporting rules from RPM treatment management services. RTM treatment management services are time-based codes, however, unlike RPM, their reporting is only based on physician or QHP time

RTM technology treatment data is collected and analyzed asynchronously by a physician or QHP and additional treatment decisions are provided through at least one real-time communication as an adjunct to in-person care. RTM is provided to patients who might need extra support and asynchronous oversight in between in-person physical therapy visits to progress their self-management program. The specialty societies noted that the application used for these services is not an exercise app, but a therapy delivery app providing data regarding how the therapy is progressing and the physician/QHP is making decisions about how to modify therapy based on that data**.**

Compelling Evidence
The specialty societies indicated compelling evidence that there has been a change in physician/QHP work due to a change in patient population resulting from a diffusion of technology of the procedure in physical therapy. It is supported by the change in the performance rate of the service between the 2021 survey and the 2024 survey, as well as the change in the vignette which is supported by the survey results.

Change in Population
When the RTM codes were originally surveyed in 2021, an asthmatic patient was described as the typical patient in the vignette, primarily connected to the codes for respiratory therapy monitoring. However, these vignettes were found to be typical by less than 50% of survey respondents in 2021. The vignettes for 98980 and 98981 were updated for the 2024 survey to reflect the typical patient being a musculoskeletal/osteoarthritis patient. 100% of survey respondents found these vignettes to be typical. The specialty societies noted that the low support for the vignettes in 2021 suggests an additional compelling argument that incorrect assumptions were made in the previous valuation of the service. The RUC noted that these services continue to change and fluctuate on the dominant providers shifting between physical therapy and family medicine/internal medicine. Additionally, the top diagnoses have changed and reflect musculoskeletal issues.

Diffusion of Technology
Since 2021, there has been a diffusion of RTM technology, primarily in physical therapy practice. In 2021, these codes were added to the new technology list, and since that time the service has been embraced by physical therapy as a result of the increased availability of the technology and a positive response by patients to incorporate this procedure into the rehabilitative process. Rates of experience for these services were very low in the 2021 survey, with the median performance rate of 1 for 98980 and the median rate of 0 for 98981. In the new survey, these performance rates increased to a median experience rate of 10 for 98980 and 4 for 98981. This suggests the services have been more widely adopted, primarily by physical therapy.

The RUC agreed with the specialty societies that there is compelling evidence that the patient population has changed and there has been a diffusion of technology for the RTM services.

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98979 ***Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes***
The RUC reviewed the survey results from 32 physical medicine and rehabilitation physicians and physical therapists and determined the survey 25th percentile work RVU of 0.66 appropriately accounts for the work required to perform this service. The RUC recommends 16 minutes intra-service and total time. The RUC noted that this time-based code is reported when the physician or QHP has spent 10-19 minutes performing RTM treatment management services for a patient in a calendar month. This code may not be reported if the service is performed for less than 10 minutes in a calendar month.

The RUC compared the surveyed code to the top key reference code 99212 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.* (work RVU = 0.70, 11 minutes intra-service time and 16 minutes total time) and determined that the surveyed code requires slightly less physician work and thus is appropriately valued lower. The RUC compared the surveyed code to the second top key reference service 99451 *Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time* (work RVU = 0.70, 15 minutes intra-service and 23 minutes total time) and determined that the surveyed code requires slightly less physician work and time to perform, thus is appropriately valued lower.

For additional support the RUC referenced MPC codes 85060 *Blood smear, peripheral, interpretation by physician with written report* (work RVU = 0.45, 12 minutes intra-service time and total time) and 95251 *Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report (eg, Gibbons or double-J type)* (work RVU = 0.70, 15 minutes intra-service time and 20 minutes total time), both which bracket the surveyed code and is comparable for physician work and time. The RUC determined that the survey 25th percentile work RVU of 0.66 appropriately places CPT code 98979 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.66 for CPT code 98979.**

98980 ***Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 20 minutes***
The RUC reviewed the survey results from 32 physical medicine and rehabilitation physicians and physical therapists and determined that survey 25th percentile work RVU of 0.78 appropriately accounts for the work required to perform this service. The RUC recommends 24 minutes intra-service and total time. The RUC noted that this time-based code is reported when the physician or QHP has spent 20-39 minutes performing RTM treatment management services for a patient in a calendar month.

The RUC compared the surveyed code to the top key reference code 99213 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.* (work RVU = 1.30, 20 minutes intra-service time and 30 minutes total time) and determined that the surveyed code requires less physician work and time and therefore appropriately valued lower. The RUC

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compared the surveyed code to the second top key reference service 99451 *Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time* (work RVU = 0.70, 15 minutes intra-service and 23 minutes total time) and determined that the surveyed code requires slightly more physician work and time to perform, thus is appropriately valued higher.

For additional support the RUC referenced MPC codes 92083 *Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)* (work RVU = 0.50, 10 minutes intra-service time and 13 minutes total time), and 95972 *Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurostimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional; with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimulator pulse generator/transmitter programming by physician or other qualified health care professional* (work RVU = 0.80, 23 minutes intra-service time and 36 minutes total time) both which bracket the surveyed code and is comparable for physician work and time. The RUC determined that the survey 25th percentile work RVU of 0.78 appropriately places CPT code 98980 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.78 for CPT code 98980.**

98981 ***Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)***
The RUC reviewed the survey results from 32 physical medicine and rehabilitation physicians and physical therapists and determined the survey 25th percentile work RVU of 0.70 appropriately accounts for the work required to perform this service. The RUC recommends 20 minutes intra-service and total time for this add-on code.

The specialty societies noted and the RUC agreed that the physician work for 98981 requires more work and is slightly more intense than the base code 98980, because the typical patient who needs this service is a more complicated patient or a patient who is not coming into the office as frequently for in-person care, therefore needs to have more remote communication with the provider to manage their conditions.

The RUC compared the surveyed code to the top key reference service 99439 *Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)* (work RVU = 0.70, 20 minutes intra-service and total time) and determined that these services require the same physician work and time to perform, thus are valued the same. Patients receiving 98981 have chronic conditions and comorbidities, management of providing 98981 includes consideration of those chronic conditions and comorbidities. The RUC compared the surveyed code to the second top key reference code 99437 *Chronic care management services with the following required elements:*

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multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure) (work RVU = 1.00, 30 minutes of intra-service and total time) and determined that the surveyed code requires less physician work and time and therefore appropriately valued lower.

For additional support the RUC referenced MPC codes 77002 *Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)* (work RVU = 0.54, 15 minutes intra-service time and 17 minutes total time), and 51797 *Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)* (work RVU = 0.80, 15 minutes intra-service time and total time) both which bracket the surveyed code and is comparable for physician work. The RUC determined that the survey 25th percentile work RVU of 0.70 appropriately places CPT code 99458 relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 0.70 for CPT code 98981.**

Practice Expense - RTM
The Practice Expense (PE) Subcommittee considered and approved compelling evidence for the existing RTM codes based on change in technology (diffusion of knowledge) and change in patient population as evidenced by the updated vignette.

The PE Subcommittee reviewed the practice expense for the RTM codes and made several modifications. For CPT code 98975, the Subcommittee eliminated post-service clinical staff time CA037 *Conduct patient communications*. Additionally, CA037 was reduced by half to 10 minutes for 98979, 15 minutes for 98980 and 5 minutes for 98981. The patient communication inputs were reduced on the basis of the physical therapy sessions overlap with performing the RTM services. Supply item SJ056 *Thera-bands (6-in width)* was removed from CPT code 98975 because it is duplicative of the thera-bands available for the physical therapy sessions. Additionally, for CPT code 98975, based on the invoice provided, the specialty societies recommend a new supply item, *remote musculoskeletal therapy monitoring program enrollment fee*. This fee is a unique one-time fee per patient regardless of the duration on the RTM program. The fee is invoiced at $10 per patient. For 98985 and 98977, based on the invoice provided, the specialty societies recommend a new remote musculoskeletal therapy monitoring monthly supply fee of $45. This fee covers the use of the RTM technology per patient for 30 days. Finally, the PE Subcommittee recommends that 98984 and 98976 be contractor-priced as requested by the specialties. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

New Technology/New Services - RTM
The RTM services continue to fluctuate. All the codes in this family would be considered new technology (98975, 98984, 98976, 98985, 98977, 98979, 98979, 98980 and 98981). Since CPT has split out the services, it is unclear which technologies are used for each code based on the specific durations. It is also unclear who is predominantly providing these services. The RTM family of services will be placed on the New Technology list to be reviewed after three years of data are available (April 2030).

RUC Flag - RTM

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The RUC indicated that it would flag the remote therapeutic monitoring codes 98975, 98984, 98976, 98985, 98977, 98979, 98979, 98980 and 98981 as do not use to validate physician work in the RUC database due to vignette issues due to the uncertainty on who is predominantly providing these services. These services will be reviewed for this flag and via the new technology/new services list after three years of data are available (April 2030).

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Evaluation and Management **Non-Face-to-Face Services** **Digitally Stored Data Services/Remote Physiologic Monitoring** Codes 99453, 99445, ~~and~~ 99454 are used to report remote physiologic monitoring services (eg, weight, blood pressure, pulse oximetry) during a 30-day period. To report 99453, 99445, 99454, the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified health care professional. Code 99453 may be used to report the set-up and patient education on use of the device(s). Codes 99445, 99454 may be used to report supply of the device for daily recording or programmed alert transmissions. Codes 99453, 99445 are not reported if monitoring is less than 2 days in a 30-day period. Code 99445 may be used to report supply of the device for daily recording or programmed alert transmissions from 2 days up to 15 days in a 30-day period. Code 99454 may be reported for device supply when monitoring services are provided for at least 16 days up to 30 days in a 30-day period. Code~~s 99453,~~99454 ~~are~~is not reported if monitoring is less than 16 days in a 30-day period. Do not report 99453, 99445, 99454 when these services are included in other codes for the duration of time of the physiologic monitoring service (eg, 95250 for continuous glucose monitoring requires a minimum of 72 hours of monitoring). Do not report 99091 for time in the same calendar month when used to meet the criteria for care plan oversight services (99374, 99375, 99377, 99378, 99379, 99380), remote physiologic monitoring services (99470, 99457, 99458), or personally performed chronic or principal care management (99424, 99425, 99426, 99427, 99437, 99491). Do not report 99091 if other more specific codes exist (eg, 93227, 93272 for cardiographic services; 95250 for continuous glucose monitoring). Do not report 99091 for transfer and interpretation of data from hospital or clinical laboratory computers. Code 99453 is reported for each episode of care. For coding remote monitoring of physiologic parameters, an episode of care is defined as beginning when the remote monitoring physiologic service is initiated, and ends with attainment of targeted treatment goals.				

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(f)99453	DD1	**Remote monitoring of physiologic parameter(s)** (eg, weight, blood pressure, pulse oximetry, respiratory flow rate)~~;~~ initial~~,~~ set-up and patient education on use of equipment (Do not report 99453 more than once per episode of care) (Do not report 99453 for cumulative monitoring of less than 2~~16~~ days in a 30-day period) (Do not report 99453 in conjunction with 0811T)	XXX	PE Only (2025 Work RVU = 0.00)
●99445	DD2	device(s) supply with daily recording(s) or programmed alert(s) transmission, 2-15 days in a 30-day period (Do not report 99445 more than once in a 30-day period) (Do not report 99445 for cumulative monitoring of less than 2 days in a 30-day period)	XXX	PE Only
▲99454	DD3	device(s) supply with daily recording(s) or programmed alert(s) transmission, 16-30 days in a 30-day period ~~each 30 days~~ (For cumulative monitoring of at least 2 days but less than 16 days in a 30-day period, use 99445) (For physiologic monitoring treatment management services, ~~use~~see 99470, 99457) (Do not report 99454 for cumulative monitoring of less than 16 days in a 30-day period. For cumulative monitoring of less than 16 days in a 30-day period, use 99445) (Do not report 99454 in the same 30-day period as 99445) (Do not report 99453, 99445, 99454 in conjunction with codes for more specific physiologic parameters [eg, 93296, 94760]) (Do not report 99454 in conjunction with 0812T) (For remote therapeutic monitoring, see 98975, 98984, 98976, 98985, 98977, 98986, 98978) (For self-measured blood pressure monitoring, see 99473, 99474)	XXX	PE Only (2025 Work RVU = 0.00)

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(f)99091	DD4	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days (Do not report 99091 in conjunction with 99470, 99457, 99458) (Do not report 99091 for time in a calendar month when used to meet the criteria for 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99426, 99427, 99437, 99470, 99457, 99487, 99491)	XXX	0.70 (2025 Work RVU = 1.10)
(f)99473	DD5	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration (Do not report 99473 more than once per device) (For ambulatory blood pressure monitoring, see 93784, 93786, 93788, 93790)	XXX	PE Only (2025 Work RVU = 0.00)
(f)99474	DD6	separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient (Do not report 99473, 99474 in the same calendar month as 93784, 93786, 93788, 93790, 99091, 99424, 99425, 99426, 99427, 99437, 99439, 99453, 99445, 99454, 99470, 99457, 99487, 99489, 99490, 99491) (Do not report 99474 more than once per calendar month)	XXX	0.18 (2025 Work RVU = 0.18) (No Change)

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Remote Physiologic Monitoring Treatment Management Services

Remote physiologic monitoring treatment management services are provided when clinical staff/physician/other qualified health care professional use(s) the results of remote physiological monitoring to manage a patient under a specific treatment plan. To report remote physiological monitoring, the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified health care professional. Do not use 99470, 99457, 99458 for time that can be reported using codes for more specific monitoring services. Codes 99470, 99457, 99458 may be reported during the same service period as chronic care management services (99437, 99439, 99487, 99489, 99490, 99491), principal care management services (99424, 99425, 99426, 99427), transitional care management services (99495, 99496), and behavioral health integration services (99484, 99492, 99493, 99494). However, time spent performing these services should remain separate and no time should be counted twice toward the required time for any services in a single month. Codes 99470, 99457, 99458 requires one~~a live~~ real-time, interactive communication with the patient/caregiver. The interactive communication contributes to the total time, but it does not need to represent the entire cumulative reported time of the treatment management service. For the first completed 10~~20~~ minutes of clinical staff/physician/other qualified health care professional time in a calendar month report 99470~~99457.,~~For the first completed 20 minutes of clinical staff/physician/other qualified health care professional time in a calendar month report 99457 and report 99458 for each additional completed 20 minutes. Do not report 99470 for services of less than 10 minutes, 99457 for services less than 20 minutes or 99458 for additional services of less than 20 minutes. Report 99470 or 99457 one time regardless of the number of physiologic monitoring modalities performed in a given calendar month.

To report remote therapeutic monitoring treatment management services provided by physician or other qualified health care professional, see 98979, 98980, 98981.

Time Spent in a Calendar Month for Remote Physiologic Monitoring Treatment Management Services	**CPT Code(s) Reported**
0-9 minutes	Not reported separately
10-19 minutes	99470 X 1
20-39 minutes	99457 X 1
40-59 minutes	99457 X 1, 99458 X 1
60 minutes or more	99457 X 1, 99458 X 2 or more for each additional 20 minutes

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●99470	DD7	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes (Do not report 99470 in conjunction with 99457, 99458) (Do not report 99470 for services of less than 10 minutes or more than 19 minutes)	XXX	0.39
▲99457	DD8	~~Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month;~~ first 20 minutes (Report 99470, 99457 once per calendar month ~~each 30 days~~, regardless of the number of parameters monitored) (Do not report 99457 for services of less than 20 minutes) (Do not report 99470, 99457 in conjunction with 93264, 99091) (Do not report 99470, 99457 in the same calendar month as 99473, 99474)	XXX	0.45 (2025 Work RVU = 0.61)
▲99458	DD9	each additional 20 minutes (List separately in addition to code for primary procedure) (Use 99458 in conjunction with 99457) (Do not report 99457, 99458 in conjunction with 99470) (For remote therapeutic monitoring treatment management services, see 98979, 98980, 98981) (Do not report 99458 for services of less than an additional increment of 20 minutes)	ZZZ	0.61 (2025 Work RVU = 0.61)

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Medicine
Cardiovascular
Cardiovascular Monitoring Services

#93241 *External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation*

#93242 *recording (includes connection and initial recording)*

#93243 *scanning analysis with report*

#93244 *review and interpretation*

(Do not report 93241, 93242, 93243, 93244 in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93245, 93246, 93247, 93248, 93268, 93270, 93271, 93272, 99091, 99453, 99445, 99454, *0937T, 0938T, 0939T, 0940T,* for the same monitoring period)

#93245 *External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation*

#93248 *review and interpretation*

(Do not report 93245, 93246, 93247, 93248 in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93241, 93242, 93243, 93244, 93268, 93270, 93271, 93272, 99091, 99453, 99445, 99454, *0937T, 0938T, 0939T, 0940T,* for the same monitoring period)

Implantable, Insertable, and Wearable Cardiac Device Evaluations

93297 *Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional*

(Do not report 93297 in conjunction with 93264, 93290, 93298, 99091, 99445, 99454)

93298 *subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional*

(Do not report 93298 in conjunction with 33285, 93291, 93297, 99091, 99445, 99454)

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Health Behavior Assessment and Intervention

★◀*96156* *Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)*

★◀✚*96159* *each additional 15 minutes (List separately in addition to code for primary service)*

(Do not report 96158, 96159 for service time reported in conjunction with 98975, 98986, 98978)

Non-Face-to-Face Nonphysician Services
Remote Therapeutic Monitoring Services

Remote therapeutic monitoring services (eg, musculoskeletal system status, respiratory system status, cognitive behavioral therapy, therapy adherence, therapy response) represent the review and monitoring of data related to signs, symptoms, and functions of a therapeutic response. These data may represent objective device-generated integrated data or subjective inputs reported by a patient. These data are reflective of therapeutic responses that provide a functionally integrative representation of patient status.

Codes 98984, 98976, 98985, 98977, 98986, 98978 are used to report remote therapeutic monitoring services during a 30-day period. To report 98975, 98984, 98976, 98985, 98977, 98986, 98978, the service(s) must be ordered by a physician or other qualified health care professional. Code 98975 may be used to report the set-up and patient education on the use of any device(s) utilized for therapeutic data collection *generated through digital monitoring or digital therapy*. Codes 98984, 98976, 98985, 98977, 98986, 98978 may be used to report supply of the device(s) for *data access or data transmissions to support monitoring~~scheduled (eg, daily) recording(s) and/or programmed alert(s) transmissions~~*. To report 98975, 98984, 98976, 98985, 98977, 98986, 98978, the device used must be a medical device as defined by the FDA. *In addition to its monitoring functionality, the device may also provide a therapeutic intervention.* Codes 98975, 98984, 98985, 98986 are not reported if cumulative monitoring is less than 2 days in a 30-day period. Codes ~~98975,~~ 98976, 98977, 98978 are not reported if *cumulative* monitoring is less than 16 days in a 30-day period. Do not report 98975, 98984, 98976, 98985, 98977, 98986, 98978 with other physiologic monitoring services (eg, 95250 for continuous glucose monitoring requiring a minimum of 72 hours of monitoring or 99453, 99445, 99454 for remote monitoring of physiologic parameter[s]).

Code 98975 is reported for each episode of care. For reporting remote therapeutic monitoring parameters, an episode of care is defined as beginning when the remote therapeutic monitoring service is initiated and ends with attainment of targeted treatment goals.

▲98975	DD10	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment (Do not report 98975 more than once per episode of care) (Do not report 98975 for less than 2~~1~~6 days of cumulative monitoring during the 30-day period)	XXX	PE Only (2025 Work RVU = 0.00)

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●98984	DD11	device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period (Do not report 98984 in conjunction with 98976) (Do not report 98984 for less than 2 days of cumulative monitoring during the 30-day period)	XXX	PE Only Contractor Price
▲98976	DD12	device(s) supply for data access or data transmissions to support monitoring of respiratory system, ~~each 30 days~~ 16-30 days in a 30-day period (Do not report 98976 for less than 16 days of cumulative monitoring during the 30-day period. For monitoring of less than 16 days, use 98984)	XXX	PE Only Contractor Price (2025 Work RVU = 0.00)
●98985	DD13	device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period (Do not report 98985 in conjunction with 98977) (Do not report 98985 for less than 2 days of cumulative monitoring during the 30-day period)	XXX	PE Only
▲98977	DD14	device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, ~~each 30 days~~ 16-30 days in a 30-day period (Do not report 98977 for less than 16 days of cumulative monitoring during the 30-day period. For monitoring of less than 16 days, use 98985)	XXX	PE Only (2025 Work RVU = 0.00)

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●98986	DD15	device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period (Do not report 98986 in conjunction with 98978) (Do not report 98986 for less than 2 days of cumulative monitoring during the 30-day period)	XXX	PE Only HCPAC Review Board Recommendation
▲98978	DD16	device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, ~~each 30 days~~ 16-30 days in a 30-day period ~~(Do not report 98976, 98977, 98978 for cumulative monitoring of less than 16 days)~~ (Do not report 98978 for less than 16 days of cumulative monitoring during the 30-day period. For monitoring of less than 16 days, use 98986) (Do not report 98975, 98984, 98976, 98985, 98977, 98986, 98978 in conjunction with codes for more specific physiologic parameters [93296, 94760, 95250, 99453, 99445, 99454]) (For therapeutic monitoring treatment management services, see~~use~~98979, 98980) (For remote physiologic monitoring, see 99453, 99454, 99445) (For physiologic monitoring treatment management services, ~~use~~ see 99470, 99457) (For self-measured blood pressure monitoring, see 99473, 99474)	XXX	PE Only (2025 Work RVU = 0.00) HCPAC Review Board Recommendation

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Remote Therapeutic Monitoring Treatment Management Services

Remote therapeutic monitoring treatment management services are provided when a physician or other qualified health care professional uses the results of remote therapeutic monitoring to manage a patient under a specific treatment plan. To report remote therapeutic monitoring, the service must be ordered by a physician or other qualified health care professional. To report 98979, 98980, 98981, any device used must be a medical device as defined by the FDA. Do not use 98979, 98980, 98981 for time that can be reported using codes for more specific monitoring services. Codes 98979, 98980, 98981 may be reported during the same service period as chronic care management services (99439, 99487, 99489, 99490, 99491), transitional care management services (99495, 99496), principal care management services (99424, 99425, 99426, 99427), behavioral health integration services (99484), psychotherapy services (90832-90853), health behavior assessment and intervention services (96156, 96158, 96159, 96160, 96161, 96164, 96165, 96167, 96168, 96170, 96171), and psychiatric collaborative care services (99492, 99493, 99494). However, time spent performing these services should remain separate and no time should be counted toward the required time for both services in a single month. Codes 98979, 98980, 98981 require at least one real-time interactive communication with the patient or caregiver. The interactive communication contributes to the total time, but it does not need to represent the entire cumulative reported time of the treatment management service. For the first completed 10~~20~~ minutes of physician or other qualified health care professional time in a calendar month, report 98979. For the first completed 20 minutes of physician or other qualified health care professional time in a calendar month, report 98980, and report 98981 for each additional completed 20 minutes. Do not report 98979 for services of less than 10 minutes. Do not report 98980, 98981 for services of less than 20 minutes. Report 98979, 98980 once, regardless of the number of therapeutic monitoring modalities performed in a given calendar month. Do not report 98979 if less than 10 minutes of professional time is spent in a calendar month.

Do not count any time on a day when the physician or other qualified health care professional reports an E/M service (office or other outpatient services [99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215], home or residence services [99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350], inpatient or observation care services [99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236], inpatient consultations [99252, 99253, 99254, 99255]).

Do not count any time directly related to other reported services (eg, psychotherapy services [90832, 90833, 90834, 90836, 90837, 90838], interrogation device evaluation services [93290], anticoagulant management services [93793], respiratory monitoring services [94774, 94775, 94776, 94777], health behavior assessment and intervention services [96156, 96158, 96159, 96160, 96161, 96164, 96165, 96167, 96168, 96170, 96171], therapeutic interventions that focus on cognitive function services [97129, 97130], adaptive behavior treatment services [97153, 97154, 97155, 97156, 97157, 97158], therapeutic procedures [97110, 97112, 97116, 97530, 97535], tests and measurements [97750, 97755], physical therapy evaluation services [97161, 97162, 97163, 97164], occupational therapy evaluations [97165, 97166, 97167, 97168], orthotic management and training and prosthetic training services [97760, 97761, 97763], medical nutrition therapy services [97802, 97803, 97804], medication therapy management services [99605, 99606, 99607], critical care services [99291, 99292], principal care management services [99424, 99425, 99426, 99427]) in the cumulative time of the remote therapeutic monitoring treatment management service during the calendar month of reporting.

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		Time Spent in a Calendar Month for Remote Therapeutic Monitoring Treatment Management Services	**CPT Code(s) Reported**	
		0-9 minutes	Not reported separately	
		10-19 minutes	98979 X 1	
		20-39 minutes	98980 X 1	
		40-59 minutes	98980 X 1, 98981 X1	
		60 minutes or more	98980 X 1, 98981 X 2 or more for each additional 20 minutes	
●98979	DD17	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes (Do not report 98979 in conjunction with 98980, 98981) (Do not report 98979 for services of less than 10 minutes or more than 19 minutes)	XXX	0.66

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▲98980	DD18	~~Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month;~~ first 20 minutes (Report 98979, 98980 once per calendar month ~~30 days~~, regardless of the number of therapeutic parameters monitored) (Do not report 98979, 98980 in conjunction with 93264, 99091, 99470, 99457, 99458) (Do not report 98979, 98980 in the same calendar month as 99473, 99474) (Do not report 98980 for services of less than 20 minutes)	XXX	0.78 (2025 Work RVU = 0.62)
▲98981	DD19	each additional 20 minutes (List separately in addition to code for primary procedure) (Use 98981 in conjunction with 98980) (Do not report 98981 for services of less than an additional increment of 20 minutes)	ZZZ	0.70 (2025 Work RVU = 0.61)

Category III Codes

0604T *Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; initial device provision, set-up and patient education on use of equipment*

0606T *review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days*

(Do not report 0604T, 0605T, 0606T in conjunction with 99470, 99457, 99458)

0607T *Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment*

(Do not report 0607T in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93264, 93268, 93270,93271, 93272, 93297, 99453, for same monitoring period)

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0608T *analysis of data received and transmission of reports to the physician or other qualified health care professional*

(Do not report 0608T in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93264, 93268, 93270, 93271, 93272, 93297, 99445, 99454, for same monitoring period)

0740T *Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education*

(Do not report 0740T in conjunction with 95249, 95250, 95251, 98975, 99453)

0741T *provision of software, data collection, transmission, and storage, each 30 days*

(Do not report 0741T in conjunction with 95249, 95250, 95251, 99091, 99445, 99454)

(Do not report 0741T for data collection less than 16 days)

Office-Based Measurement of Mechanomyography and Inertial Measurement Units

0778T *Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function*

(Do not report 0778T in conjunction with 96000, 96004, 98985, 98975, 98977, 98979, 98980, 98981)

0811T *Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment*

0812T *device supply with automated report generation, up to 10 days*

(Do not report 0811T, 0812T in conjunction with 51736, 51741, 99453, 99445, 99454)

●0937T External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

●0938T recording (including connection and initial recording)

●0939T scanning analysis with report

●0940T review and interpretation by a physician or other qualified health care professional

(Report 0937T, 0938T, 0939T, 0940T for each 30-day period of service)

(Do not report 0938T, 0939T, 0940T in conjunction with 0937T)

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(Do not report 0937T, 0938T, 0939T, 0940T in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248, 93268, 93270, 93271, 93272, 99091, 99453, 99445, 99454, for the same monitoring period)

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Submitted via email to: Susan Clark

Ezequiel Silva III, MD
Chair, AMA/Specialty Society RVS Update committee
Relative Value Systems, American Medical Association
330 N. Wabash Ave., Suite 39300
Chicago, IL 60611

Dr. Silva,

The American Occupational Therapy Association (AOTA) would like to thank the RVS Update committee (RUC) for the opportunity to offer written comments regarding Tab 20-Remote Monitoring. Remote Therapeutic Monitoring (RTM) services is an evolving technology that occupational therapy practitioners (OTPs), and other provider types, use to monitor therapy adherence and therapeutic response in order to make timely adjustments to treatment plans and reduce the risk of client injury or non-compliance between therapy sessions. It is still an emerging area of practice for OTPs, but one which is anticipated to continue to grow. As such, AOTA has a vested interest in the additions and revisions to the RTM code set and believe that the addition of new codes to represent shorter episodes of device use and qualified health care professional time opens up additional opportunities for adoption, especially for smaller clinics.

We appreciate the opportunity to offer written feedback in support of the developed values for CPT 98979, 98980, and 98981. A committee of our coding advisors, who also have experience with use of RTM services, met to review recommendations. Based on that review, we believe the values selected fit well within rank order and that the selected key reference services accurately reflect similar services currently provided. We support the values recommended by the surveying societies.

Sincerely,

Mary Walsh-Sterup
AOTA HCPAC advisor

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Ezequiel Silva III, MD,
Chair, AMA Specialty Society RVS Update Committee
American Medical Association
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Chicago, IL 60611

Subject: Tab 20 - Remote Monitoring Codes 99453, 99XX4, 99454, 99091, 99473, 99474, 99XX5, 99457, 99458, 98975, 98XX4, 98976, 98XX5, 98977, 98XX7, 98980, 98981

Dear Dr. Silva:

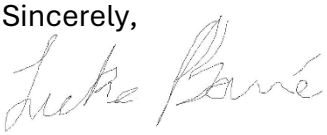
On behalf of the American College of Rheumatology (ACRh) representing over 10,000 rheumatologists and rheumatology interprofessional team members, we are writing in support of the summary of recommendation (SOR) presented to the RUC by the multi-specialty consensus panel based on the survey results. The ACRh Committee on Rheumatologic Care chair along with other members who perform remote therapeutic monitoring reviewed the recommendations and agree with the compelling evidence that meets the change in physician and qualifying health professional (QHP) work as more practices have embraced the utilization of these codes. We believe the recommended values accurately reflect the time, effort, and expertise required to correctly execute proper utilization of the remote monitoring services in daily practice activity and endorse the new values for the RTM codes which will further strengthen their viability and accessibility to providers.

Additionally, the updated family of codes will allow providers to monitor non-physiologic patient data but focuses on the musculoskeletal system status, respiratory system status, therapy adherence/therapy response, and represents the review and monitoring of data related to signs, symptoms, and functions of a therapeutic response. These codes enable real-time tracking of patient progress and medication compliance as well as having patients actively participate in their care by reporting symptoms and/or medication use. This shared responsibility can lead to fostering timely interventions and optimizing treatment plans. The ACRh believes therapeutic monitoring has the potential to improve outcomes through a combination of the following concepts:

- Documenting and tracking of the individualized therapeutic goal for each patient treat to target (TTT)
- Utilization of patient reported outcome (PRO) data to help inform decision making
- Proactive intervention based on PRO data
- Triage based on real-time/real-world data
- Measurement of therapy (medication) adherence and therapy response
- Accurate quantification of PRO by employing validated measures such as disease activity index developed to assess and quantify disease activity in patients with osteoarthritis

Thank you for the opportunity to comment as we believe these codes, and the efficiency they bring, can play a role in mitigating the increasing supply/demand mismatch between provider capacity and patient care needs. By approving these values, the RUC will ensure fair compensation to deliver high-quality, technology driven care and encouraging enhanced patient care.

Sincerely,



Luke Barre, MD
RUC Advisor
American College of Rheumatology

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99091 Tracking Number DD4 Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
Global Period: XXX Current Work RVU: **1.10** RUC Recommended RVU: **0.70**

CPT Descriptor: Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female patient with poorly controlled hypertension undergoes remote physiologic data collection.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: The pre-service period includes chart review regarding patient condition and prior treatment.

Description of Intra-Service Work: The intra-service period includes your review, interpretation, and report of the data digitally stored and/or transmitted by the patient. The intra-service period involves at least one communication (e.g. phone call or e-mail exchange) with the patient to provide medical management and monitoring recommendations.

Description of Post-Service Work: The post-service period includes documenting the service in the patient's medical record and arranging for further services.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Richard Wright, MD and Edward Touhy, MD (ACC); Charlie Hamori, MD, FACP (ACP); Korinne Van Keuren, DNP, APRN, NP-BC, RNFA and Elisabeth Volpert DNP, APRN, FNP-C, FAANP (ANA)					
Specialty Society(ies):	American College of Cardiology (ACC); American College of Physicians (ACP); American Nurses Association (ANA)					
CPT Code:	99091					
Sample Size:	10571	**Resp N:**	28			
Description of Sample:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	1.00	**10.00**	82.00	200.00	
Survey RVW:	0.45	0.70	**1.00**	1.28	100.00	
Pre-Service Evaluation Time:			**5.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	1.00	6.00	**10.00**	20.00	30.00	
Immediate Post Service-Time:	**6.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99091	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**30.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	1.30	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95251	XXX	0.70	**RUC Time**	553,918

CPT Descriptor 1 Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93015	XXX	0.75	**RUC Time**	815,131

CPT Descriptor 2 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise, continuous electrocardiographic monitoring, and/or pharmacological stress; with supervision, interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
99451	XXX	0.70	**RUC Time**

CPT Descriptor Interprofessional telephone/Internet/electronic health record assessment and management service provided by a consultative physician or other qualified health care professional, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 8 **% of respondents:** 28.5 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 17.8 **%**

TIME ESTIMATES (Median)

	CPT Code: 99091	Top Key Reference CPT Code: 99213	2nd Key Reference CPT Code: **99212**
Median Pre-Service Time	0.00	5.00	2.00
Median Intra-Service Time	30.00	20.00	11.00
Median Immediate Post-service Time	0.00	5.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**30.00**	**30.00**	**16.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	37%	50%	13%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	38%	37%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	63%	37%
Physical effort required	37%	38%	25%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	38%	25%	37%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	60%	20%	20%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	60%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	60%	20%	20%
Physical effort required	60%	0%	40%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	60%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

The AMA's Digital Medicine Payment Advisory Group (DMPAG) created the original code change applications (CCAs) for Remote Physiologic Monitoring (RPM) and Remote Therapeutic Monitoring (RTM). These codes were developed for physician work of monitoring patients over a month-long period. At the September 2024 CPT

meeting, a CCA was submitted to add to and revise this code set by DMPAG. The resulting changes to the RPM codes included the addition of 1 new physician work code (99470) for monitoring at least 10 minutes but less than 19 minutes; 1 new PE-only code (99445) for data reported 2-15 days by patients' monitoring equipment, and revisions to 99457 and 99458 amending them to address monitoring performed from 16-30 days.

The Relativity Assessment Workgroup (RAW) reviewed this family of codes at the September 2024 RUC meeting under the new technology screen. In preparing their action plan, the societies noticed significant growth in certain codes, notably 99457, which jumped from 55,028 in 2019 to over 1.5 million in 2022. The societies believed practitioners may be incorrectly billing some higher RVU codes when there more appropriate, yet lower RVU codes in existence. For example, while 99457 with a wRVU of 0.61 was billed over 1.5 million times in 2022; 99474 (self-measured blood pressure monitoring) with a wRVU of 0.18 was billed merely 3,436 times in 2022. The societies' action plan recommended education on correct billing of the codes in this family via a *CPT Assistant* article and for the RAW to re-review in 2027. However, the CPT revision to the code set requires the current survey.

Survey Responses Below Minimum Threshold:

The surveys for physician work of the RPM codes did not reach the required minimum threshold per RUC guidelines for any code. The volume-based thresholds, sample sizes, and responses are shown in the table below.

Prior to developing and launching the surveys for RPM, the societies discovered via CMS data that a high concentration of the utilization of these high-volume codes was performed by a relatively small number of practitioners/offices. The societies were concerned that it would potentially be difficult to reach the concentrated group of high utilizers with random samples. This would prove to be a valid concern.

The ACC, AAFP and ACP distributed surveys to random selections of their membership for codes 99470, 99457, and 99458. The ACC, ACP and ANA distributed surveys to random samples of their memberships for codes 99091 and 99474. During the survey period, the sample size was expanded, numerous reminder messages were sent and the deadline for completion was extended several times, up until less than a week before materials were due. The final sample sizes for each code are listed in the table below.

At the January 2018 RUC meeting, the Administrative Subcommittee reviewed the history of low survey responses and determined that the RUC should not automatically recommend contractor pricing for codes that have a low response rate (under 30) but continue its current process and review each unique code set individually. The Administrative Subcommittee recommended and the RUC approved that the RUC flag new Category I services with a survey response below 30 to be reviewed in three years by the RAW. Specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code. Reference: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations

The societies recommend the RUC make recommendations to CMS based on the collected data, flag the codes as *do not use to validate physician work* in the RUC database and review the codes in three years.

Code	Volume (2022)	Survey Requirement	Final Sample Size	Survey Responses
99470	N/A	30	14,376	17
99457	1,523,232	75	14,376	22
99458	914,988	50	14,376	18
99091	52,368	30	10,571	28
99474	3,532	30	10,571	28

99091:

Survey respondents identified E/M code 99213 as the 1st KRS and E/M code 99212 as the 2nd KRS. The survey

median intra-service time was 10 minutes, a significant reduction from the current intra-service time of 30 minutes. The pre-service survey time matched the current pre-service time of 5 minutes. The post-service survey time was one minute more than current post-service time at 6 minutes.

This time-base code requires a minimum of 30 minutes of physician/QHP time in order to report the service. Relying on median pre, intra, and post-service times produces only 21 minutes of total service time. **Therefore, we recommend the survey 25th percentile work RVU of 0.70 and the 75th percentile intra-service time of 20 minutes.** The 75th percentile time allows the total time for the service to maintain the minimum required time to bill the service of 30 minutes. This arrangement puts the IWPUT and WPUTs of 99091 at 0.023, which is in the same range of the code's current intensity values of 0.029 and 0.028 while accounting for the reduction in time. This recommendation can be further supported by comparison to codes 93015 for supervision and interpretation of a cardiovascular stress test (0.75 RVUs, 2/20/4 service times), 99451 for Interprofessional EHR assessment/consultation (0.70 RVUs, 0/15/8 service times), and 99447 for interprofessional consultation (0.70 RVUs, 3/15/5 service times).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99091

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty Nurse Practitioner How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 211296
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare utilization represents 1/3 of national utilization. Estimate is equal to 3x the 2023 Medicare utlization of 99091.

Specialty Internal Medicine Frequency 64022 Percentage 30.29 %

Specialty Family Medicine Frequency 35920 Percentage 16.99 %

Specialty Cardiology Frequency 28736 Percentage 13.59 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 70,432 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate is equal to the 2023 Medicare utiliztion of 99091

Specialty Internal Medicine Frequency 21340 Percentage 30.29 %

Specialty Family Medicine Frequency 11973 Percentage 16.99 %

Specialty Cardiology Frequency 9578 Percentage 13.59 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 99091

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99474 Tracking Number DD6 Original Specialty Recommended RVU: **0.18**
Presented Recommended RVU: **0.18**
Global Period: XXX Current Work RVU: **0.18** RUC Recommended RVU: **0.18**

CPT Descriptor: Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old male presents with repeated office visit measurements of blood pressure (BP) greater than normal or goal. Self-measured BP is ordered.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Physician or qualified healthcare professional (QHP) accesses and reviews the patient's medical record.

Description of Intra-Service Work: Physician or QHP reviews the clinical staff-developed data and report with individual and mean systolic and diastolic blood pressures (BPs) from the recording period. Provides instructions to the clinical staff regarding care plan information to be communicated to the patient.

Description of Post-Service Work: Document analysis and interpretation of results.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Richard Wright, MD and Edward Touhy, MD (ACC); Charlie Hamori, MD, FACP (ACP); Korinne Van Keuren, DNP, APRN, NP-BC, RNFA and Elisabeth Volpert DNP, APRN, FNP-C, FAANP (ANA)					
Specialty Society(ies):	American College of Cardiology (ACC); American College of Physicians (ACP); American Nurses Association (ANA)					
CPT Code:	99474					
Sample Size:	10571	**Resp N:**	28			
Description of Sample:	Random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	2.00	**9.00**	50.00	200.00	
Survey RVW:	0.25	0.47	**0.90**	1.05	100.00	
Pre-Service Evaluation Time:			**5.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	1.00	5.00	**10.00**	20.00	40.00	
Immediate Post Service-Time:	**5.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99474	**Recommended Physician Work RVU: 0.18**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**3.00**	**0.00**	**3.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**5.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**2.00**	**0.00**	**2.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93224	XXX	0.39	**RUC Time**

CPT Descriptor External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99490	XXX	1.00	**RUC Time**

CPT Descriptor Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; first 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
93010	XXX	0.17	**RUC Time**	15,687,869

CPT Descriptor 1 Electrocardiogram, routine ECG with at least 12 leads; interpretation and report only

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	2,857,279

CPT Descriptor 2 Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional

Other Reference CPT Code	Global	Work RVU	Time Source
71046	XXX	0.22	**RUC Time**

CPT Descriptor Radiologic examination, chest; 2 views

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 5 **% of respondents:** 17.8 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 14.2 **%**

TIME ESTIMATES (Median)

	CPT Code: 99474	**Top Key Reference CPT Code:** 93224	**2nd Key Reference CPT Code:** **99490**
Median Pre-Service Time	3.00	2.00	0.00
Median Intra-Service Time	5.00	8.00	25.00
Median Immediate Post-service Time	2.00	5.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**10.00**	**15.00**	**25.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	20%	80%	0%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	80%	0%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	40%	60%	0%
Physical effort required	0%	80%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	80%	0%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	25%	25%	25%	25%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	75%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	50%	50%
Physical effort required	25%	25%	50%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	25%	25%	50%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

The AMA's Digital Medicine Payment Advisory Group (DMPAG) created the original code change applications (CCAs) for Remote Physiologic Monitoring (RPM) and Remote Therapeutic Monitoring (RTM). These codes were developed for physician work of monitoring patients over a month-long period. At the September 2024 CPT

meeting, a CCA was submitted to add to and revise this code set by DMPAG. The resulting changes to the RPM codes included the addition of 1 new physician work code (99470) for monitoring at least 10 minutes but less than 19 minutes; 1 new PE-only code (99445) for data reported 2-15 days by patients' monitoring equipment, and revisions to 99457 and 99458 amending them to address monitoring performed from 16-30 days.

The Relativity Assessment Workgroup (RAW) reviewed this family of codes at the September 2024 RUC meeting under the new technology screen. In preparing their action plan, the societies noticed significant growth in certain codes, notably 99457, which jumped from 55,028 in 2019 to over 1.5 million in 2022. The societies believed practitioners may be incorrectly billing some higher RVU codes when there more appropriate, yet lower RVU codes in existence. For example, while 99457 with a wRVU of 0.61 was billed over 1.5 million times in 2022; 99474 (self-measured blood pressure monitoring) with a wRVU of 0.18 was billed merely 3,436 times in 2022. The societies' action plan recommended education on correct billing of the codes in this family via a *CPT Assistant* article and for the RAW to re-review in 2027. However, the CPT revision to the code set requires the current survey.

Survey Responses Below Minimum Threshold:

The surveys for physician work of the RPM codes did not reach the required minimum threshold per RUC guidelines for any code. The volume-based thresholds, sample sizes, and responses are shown in the table below.

Prior to developing and launching the surveys for RPM, the societies discovered via CMS data that a high concentration of the utilization of these high-volume codes was performed by a relatively small number of practitioners/offices. The societies were concerned that it would potentially be difficult to reach the concentrated group of high utilizers with random samples. This would prove to be a valid concern.

The ACC, AAFP and ACP distributed surveys to random selections of their membership for codes 99470, 99457, and 99458. The ACC, ACP and ANA distributed surveys to random samples of their memberships for codes 99091 and 99474. During the survey period, the sample size was expanded, numerous reminder messages were sent and the deadline for completion was extended several times, up until less than a week before materials were due. The final sample sizes for each code are listed in the table below.

At the January 2018 RUC meeting, the Administrative Subcommittee reviewed the history of low survey responses and determined that the RUC should not automatically recommend contractor pricing for codes that have a low response rate (under 30) but continue its current process and review each unique code set individually. The Administrative Subcommittee recommended and the RUC approved that the RUC flag new Category I services with a survey response below 30 to be reviewed in three years by the RAW. Specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code. Reference: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations

The societies recommend the RUC make recommendations to CMS based on the collected data, flag the codes as *do not use to validate physician work* in the RUC database and review the codes in three years.

Code	Volume (2022)	Survey Requirement	Final Sample Size	Survey Responses
99470	N/A	30	14,376	17
99457	1,523,232	75	14,376	22
99458	914,988	50	14,376	18
99091	52,368	30	10,571	28
99474	3,532	30	10,571	28

99474:

Survey respondents identified electrocardiographic recording review, report and interpretation code 93224 as the 1st KRS with a wRUV of 0.39 and chronic care management code 99490 as the 2nd KRS with a wRVU of 1.00.

The survey 25th percentile wRVU was 0.47 and the lowest reported wRVU was 0.25. Each of these wRVUs is well above the 99474 current value of 0.18. We do not have a compelling evidence argument to raise the value of this code beyond its current value. **As such, we recommend maintaining the current work RVU of 0.18 with the survey times of 5 minutes pre-service, 10 minutes intra-service, and 5 minutes post-service.** This recommendation can be further supported by comparison to code 71046 for 2 view chest x-ray (0.22 RVUs, 1/4/1 service times) and 76376 for CT 3D rendering interpretation (0.20 RVUs, 3/10/4 service times).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99474

How often do physicians <u>in your specialty</u> perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine How often? Sometimes

Specialty Cardiology How often? Sometimes

Specialty Nurse Practitioner How often? Sometimes

Estimate the number of times this service might be provided nationally in a one-year period? 12144
If the recommendation is from multiple specialties, please provide the frequency and <u>percentage</u> for each specialty. Please explain the rationale for this estimate. Medicare utilization represents 1/3 of national utilization. Estimate equals 3x the 2023 Medicare utilization of 99474

Specialty Internal Medicine Frequency 8513 Percentage 70.10 %

Specialty Cardiology Frequency 1275 Percentage 10.49 %

Specialty Family Medicine Frequency 1069 Percentage 8.80 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 4,048
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate equals the 2023 Medicare utilization of 99474

Specialty Internal Medicine Frequency 2838 Percentage 70.10 %

Specialty Cardiology Frequency 425 Percentage 10.49 %

Specialty Family Medicine Frequency 356 Percentage 8.79 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 99474

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. N/A

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99470 Tracking Number DD7 Original Specialty Recommended RVU: **0.39**
Presented Recommended RVU: **0.39**
Global Period: XXX Current Work RVU: **N/A** RUC Recommended RVU: **0.39**

CPT Descriptor: Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes (do not report 99470 in conjunction with 99457, 99458) (do not report 99470 for services of less than 10 minutes or more than 19 minutes)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female patient with poorly controlled hypertension undergoes remote physiologic monitoring.

Percentage of Survey Respondents who found Vignette to be Typical: 94%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional (QHP) interprets the collected data. Based on the interpreted data, the physician or other QHP uses medical decision making to assess the patient's clinical stability, communicates the results to the patient, and oversees the management and/or coordination of services as needed.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Dr. Brad Fox, Dr. Charles Hamori, Dr. Richard Wright, Dr. Ed Tuohy, Korinne Van Keuren, DNP, Elisabeth Volpert, DNP					
Specialty Society(ies):	ACP, AAFP, ACC, ANA					
CPT Code:	99470					
Sample Size:	14376	**Resp N:**	17			
Description of Sample:	Random selection of participating societies membership.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**27.00**	48.00	500.00	
Survey RVW:	0.18	0.39	**0.47**	0.75	1.20	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	2.00	4.00	**10.00**	12.00	20.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99470	**Recommended Physician Work RVU: 0.39**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99422	XXX	0.50	**RUC Time**

CPT Descriptor Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
93224	XXX	0.39	**RUC Time**

CPT Descriptor External electrocardiographic recording up to 48 hours by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
71111	XXX	0.32	**RUC Time**	27,294

CPT Descriptor 1 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92250	XXX	0.40	**RUC Time**	3,262,549

CPT Descriptor 2 Fundus photography with interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 3 **% of respondents:** 17.6 **%**

Number of respondents who choose 2nd Key Reference Code: 3 **% of respondents:** 17.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 99470	Top Key Reference CPT Code: 99422	2nd Key Reference CPT Code: **93224**
Median Pre-Service Time	0.00	0.00	2.00
Median Intra-Service Time	10.00	15.00	8.00
Median Immediate Post-service Time	0.00	0.00	5.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**10.00**	**15.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	100%	0%	0%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	100%	0%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	67%	0%
Physical effort required	100%	0%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician	67%	33%	0%

• Estimated risk of malpractice suit with poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	100%	0%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	100%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	67%	0%
Physical effort required	33%	67%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	33%	67%	0%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

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Survey Responses Below Minimum Threshold:

The surveys for physician work of the RPM codes did not reach the required minimum threshold per RUC guidelines for any code. The volume-based thresholds, sample sizes, and responses are shown in the table below.

Prior to developing and launching the surveys for RPM, the societies discovered via CMS data that a high concentration of the utilization of these high-volume codes was performed by a relatively small number of practitioners/offices. The societies were concerned that it would potentially be difficult to reach the concentrated group of high utilizers with random samples. This would prove to be a valid concern.

The ACC, AAFP and ACP distributed surveys to random selections of their membership for codes 99470, 99457, and 99458. The ACC, ACP and ANA distributed surveys to random samples of their memberships for codes 99091 and 99474. During the survey period, the sample size was expanded, numerous reminder messages were sent and the deadline for completion was extended several times, up until less than a week before materials were due. The final sample sizes for each code are listed in the table below.

At the January 2018 RUC meeting, the Administrative Subcommittee reviewed the history of low survey responses and determined that the RUC should not automatically recommend contractor pricing for codes that have a low response rate (under 30) but continue its current process and review each unique code set individually. The Administrative Subcommittee recommended and the RUC approved that the RUC flag new Category I services with a survey response below 30 to be reviewed in three years by the RAW. Specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code. Reference: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations

The societies recommend the RUC make recommendations to CMS based on the collected data, flag the codes as *do not use to validate physician work* in the RUC database and review the codes in three years.

Code	Volume (2022)	Survey Requirement	Final Sample Size	Survey Responses
99470	N/A	30	14,376	17
99457	1,523,232	75	14,376	22
99458	914,988	50	14,376	18
99091	52,368	30	10,571	28
99474	3,532	30	10,571	28

99470:

Survey respondents identified online E/M code 99422 and electrocardiographic recording review/report and interpretation code 93224 as the key reference services (KRS), each with the same number of respondents. 100% of respondents who chose 99422 noted that the service was less intense/complex than 99470. Meanwhile, 100% of respondents who chose 93224 as the key reference services noted that the service was identical in intensity/complexity to 99470. Similar trends followed for mental effort, physical effort and overall

psychological stress with the majority of respondents finding 99422 requiring less of each and the majority of respondents finding 93224 to be identical. Both KRS codes have total times of 15 minutes. However, 93224 has an intra-service time that is closer to the surveyed code of 8 minutes compared to 99470's 10 minutes of intra-service time.

We recommend the survey 25th percentile work RVU of 0.39 with the survey median of 10 minutes of intra-service time with no pre- or post-service time. The survey 25th percentile wRVU is identical to the wRVU of the KRS 93224 which the majority of respondents choosing noted identical intensity, complexity, mental and physical effort and psychological stress. This recommendation can be further supported by comparison to codes 99446 for a 5-10-minute interprofessional consultation (0.35 RVUs, 3/8/5 service times), 93291 for interrogation of an implantable loop recorder (0.37 RVUs, 5/7/5 service times), and 93227 for interpretation of a 48-hour ECG monitor (0.39 RVUs, 2/8/5 service times).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) N/A

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Family Medicne How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 6090471
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization represnts 1/3 of national utilization. Estimate is 3x the 2023 utilization for 99457, the 20 minute version of this new code.

Specialty Internal Medicine Frequency 1687060 Percentage 27.69 %

Specialty Cardiology Frequency 1419079 Percentage 23.29 %

Specialty Family Medicine Frequency 1011018 Percentage 16.59 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,030,157 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate is equal to the 2023 Medicare utilization of 99457, the 20 minute version of this new code.

Specialty Internal Medicine Frequency 562353 Percentage 27.69 %

Specialty Cardiology Frequency 473026 Percentage 23.29 %

Specialty Family Medicine Frequency 337006 Percentage 16.59 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 99457

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99457 Tracking Number DD8 Original Specialty Recommended RVU: **0.45**
Presented Recommended RVU: **0.45**
Global Period: XXX Current Work RVU: **0.61** RUC Recommended RVU: **0.45**

CPT Descriptor: Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 20 minutes (Report 99470, 99457 once per calendar month, regardless of the number of parameters monitored) (Do not report 99457 for services of less than 20 minutes) (Do not report 99470, 99457 in conjunction with 93264, 99091) (Do not report 99470, 99457 in the same calendar month as 99473, 99474)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female patient with poorly controlled hypertension undergoes remote physiologic monitoring.

Percentage of Survey Respondents who found Vignette to be Typical: 95%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional (QHP) interprets the collected data. Based on the interpreted data, the physician or other QHP uses medical decision making to assess the patient's clinical stability, communicates the results to the patient, and oversees the management and/or coordination of services as needed.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Dr. Brad Fox, Dr. Charles Hamori, Dr. Richard Wright, Dr. Ed Tuohy, Korinne Van Keuren, DNP, Elisabeth Volpert, DNP					
Specialty Society(ies):	ACP, AAFP, ACC, ANA					
CPT Code:	99457					
Sample Size:	14376	**Resp N:**	22			
Description of Sample:	Random selection of participating societies membership.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**12.00**	58.00	4000.00	
Survey RVW:	0.25	0.45	**0.70**	1.25	1.75	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	5.00	10.00	**14.00**	20.00	40.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99457	**Recommended Physician Work RVU: 0.45**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**14.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	1.30	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99422	XXX	0.50	**RUC Time**

CPT Descriptor Online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92250	XXX	0.40	**RUC Time**	3,262,549

CPT Descriptor 1 Fundus photography with interpretation and report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
76857	XXX	0.50	**RUC Time**	192,721

CPT Descriptor 2 Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 5 **% of respondents:** 22.7 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 18.1 **%**

TIME ESTIMATES (Median)

	CPT Code: 99457	Top Key Reference CPT Code: 99213	2nd Key Reference CPT Code: **99422**
Median Pre-Service Time	0.00	5.00	0.00
Median Intra-Service Time	14.00	20.00	15.00
Median Immediate Post-service Time	0.00	5.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**14.00**	**30.00**	**15.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	60%	40%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	60%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	40%	60%
Physical effort required	60%	20%	20%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	60%	40%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	50%	25%	25%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	50%	25%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	25%	50%	25%
Physical effort required	50%	25%	25%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	50%	25%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

The AMA's Digital Medicine Payment Advisory Group (DMPAG) created the original code change applications (CCAs) for Remote Physiologic Monitoring (RPM) and Remote Therapeutic Monitoring (RTM). These codes were developed for physician work of monitoring patients over a month-long period. At the September 2024 CPT

meeting, a CCA was submitted to add to and revise this code set by DMPAG. The resulting changes to the RPM codes included the addition of 1 new physician work code (99470) for monitoring at least 10 minutes but less than 19 minutes; 1 new PE-only code (99445) for data reported 2-15 days by patients' monitoring equipment, and revisions to 99457 and 99458 amending them to address monitoring performed from 16-30 days.

The Relativity Assessment Workgroup (RAW) reviewed this family of codes at the September 2024 RUC meeting under the new technology screen. In preparing their action plan, the societies noticed significant growth in certain codes, notably 99457, which jumped from 55,028 in 2019 to over 1.5 million in 2022. The societies believed practitioners may be incorrectly billing some higher RVU codes when there more appropriate, yet lower RVU codes in existence. For example, while 99457 with a wRVU of 0.61 was billed over 1.5 million times in 2022; 99474 (self-measured blood pressure monitoring) with a wRVU of 0.18 was billed merely 3,436 times in 2022. The societies' action plan recommended education on correct billing of the codes in this family via a *CPT Assistant* article and for the RAW to re-review in 2027. However, the CPT revision to the code set requires the current survey.

Survey Responses Below Minimum Threshold:

The surveys for physician work of the RPM codes did not reach the required minimum threshold per RUC guidelines for any code. The volume-based thresholds, sample sizes, and responses are shown in the table below.

Prior to developing and launching the surveys for RPM, the societies discovered via CMS data that a high concentration of the utilization of these high-volume codes was performed by a relatively small number of practitioners/offices. The societies were concerned that it would potentially be difficult to reach the concentrated group of high utilizers with random samples. This would prove to be a valid concern.

The ACC, AAFP and ACP distributed surveys to random selections of their membership for codes 99470, 99457, and 99458. The ACC, ACP and ANA distributed surveys to random samples of their memberships for codes 99091 and 99474. During the survey period, the sample size was expanded, numerous reminder messages were sent and the deadline for completion was extended several times, up until less than a week before materials were due. The final sample sizes for each code are listed in the table below.

At the January 2018 RUC meeting, the Administrative Subcommittee reviewed the history of low survey responses and determined that the RUC should not automatically recommend contractor pricing for codes that have a low response rate (under 30) but continue its current process and review each unique code set individually. The Administrative Subcommittee recommended and the RUC approved that the RUC flag new Category I services with a survey response below 30 to be reviewed in three years by the RAW. Specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code. Reference: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations

The societies recommend the RUC make recommendations to CMS based on the collected data, flag the codes as *do not use to validate physician work* in the RUC database and review the codes in three years.

Code	Volume (2022)	Survey Requirement	Final Sample Size	Survey Responses
99470	N/A	30	14,376	17
99457	1,523,232	75	14,376	22
99458	914,988	50	14,376	18
99091	52,368	30	10,571	28
99474	3,532	30	10,571	28

99457:

Survey respondents identified E/M code 99213 as the 1st KRS and online E/M code 99422 as the second KRS. The

survey median intra-service/total time for this code 14 minutes, a reduction from the current intra-service/total time of 20 minutes.

We recommend the survey 25th percentile work RVU of 0.45 with the survey median intra-service/total time of 14 minutes. The IWPUT and WPUT of the code with the survey 25th percentile of 0.45 wRVU and the intra-service/total time of 14 minutes equals 0.031. This is nearly identical to the IWPUT and WPUT of 0.031 with the current value of 0.61 wRVUs and intra-service/total time of 20 minutes. This recommendation can be further supported by comparison to codes 93244 for interpretation of 2-7 days of external ECG recording (0.50 RVUs, 5/10/5 service times).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99457

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Family Medicine How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 6090471
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization represnts 1/3 of national utilization. Estimate is 3x the 2023 medicare utilization of 99457.

Specialty Internal Medicine Frequency 1687060 Percentage 27.69 %

Specialty Cardiology Frequency 1419079 Percentage 23.29 %

Specialty Family Medicine Frequency 1011018 Percentage 16.59 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 2,030,157 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate is equal to the 2023 utilization for 99457

Specialty Internal Medicine Frequency 562353 Percentage 27.69 %

Specialty Cardiology Frequency 473026 Percentage 23.29 %

Specialty Family Medicine Frequency 337006 Percentage 16.59 %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 99457

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:99458 Tracking Number DD9 Original Specialty Recommended RVU: **0.61**
Presented Recommended RVU: **0.61**
Global Period: ZZZ Current Work RVU: **0.61** RUC Recommended RVU: **0.61**

CPT Descriptor: Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure) (Use 99458 in conjunction with 99457) (Do not report 99457, 99458 in conjunction with 99470) (For remote therapeutic monitoring treatment management services, see 98979, 98980, 98981) (Do not report 99458 for services of less than an additional increment of 20 minutes)

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 72-year-old female patient with poorly controlledhypertension undergoes remote physiologic monitoring. [Note: This is anadd-on service. Only consider the additional work related to the additionalphysician or other qualified health care professional staff time beyond the20 minutes reported with code 99457.]

Percentage of Survey Respondents who found Vignette to be Typical: 83%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work:

Description of Intra-Service Work: The physician or other qualified health care professional (QHP) interprets the collected data. Based on the interpreted data, the physician or other QHP uses medical decision making to assess the patient's clinical stability, communicates the results to the patient, and oversees the management and/or coordination of services as needed.

Description of Post-Service Work:

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Dr. Brad Fox, Dr. Charles Hamori, Dr. Richard Wright, Dr. Ed Tuohy, Korinne Van Keuren, DNP, Elisabeth Volpert, DNP					
Specialty Society(ies):	ACP, AAFP, ACC, ANA					
CPT Code:	99458					
Sample Size:	14376	**Resp N:**	18			
Description of Sample:	Random selection of participating societies membership.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**3.00**	18.00	100.00	
Survey RVW:	0.30	0.61	**0.69**	0.73	1.50	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	4.00	8.00	**16.00**	20.00	60.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	99458	**Recommended Physician Work RVU: 0.61**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**16.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99437	ZZZ	1.00	**RUC Time**

CPT Descriptor Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 30 minutes by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99439	ZZZ	0.70	**RUC Time**

CPT Descriptor Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month (List separately in addition to code for primary procedure)

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
77002	ZZZ	0.54	**RUC Time**	558,622

CPT Descriptor 1 Fluoroscopic guidance for needle placement (eg, biopsy, aspiration, injection, localization device) (List separately in addition to code for primary procedure)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	93,588

CPT Descriptor 2 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal) (List separately in addition to code for primary procedure)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 5 **% of respondents:** 27.7 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 27.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 99458	Top Key Reference CPT Code: 99437	2nd Key Reference CPT Code: **99439**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	16.00	30.00	20.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**16.00**	**30.00**	**20.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	20%	0%	20%	60%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	60%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	60%	40%
Physical effort required	20%	80%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	40%	40%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	20%	40%	40%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	80%	0%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	60%	40%	0%
Physical effort required	0%	100%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	20%	60%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:

The AMA's Digital Medicine Payment Advisory Group (DMPAG) created the original code change applications (CCAs) for Remote Physiologic Monitoring (RPM) and Remote Therapeutic Monitoring (RTM). These codes were developed for physician work of monitoring patients over a month-long period. At the September 2024 CPT

meeting, a CCA was submitted to add to and revise this code set by DMPAG. The resulting changes to the RPM codes included the addition of 1 new physician work code (99470) for monitoring at least 10 minutes but less than 19 minutes; 1 new PE-only code (99445) for data reported 2-15 days by patients' monitoring equipment, and revisions to 99457 and 99458 amending them to address monitoring performed from 16-30 days.

The Relativity Assessment Workgroup (RAW) reviewed this family of codes at the September 2024 RUC meeting under the new technology screen. In preparing their action plan, the societies noticed significant growth in certain codes, notably 99457, which jumped from 55,028 in 2019 to over 1.5 million in 2022. The societies believed practitioners may be incorrectly billing some higher RVU codes when there more appropriate, yet lower RVU codes in existence. For example, while 99457 with a wRVU of 0.61 was billed over 1.5 million times in 2022; 99474 (self-measured blood pressure monitoring) with a wRVU of 0.18 was billed merely 3,436 times in 2022. The societies' action plan recommended education on correct billing of the codes in this family via a *CPT Assistant* article and for the RAW to re-review in 2027. However, the CPT revision to the code set requires the current survey.

Survey Responses Below Minimum Threshold:

The surveys for physician work of the RPM codes did not reach the required minimum threshold per RUC guidelines for any code. The volume-based thresholds, sample sizes, and responses are shown in the table below.

Prior to developing and launching the surveys for RPM, the societies discovered via CMS data that a high concentration of the utilization of these high-volume codes was performed by a relatively small number of practitioners/offices. The societies were concerned that it would potentially be difficult to reach the concentrated group of high utilizers with random samples. This would prove to be a valid concern.

The ACC, AAFP and ACP distributed surveys to random selections of their membership for codes 99470, 99457, and 99458. The ACC, ACP and ANA distributed surveys to random samples of their memberships for codes 99091 and 99474. During the survey period, the sample size was expanded, numerous reminder messages were sent and the deadline for completion was extended several times, up until less than a week before materials were due. The final sample sizes for each code are listed in the table below.

At the January 2018 RUC meeting, the Administrative Subcommittee reviewed the history of low survey responses and determined that the RUC should not automatically recommend contractor pricing for codes that have a low response rate (under 30) but continue its current process and review each unique code set individually. The Administrative Subcommittee recommended and the RUC approved that the RUC flag new Category I services with a survey response below 30 to be reviewed in three years by the RAW. Specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision to a Category III code. Reference: AMA/Specialty Society RVS Update Process: Instructions for Specialty Societies Developing Work Value Recommendations

The societies recommend the RUC make recommendations to CMS based on the collected data, flag the codes as *do not use to validate physician work* in the RUC database and review the codes in three years.

Code	Volume (2022)	Survey Requirement	Final Sample Size	Survey Responses
99470	N/A	30	14,376	17
99457	1,523,232	75	14,376	22
99458	914,988	50	14,376	18
99091	52,368	30	10,571	28
99474	3,532	30	10,571	28

99458:

Survey respondents identified chronic care management codes 99437 and 99439 as the key reference services

with an equal number of responses for each. The survey median intra-service/total time for this code is 16 minutes, a reduction from the current intra-service/total time of 20 minutes.

We recommend the survey 25th percentile work RVU of 0.61 with the survey median intra-service/total time of 16 minutes. This wRVU and time produce an IWPUT and WPUT for 99458 of 0.038 which is slightly below the IWPUT and WPUT for KRS 99437 of 0.033. This comports with the fact that the majority of respondents who chose 99437 as the KRS considered 99458 somewhat more intense/complex than 99437. This recommendation can be further supported by comparison to codes 95940 for intraoperative neurophysiology monitoring (0.60 RVUs, 0/15/0 service times) and 77300 for radiation dosimetry calculation (0.62 RVUs, 0/15/0 service times).

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 99458

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Internal Medicine How often? Commonly

Specialty Cardiology How often? Commonly

Specialty Family Medicine How often? Commonly

Estimate the number of times this service might be provided nationally in a one-year period? 4474737
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Medicare utilization represnts 1/3 of national utilization. Estimate is 3x the 2023 Medicare utilization of 99458.

Specialty Internal Medicine Frequency 1257401 Percentage 28.09 %

Specialty Cardiology Frequency 1047088 Percentage 23.39 %

Specialty Family Medicine Frequency 751755 Percentage 16.79 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,491,579 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Estimate is equal to the 2023 Medicare utilization of 99458.

Specialty Internal Medicine Frequency 419133 Percentage 28.09 %

Specialty Cardiology Frequency 349029 Percentage 23.39 %

Specialty Family Medicine Frequency 250585 Percentage 16.79 %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 99458

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:98979 Tracking Number DD17 Original Specialty Recommended RVU: **0.66**
Presented Recommended RVU: **0.66**
Global Period: XXX Current Work RVU: RUC Recommended RVU: **0.66**

CPT Descriptor: Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month, first 10 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old female, who has limited mobility caused by osteoarthritis of her knees, is enrolled in a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of her muscuoloskeletal condition.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Physician or QHP analyzes and interprets the data. Analysis and interpretation of the data and all patient communications are documented in the patient record. Based on the interpreted data, the physician/QHP uses medical/clinical decision making to assess the patient's condition, communicate with the patient, and oversee, coordinate, and/or modify the patient's care through shared decision making in order to achieve established outcomes/goals of care. Any changes to the care plan are documented in the patient record.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Carlo Milani, MD and Angela Pennisi, PT, DPT					
Specialty Society(ies):	American Academy of Physicial Medicine & Rehabilitation, and American Physical Therapy Association					
CPT Code:	98979					
Sample Size:	5219	**Resp N:**	32			
Description of Sample:	Sample includes AAPM&R members with noted expertise in sports medicine (1719) and a random sample of APTA members in private practice (2,500) and general members with an idnetified practice setting of either clinic or private practice (1000).					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	0.00	**3.00**	32.00	1200.00
Survey RVW:		0.18	0.66	**0.75**	1.00	1.50
Pre-Service Evaluation Time:				**0.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		1.00	12.00	**16.00**	20.00	200.00
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	98979	**Recommended Physician Work RVU: 0.66**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**16.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99451	XXX	0.70	**RUC Time**

CPT Descriptor Interprofessional telephone/internet/electronic health record assessment and managmeent service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care professional, 5 minutes or more of medical consultative time

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
85060	XXX	0.45	**RUC Time**	160,824

CPT Descriptor 1 Blood smear, peripheral, inerpretation by physician with written report

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95251	XXX	0.70	**RUC Time**	553,918

CPT Descriptor 2 Ambulatory continuous glucose monitoring of intersititial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; analysis, interpretation and report

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 11 **% of respondents:** 34.3 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 12.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 98979	Top Key Reference CPT Code: 99212	2nd Key Reference CPT Code: **99451**
Median Pre-Service Time	0.00	2.00	0.00
Median Intra-Service Time	16.00	11.00	15.00
Median Immediate Post-service Time	0.00	3.00	8.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**16.00**	**16.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	27%	55%	18%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	36%	46%	18%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	18%	55%	27%
Physical effort required	46%	36%	18%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	27%	55%	18%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	25%	25%	50%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	0%	75%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	25%	50%	25%
Physical effort required	25%	50%	25%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	50%	25%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

At the September 2024 CPT, the Panel approved a new code, 98979 to describe the first 10 minutes of remote therapeutic monitoring treatment management including at least one patient interaction in a calendar month. This code adds to the existing remote therapeutic monitoring treatment management codes, 98980 and 98981, which describe the first 20 minutes and each additional 20 minutes of treatment management respectively. The American Academy of Physical Medicine and Rehabilitation (AAPM&R) and the American Physical Therapy Association (APTA) both surveyed the code family.

Compelling Evidence

The societies assert that the data from our 2024 survey more accurately reflects how these procedures are currently being performed.

RVU Analysis
A total of 32 survey responses were received. Survey respondents indicated a 25th percentile RVU of 0.66 and a median RVU of 0.75. The key reference service codes selected both have an RVU of 0.70, which fits between the 25th percentile and median survey RVUs. Similarly, MPC code 95251 has an RVU of 0.70 and a similar intra service time of 15 minutes, compared to the surveyed code at 16 minutes.

Given the quality of the survey data, alignment with comparison codes, and rank order alignment with the 25th percentile values for the other two codes in the family, the societies agree the 25th percentile value is well supported and recommend an RVU of 0.66 for code 98979.

Time Analysis
The survey data shows a median intra-service time of 16 minutes with no pre- or post-service time. The societies support the median intra-service time as any treatment management service between 10-19 minutes would appropriately be billed using 98979 according to the chart below which is included in the revised CPT guidelines.

Time Spent in a Calendar Month for Remote Therapeutic Monitoring Treatment Management Services	CPT Code(s) Reported
0-9 minutes	Not reported separately
10-19 minutes	98979 X 1
20-39 minutes	98980 X 1
40-59 minutes	98980 X 1, 98981 X 1
60 minutes or more	98980 X 1, 98981 X 2 or more for each additional 20 minutes

Recommendation
For code 98979, the societies recommend the 25th percentile RVU of 0.66, survey pre-service time of 0 minutes, intra-service time of 16 minutes, post-service time of 0 minutes, for a total time of 16 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 97799

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Physical Therapy How often? Sometimes

Specialty Family Medicine How often? Rarely

Specialty Physical Medicine and Rehabilitation How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 20000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. The societies estimate this service may be provided less frequently than the 20 minute code, 98980.

Specialty Physical Therapy Frequency 10000 Percentage 50.00 %

Specialty Family Medicine Frequency 4000 Percentage 20.00 %

Specialty Physical Medicine and Rehabilitation Frequency 3000 Percentage 15.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 97,630 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. The societies estimate this service may be provided the same as the 20 minute code, 98980

Specialty Physical Therapy Frequency 24896 Percentage 25.50 %

Specialty Family Medicine Frequency 46277 Percentage 47.40 %

Specialty Physical Medicine and Rehabilitation Frequency 3808 Percentage 3.90 %

Do many physicians perform this service across the United States? No

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 98980

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:98980 Tracking Number DD18 Original Specialty Recommended RVU: **0.78**
Presented Recommended RVU: **0.78**
Global Period: XXX Current Work RVU: **0.62** RUC Recommended RVU: **0.78**

CPT Descriptor: Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month, first 20 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old female, who has limited mobility caused by osteoarthritis of her knees, is enrolled in a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of her musculoskeletal condition.

Percentage of Survey Respondents who found Vignette to be Typical: 100%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Physician or QHP analyzes and interprets the data. Analysis and interpretation of the data and all patient communications are documented in the patient record. Based on the interpreted data, the physician/QHP uses medical/clinical decision making to assess the patient's condition, communicate with the patient, and oversee, coordinate, and/or modify the patient's care through shared decision making in order to achieve established outcomes/goals of care. Any changes to the care plan are documented in the patient record.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Carlo Milani, MD and Angela Pennisi, PT, DPT					
Specialty Society(ies):	American Academy of Physical Medicine & Rehabilitation, and American Physical Therapy Association					
CPT Code:	98980					
Sample Size:	5219	**Resp N:**	32			
Description of Sample:	Sample includes AAPM&R members with noted expertise in sports medicine (1719) and a random sample of APTA members in private practice (2,500) and general members with an idnetified practice setting of either clinic or private practice (1000).					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	2.00	**10.00**	36.00	4002.00
Survey RVW:		0.50	0.78	**1.00**	1.23	2.25
Pre-Service Evaluation Time:				**0.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		10.00	20.00	**24.00**	31.00	45.00
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	98980	**Recommended Physician Work RVU: 0.78**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**24.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99213	XXX	1.30	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99451	XXX	0.70	**RUC Time**

CPT Descriptor Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care pforessional, 5 minutes or more of medical consultative time

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
92083	XXX	0.50	**RUC Time**	2,653,897

CPT Descriptor 1 Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
95972	XXX	0.80	**RUC Time**	37,002

CPT Descriptor 2 Electronic analysis of implated neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurstimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional/ with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimultory pulse generator/transmitter programming by physician or other qualified health care professional

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 9 **% of respondents:** 28.1 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 12.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 98980	Top Key Reference CPT Code: 99213	2nd Key Reference CPT Code: **99451**
Median Pre-Service Time	0.00	5.00	0.00
Median Intra-Service Time	24.00	20.00	15.00
Median Immediate Post-service Time	0.00	5.00	8.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**24.00**	**30.00**	**23.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	78%	11%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	89%	11%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	33%	45%	22%

Physical effort required	56%	44%	0%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	100%	0%

Survey Code Compared to 2nd Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	0%	25%	50%	25%	0%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	75%	25%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	0%	75%	25%
Physical effort required	0%	75%	25%

Psychological Stress	**Less**	**Identical**	**More**
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	50%	25%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

At the September 2024 CPT, the Panel approved a new code, 98979 to describe the first 10 minutes of remote therapeutic monitoring treatment management including at least one patient interaction in a calendar month. Along with changes to PE-only codes, the addition of 98979 and modifications to codes 98980 and 98981, resulted in a resurvey of the code

family. The American Academy of Physical Medicine and Rehabilitation (AAPM&R) and the American Physical Therapy Association (APTA) both surveyed the code family.

Compelling Evidence

The societies are recommending an increase to the RVUs for codes 98980 and 98981, which necessitates a compelling evidence argument. The societies believe these codes meet the compelling evidence argument of a change in physician/QHP work due to a change in patient population resulting from a diffusion of knowledge of the procedure in physical therapy. It is supported by the change in performance rate of the service between the 2021 survey and the 2024 survey, as well as the change in vignette which is supported by the survey results.

Diffusion of Knowledge

Since 2021, there has been a diffusion of remote therapeutic monitoring technology, primarily in physical therapy practice. In 2021, these codes were added to the new technology list, and since that time the service has been embraced by physical therapy as a result of the increased availability of the technology and a positive response by patients to incorporating this procedure into the rehabilitative process. Rates of experience for these services were very low in the 2021 survey, with the median performance rate of 1 for 98980 and the median rate of 0 for 98981. In the new survey, these performance rates increased to a median experience rate of 10 for 98980 and 4 for 98981. This suggests the services have been more widely adopted, primarily by physical therapy.

Change in Population/Updated Vignette

When the RTM codes were originally surveyed in 2021, an asthmatic patient was described in the vignette, primarily connected to the codes for respiratory therapy monitoring. However, these vignettes were found to be typical by less than 50% of survey respondents in 2021. The vignettes for 98980 and 98981 were updated for the 2024 survey to reflect the typical patient being a musculoskeletal/osteoarthritis patient. 100% of survey respondents found these vignettes to be typical. We also note that the low support for the vignettes in 2021 suggest an additional compelling evidence argument that incorrect assumptions were made in the previous valuation of the service.

The societies assert that the data from our 2024 survey more accurately reflects how these procedures are currently being performed.

RVU Analysis

A total of 32 survey responses were received. Survey respondents indicated a 25th percentile RVU of 0.78 and a median RVU of 1.00. The survey 25th percentile reflects a increase of 0.16 RVU or a 26% increase to the current value of 0.62 RVU, which was established in 2021. We believe this increase is well supported by comparison to the key reference codes and MPC codes.

The 25th percentile value sits between the top two key reference service codes the survey respondents selected.

Code	Descriptor	RVU	Pre	Intra	Post	Total Time
99451	Interprofessional telephone/internet/electronic health record assessment and management service provided by a consultative physician, including a written report to the patient's treating/requesting physician or other qualified health care pforessional, 5 minutes or more of medical consultative time	0.70	0	15	8	23
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month, first 20 minutes	0.78	0	24	0	24
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	1.30	5	20	5	30

The 25th percentile value is also well supported by MPC codes.

Code	Descriptor	RVU	Pre	Intra	Post	Total Time

92083	Visual field examination, unilateral or bilateral, with interpretation and report; extended examination (eg, Goldmann visual fields with at least 3 isopters plotted and static determination within the central 30 deg, or quantitative, automated threshold perimetry, Octopus program G-1, 32 or 42, Humphrey visual field analyzer full threshold programs 30-2, 24-2, or 30/60-2)	0.50	3	10	0	13
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month, first 20 minutes	0.78	0	24	0	24
95972	Electronic analysis of implated neurostimulator pulse generator/transmitter (eg, contact group(s), interleaving, amplitude, pulse width, frequency (Hz), on/off cycling, burst, magnet mode, dose lockout, patient selectable parameters, responsive neurstimulation, detection algorithms, closed loop parameters, and passive parameters) by physician or other qualified health care professional/ with complex spinal cord or peripheral nerve (eg, sacral nerve) neurostimultory pulse generator/transmitter programming by physician or other qualified health care professional	0.80	8	23	5	36

Time Analysis
The survey data shows a median intra-service time of 24 minutes with no pre- or post-service time. The societies support the median intra-service time as any treatment management service 20-39 minutes is would appropriately be billed using 98980 according to the chart below which is included in the revised CPT guidelines.

Time Spent in a Calendar Month for Remote Therapeutic Monitoring Treatment Management Services	CPT Code(s) Reported
0-9 minutes	Not reported separately
10-19 minutes	98979 X 1
20-39 minutes	98980 X 1
40-59 minutes	98980 X 1, 98981 X 1
60 minutes or more	98980 X 1, 98981 X 2 or more for each additional 20 minutes

Recommendation
For code 98980, the societies recommend the 25th percentile RVU of 0.78, survey pre-service time of 0 minutes, intra-service time of 24 minutes, post-service time of 0 minutes, for a total time of 24 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 98980

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Physical Therapy How often? Sometimes

Specialty Family Medicine How often? Rarely

Specialty Cardiology How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 76000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based current utilization data (2022) in the AMA RUC Database multiplied times four.

Specialty Physical Therapy Frequency 31160 Percentage 41.00 %

Specialty Family Medicine Frequency 23560 Percentage 31.00 %

Specialty Cardiology Frequency 2584 Percentage 3.40 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 97,630 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on current utilization data (2023) in the AMA RUC database.

Specialty Physical Therapy Frequency 24896 Percentage 25.50 %

Specialty Family Medicine Frequency 46277 Percentage 47.40 %

Specialty Physical Med and Rehab Frequency 3808 Percentage 3.90 %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 98980

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:98981 Tracking Number DD19 Original Specialty Recommended RVU: **0.70**
Presented Recommended RVU: **0.70**
Global Period: ZZZ Current Work RVU: **0.61** RUC Recommended RVU: **0.70**

CPT Descriptor: Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month, each additional 20 minutes

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 66-year-old female, who has limited mobility caused by osteoarthritis of her knees, is enrolled in a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of her musculoskeletal condition.

Percentage of Survey Respondents who found Vignette to be Typical: 91%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: Physician or QHP analyzes and interprets the data. Analysis and interpretation of the data and all patient communications are documented in the patient record. Based on the interpreted data, the physician/QHP uses medical/clinical decision making to assess the patient's condition, communicate with the patient, and oversee, coordinate, and/or modify the patient's care through shared decision making in order to achieve established outcomes/goals of care. Additional time is needed due to the specific needs of the patient's medical condition(s). Any changes to the care plan are documented in the patient record.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Carlo Milani, MD and Angela Pennisi, PT, DPT					
Specialty Society(ies):	American Academy of Physical Medicine & Rehabilitation, and American Physical Therapy Association					
CPT Code:	98981					
Sample Size:	5219	**Resp N:**	32			
Description of Sample:	Sample includes AAPM&R members with noted expertise in sports medicine (1719) and a random sample of APTA members in private practice (2,500) and general members with an idnetified practice setting of either clinic or private practice (1000).					
		Low	**25th pctl**	**Median***	**75th pctl**	**High**
Service Performance Rate		0.00	0.00	**4.00**	18.00	6500.00
Survey RVW:		0.40	0.70	**0.93**	1.03	3.00
Pre-Service Evaluation Time:				**0.00**		
Pre-Service Positioning Time:				**0.00**		
Pre-Service Scrub, Dress, Wait Time:				**0.00**		
Intra-Service Time:		8.00	18.00	**20.00**	25.00	47.00
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

ZZZ Global Code

CPT Code:	98981	**Recommended Physician Work RVU: 0.70**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

ZZZ Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99439	ZZZ	0.70	**RUC Time**

CPT Descriptor Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99437	ZZZ	1.00	**RUC Time**

CPT Descriptor Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised or monitored; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
77002	ZZZ	0.54	**RUC Time**	558,622

CPT Descriptor 1 Fluoroscopic guidance for needle placement (eg, biopsy aspiration, injection, localization device)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
51797	ZZZ	0.80	**RUC Time**	93,588

CPT Descriptor 2 Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal)

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:

Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 16 **% of respondents:** 50.0 **%**

Number of respondents who choose 2nd Key Reference Code: 5 **% of respondents:** 15.6 **%**

TIME ESTIMATES (Median)

	CPT Code: 98981	Top Key Reference CPT Code: 99439	2nd Key Reference CPT Code: **99437**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	20.00	20.00	30.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**20.00**	**20.00**	**30.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES
(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	6%	25%	50%	11%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	25%	50%	25%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	19%	44%	38%
Physical effort required	29%	56%	13%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	31%	63%	6%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	20%	20%	60%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	20%	40%	40%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	60%	40%
Physical effort required	0%	40%	60%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	20%	40%	40%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

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Compelling Evidence

The societies are recommending an increase to the RVUs for codes 98980 and 98981, which necessitates a compelling evidence argument. The societies believe these codes meet the compelling evidence argument of a change in physician/QHP work due to a change in patient population resulting from a diffusion of knowledge of the procedure in physical therapy. It is supported by the change in performance rate of the service between the 2021 survey and the 2024 survey, as well as the change in vignette which is supported by the survey results.

Diffusion of Knowledge

Since 2021, there has been a diffusion of remote therapeutic monitoring technology, primarily in physical therapy practice. In 2021, these codes were added to the new technology list, and since that time the service has been embraced by physical therapy as a result of the increased availability of the technology and a positive response by patients to incorporating this procedure into the rehabilitative process. Rates of experience for these services were very low in the 2021 survey, with the median performance rate of 1 for 98980 and the median rate of 0 for 98981. In the new survey, these performance rates increased to a median experience rate of 10 for 98980 and 4 for 98981. This suggests the services have been more widely adopted, primarily by physical therapy.

Change in Population/Updated Vignette

When the RTM codes were originally surveyed in 2021, an asthmatic patient was described in the vignette, primarily connected to the codes for respiratory therapy monitoring. However, these vignettes were found to be typical by less than 50% of survey respondents in 2021. The vignettes for 98980 and 98981 were updated for the 2024 survey to reflect the typical patient being a musculoskeletal/osteoarthritis patient. 100% of survey respondents found these vignettes to be typical. We also note that the low support for the vignettes in 2021 suggest an additional compelling evidence argument that incorrect assumptions were made in the previous valuation of the service.

The societies assert that the data from our 2024 survey more accurately reflects how these procedures are currently being performed.

RVU Analysis

A total of 32 survey responses were received. Survey respondents indicated a 25th percentile RVU of 0.70 and a median RVU of 0.93. These survey 25th percentile reflects an increase of 0.09 RVU or a 15% increase to the current value 0.61 RVU, which was established in 2021. We believe this increase is well supported by comparison to the key reference codes and MPC codes. As noted in our compelling evidence argument, we believe the current value does not reflect how the service is being performed now.

The 25th percentile value sits between the top two key reference service codes the survey respondents selected.

Code	Descriptor	RVU	Pre	Intra	Post	Total Time
99439	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised or monitored; each additional 20 minutes of clinical staff time directed by a physician or other qualified health care professional	0.70	0	20	0	20
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month, each additional 20 minutes	0.70	0	20	0	20
99437	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of	1.00	0	30	0	30

	death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised or monitored; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional					

The 25th percentile value is also well supported by MPC codes.

Code	Descriptor	RVU	Pre	Intra	Post	Total Time
77002	Fluoroscopic guidance for needle placement (eg, biopsy aspiration, injection, localization device)	0.54	2	15	0	17
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month, each additional 20 minutes	0.70	0	20	0	20
51797	Voiding pressure studies, intra-abdominal (ie, rectal, gastric, intraperitoneal)	0.80	0	15	0	15

Time Analysis
The survey data shows a median intra-service time of 20 minutes with no pre- or post-service time. The societies support the median intra-service time as it aligns with the intended use of 98981 as described in the chart below which is included in the revised CPT guidelines.

Time Spent in a Calendar Month for Remote Therapeutic Monitoring Treatment Management Services	CPT Code(s) Reported
0-9 minutes	Not reported separately
10-19 minutes	98979 X 1
20-39 minutes	98980 X 1
40-59 minutes	98980 X 1, 98981 X 1
60 minutes or more	98980 X 1, 98981 X 2 or more for each additional 20 minutes

Recommendation
For code 98981, the societies recommend the 25h percentile RVU of 0.70, survey pre-service time of 0 minutes, intra-service time of 24 minutes, post-service time of 0 minutes, for a total time of 20 minutes.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and

accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 98981

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Physical Therapy How often? Rarely

Specialty Nephrology How often? Rarely

Specialty Internal Medicine How often? Rarely

Estimate the number of times this service might be provided nationally in a one-year period? 24000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on current utilization data (2022) from the AMA RUC Database multiplied times four.

Specialty Physical Therapy Frequency 11760 Percentage 49.00 %

Specialty Nephrology Frequency 2400 Percentage 10.00 %

Specialty Internal Medicine Frequency 2160 Percentage 9.00 %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 41,730 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on current utilization data (2023) from the AMA RUC Database.

Specialty Physical Therapy Frequency 13813 Percentage 33.10 %

Specialty Internal Medicine Frequency 5843 Percentage 14.00 %

Specialty Family Medicine Frequency 5842 Percentage 13.99 %

Do many physicians perform this service across the United States? No

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Tests

BETOS Sub-classification:
Other tests

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 98981

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Remote Monitoring

TAB: 20

Remote Physiologic Monitoring (RPM)

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	99213	Office or other outpatient visit for the evaluation and management of an	XXX	2019	8	0.054	0.043			1.30			30	5					20			5					
2nd REF	99212	Office or other outpatient visit for the evaluation and management of an	XXX	2019	5	0.054	0.044			0.70			16	2					11			3					
CURRENT	99091	Collection and interpretation of physiologic data (eg, ECG, blood	XXX	2001		0.029	0.028			1.10			40	5					30			5					
SVY	99091	Collection and interpretation of physiologic data (eg, ecg, blood	XXX		28	0.075	0.048	0.45	0.70	1.00	1.28	100.00	21	5			1	6	10	20	30	6	0	1	10	82	200
REC	99091	Collection and interpretation of physiologic data (eg, ecg, blood	XXX			0.023	0.023			0.70			30						30								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	93224	External electrocardiographic recording up to 48 hours by	XXX	2019	5	0.029	0.026			0.39			15	2					8			5					
2nd REF	99490	Chronic care management services with the following required elements:	XXX	2021	4	0.040	0.040			1.00			25						25			0					
CURRENT	99474	Self-measured blood pressure using a device validated for clinical accuracy;	XXX	2019		0.014	0.018			0.18			10	3					5			2					
SVY	99474	Self-measured blood pressure using a device validated for	XXX		28	0.068	0.045	0.25	0.47	0.90	1.05	100.00	20	5			1	5	10	20	40	5	0	2	9	50	200
REC	99474	Self-measured blood pressure using a device validated for clinical accuracy;	XXX			0.014	0.018			0.18			10	3					5			2					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	99422	Online digital evaluation and management service, for an	XXX	2018	3	-	0.033			0.50			15						15								
2nd REF	93224	External electrocardiographic recording up to 48 hours by	XXX	2019	3	0.029	0.026			0.39			15	2					8			5					
CURRENT			XXX			-	-						0														
SVY	99470	Remote physiologic monitoring treatment management services,	XXX		17	0.047	0.047	0.18	0.39	0.47	0.75	1.20	10				2	4	10	12	20		0	0	27	48	500
REC	99470	Remote physiologic monitoring treatment management services,	XXX			0.039	0.039			0.39			10						10								

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	99213	Office or other outpatient visit for the evaluation and management of an	XXX	2019	5	0.054	0.043			1.30			30	5					20			5					
2nd REF	99422	Online digital evaluation and management service, for an	XXX	2018	4	0.033	0.033			0.50			15						15								
CURRENT	99547	Remote physiologic monitoring treatment management services,	XXX	2018		0.031	0.031			0.61			20						20								
SVY	99457	Remote physiologic monitoring treatment management services,	XXX		22	0.050	0.050	0.25	0.45	0.70	1.25	1.75	14				5	10	14	20	40		0	0	12	58	4000

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AJ	AK	AL	AM	AN
14	Source	CPT	DESC	Global	Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
15	1st REF	93224	External electrocardiographic recording up to 48 hours by	XXX	2019	5	0.029	0.026			0.39			15	2					8			5					
35	REC	99457	Remote physiologic monitoring treatment management services,	XXX			0.032	0.032			0.45			14						14								
36																												
37									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
38	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
39	1st REF	99437	Chronic care management services with the following required elements:	ZZZ	2021	5	0.033	0.033			1.00			30						30								
40	2nd REF	99439	Chronic care management services with the following required elements:	ZZZ	2021	5	0.035	0.035			0.70			20						20								
41	CURRENT	99458	Remote physiologic monitoring treatment management services,	ZZZ	2018		0.031	0.031			0.61			20						20								
42	SVY	99458	Remote physiologic monitoring treatment management services,	ZZZ		18	0.043	0.043	0.30	0.61	0.69	0.73	1.50	16				4	8	16	20	60		0	0	3	18	100
43	REC	99458	Remote physiologic monitoring treatment management services,	ZZZ			0.038	0.038			0.61			16						16								
44																												
45	***Remote Therapeutic Monitoring (RTM)***																											
46									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
47	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
48	1st REF	99212	Office or other outpatient visit for the evaluation and management of an	XXX	Apr-19	11	0.054	0.044			0.70			16	2					11			3					
49	2nd REF	99451	Interprofessional telephone/internet/electronic health	XXX	Jan-18	4	0.035	0.030			0.70			23						15			8					
50	NEW						-	-						0														
51	SVY	98979	Remote therapeutic monitoring treatment management services,	XXX		32	0.047	0.047	0.18	0.66	0.75	1.00	1.50	16				1	12	16	20	200	0	0	0	3	32	1200
52	REC	98979	Remote therapeutic monitoring treatment management services,	XXX			0.041	0.041			0.66			16						16								
53																												
54									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
55	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
56	1st REF	99213	Office or other outpatient visit for the evaluation and management of an	XXX	Apr-19	9	0.054	0.043			1.30			30	5					20			5					
57	2nd REF	99451	Interprofessional telephone/internet/electronic health	XXX	Jan-18	4	0.035	0.030			0.70			23						15			8					
58	CURRENT	98980	Remote therapeutic monitoring treatment management services,	XXX	Jan-21		0.031	0.031			0.62			20						20								
59	SVY	98980	Remote therapeutic monitoring treatment management services,	XXX		32	0.042	0.042	0.50	0.78	1.00	1.23	2.25	24				10	20	24	31	45	0	0	2	10	36	4002
60	REC	98980	Remote therapeutic monitoring treatment management services,	XXX			0.033	0.033			0.78			24						24								
61																												
62									RVW					Total	PRE-TIME			INTRA-TIME					IMMD	SURVEY EXPERIENCE				
63	Source	CPT	DESC	Global	Review Year	Resp	IWPUT	Work Per Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
64	1st REF	99439	Chronic care management services with the following required elements:	ZZZ	Jan-21	16	0.035	0.035			0.70			20						20								
65	2nd REF	99437	Chronic care management services with the following required elements:	ZZZ	Jan-21	5	0.033	0.033			1.00			30						30								
66	CURRENT	98981	Remote therapeutic monitoring treatment management services,	ZZZ	Jan-21		0.031	0.031			0.61			20						20								

SS Rec Summary

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	AJ	AK	AL	AM	AN
14	Source	CPT	DESC	Global	Year	Resp	IWPUT	Unit Time	MIN	25th	MED	75th	MAX	Time	EVAL	POSIT	SDW	MIN	25th	MED	75th	MAX	POST	MIN	25th	MED	75th	MAX
15	1st REF	93224	External electrocardiographic recording up to 48 hours by	XXX	2019	5	0.029	0.026			0.39			15	2					8			5					
67	SVY	98981	Remote therapeutic monitoring treatment management services,	ZZZ		32	0.047	0.047	0.40	0.70	0.93	1.03	3.00	20				8	18	20	25	47	0	0	0	4	18	6500
68	REC	98981	Remote therapeutic monitoring treatment management services,	ZZZ			0.035	0.035				0.70		20						20								

Tab 20 PE

December 10, 2024

Scott Manaker, MD

AMA/RVS Update PE Subcommittee

American Medical Association

330 N. Wabash Avenue

Chicago, IL 60611

Re: Tab 20 Remote Monitoring Codes (98984, 98976)

Dear Dr. Manaker:

The American Thoracic Society (ATS) and the American College of CHEST Physicians (CHEST) meet to discuss the PE inputs for 98984 and 98976. We strongly believe that there is currently not sufficient information by RUC standards to establish PE inputs. We recommend contractor pricing, and they should be left on the new technology list to review again, in 3 years. We can reassess in 3 years and provide further feedback at that time.

Best regards,

ATS and CHEST Advisors

Tab 20 PE Cover Memo

December 10, 2024

Scott Manaker, MD
AMA/RVS Update PE Subcommittee
American Medical Association
330 N. Wabash Avenue
Chicago, IL 60611

Re: Tab 20 Remote Monitoring Codes 99445, 99454

Dear Dr. Manaker:

The societies developing PE recommendations for these codes feel compelled to explain several difficulties in developing PE recommendations separately from the PE SOR.

Specifically, we have had difficulties obtaining paid invoices for certain elements of our supply and equipment recommendations for PE-only codes 99XX4 and 99454. Advisors who do not provide these services have inquired among colleagues to locate peers performing these services who could share invoices and pricing information, without success to date. Society staff corresponded with or spoke to several RPM vendors (Cadence, Myia, Cliexa, Heartbeat Health, HealthSnap, Validic) which was helpful to understand the landscape. None were willing/able to provide paid invoices, and only one was able to offer even a price sheet. Lengthy correspondence exchange and conversation with the manager of monitoring services at a large academic institution were also helpful, but did not produce cost documentation.

Accordingly, at the time of submission, we have included cost inputs for supplies and equipment as best we are able to estimate them now. We will continue seeking paid invoices that can be used by CMS to set rates for these services up to and even beyond the RUC meeting until their February 10 cutoff for materials to inform 2026 rulemaking.

Setting aside those documentation difficulties, we believe it remains the case that we have described a valid system of supply and equipment inputs used to provide RPM services. The specific costs of those inputs need not be firmly established by the PE Subcommittee in January, as it is CMS who will do that. It would be the same if we had multiple invoices for an input—neither the societies nor the RUC know what cost CMS will use to set rates.

Tab 20 PE Cover Memo

As best we can present it at this time, a package of monitoring equipment that has an acquisition cost is provided to the patient. That equipment has a certain cost and the patient possesses it for the entire 30-day period. Because we are not confident in the little information we've been able to obtain, as of submission, we express that cost using the existing package of monitoring equipment. In addition, the software digital remote physiologic monitoring device app platform used for transmission of data from patient to vendor and from vendor to physician practice with alerts for data outside parameters or for patient-activated alerts has a monthly fee. That new cost is represented as a consumable supply. Our estimates for this input is based on the included price sheet.

Thank you for considering this explanation as we prepare for the meeting. If you have questions or suggestions about how we can best present this tab in an efficient manner, please feel free to work with us through RUC staff.

Best regards,

ACC, ACP, AAFP Advisors

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
99453	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); initial set-up and patient education on use of equipment	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
99453	A 72-year-old female patient with poorly controlled hypertension undergoes remote physiologic monitoring.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   99453
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. No.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Internal Medicine. 27.4%. No.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   N/A.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

Clinical staff greet the patient and explain the monitoring system and protocols to the patient, then assist them in obtaining initial readings.

    c. Post-service period:

One 3-minute phone call takes place soon after training to ensure the patient understands the equipment.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff train the patient on the monitoring system, explain protocols, the importance and meaning of the monitoring program and outputs, then assist them in obtaining initial readings.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):
    N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:
    N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?
    N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
    N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
    N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

N/A

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

(a) uncertain (b) 177,654 services were performed in Medicare in 2023

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

99453

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

The societies did consider recommending shipping and logistics turnover costs as a supply cost for 99453, which would have produced an increase that would have required compelling evidence. However, we understand that CMS, and therefore, the RUC, does not recognize shipping such costs as direct inputs. That is unfortunate, as these costs are directly attributable to getting equipment into patients' position to provide the service.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
99445	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 2 to 15 days in a 30-day period	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
99445	A 72-year-old female patient with poorly controlled hypertension undergoes remote physiologic monitoring.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   99454 is the same service but with data reported 16 or more times during a 30-day period. For both 99445 and 99454 the patient has the equipment for the entire 30-day period.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. No.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   This is a new code.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   N/A. This is a new code for a newly defined service that was not previously reported/reportable.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

Clinical staff confirm data transmission, create reports, assist with device malfunctions, and re-educate patients.

    c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Clinical staff confirm data transmission, create reports, assist with device malfunctions, and re-educate patients. Clinical staff typically devote time to the troubleshooting and information flow activities described for CA021. There are phone calls between the clinical staff and vendor staff, and one vendor was able to quantify those activities as taking 11 minutes based on service logs, which are displayed below:

Clinical Staff Labor - Category	Clinical Staff	Description	Minutes per Typical Patient
Data Transmission	RN/LPN/MTA	Data Review: Monitor the frequency and regularity of patient data submissions. Reach out to patients who miss scheduled readings to support compliance.	0.4
Reporting	RN/LPN/MTA	Summary Reports: Create and transmit regular reports summarizing the patient's blood pressure data and any interventions with their provider. Generate trends for incoming patient readings for subsequent clinical review. Ensure transmission of reports to providers and respond to questions.	6.4
Device Troubleshooting	RN/LPN/MTA	Set up appointments for device re-education sessions.	2.2
Device Troubleshooting	RN/LPN/MTA	Provide assistance for any device malfunctions or transmission issues during the monitoring period.	1.8
Device Troubleshooting	RN/LPN/MTA	SMS communications providing assistance for any device malfunctions or transmission issues during the monitoring period.	0.5
TOTAL			11

13. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

14. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

15. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

16. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

17. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

18. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

NEW Digital Remote Physiologic Monitoring Device App: A monthly vendor service fee for use of software as a medical device for transmission of data from patient to vendor and from vendor to physician practice with alerts for data outside parameters or for patient-activated alerts. The societies considered how to reflect significant up-front costs for annual software licensing, but those costs have historically been deemed indirect.

19. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

20. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

21. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

EQ392 The current equipment package is called "heart failure patient physiologic monitoring equipment package." That name stemmed from the use case at the time of original valuation from the DMPAG being a remote heart failure clinic. However, the same components—connected blood pressure monitor, connected weight scale, connected pulse oximeter, and cellular tablet—are used for the typical hypertension patients. We recommend the package be renamed more generically as "patient physiologic monitoring equipment package."

22. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

23. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

24. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

EQ392 - RENAMED patient physiologic monitoring equipment package: Other formula for equipment the patient possesses for 30 days.
[60 min/hour * 24 hrs/day = 1440 minutes/day * 30 days = 43,200 minutes.]

PE-ONLY CODES ADDITIONAL INFORMATION

25. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

(a) Uncertain
(b) 1,757,512 services were provided in Medicare in 2023 claims data for 99454, which is the same service but with additional data points from the RPM patient.

26. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

99454

ADDITIONAL INFORMATION

27. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

In the 2018 recommendations for RPM services, the RUC noted that the equipment use assumption would be 525,600 minutes during a year rather than the typical 150,000. Only 7 other codes have equipment that follows this model. While the patient has the monitoring package every minute of the month/year, they are not in use every minute. Changing the equipment use assumption to the typical 150,000 minutes could ameliorate inequities in the PE formula—inability to cover logistics costs, inability to capture initial, capital software costs—that risk setting payment for these services to the point where they are not sustainable. We ask the PE Subcommittee—and CMS—to consider the impacts of a recommendation on equipment minutes per year and what solutions may be suitable.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Single amendment to reduce equipment minutes to 20,160 for EQ392 on line 116 for 99445.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
99454	Remote monitoring of physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate); device(s) supply with daily recording(s) or programmed alert(s) transmission, 16- to 30 days in a 30-day period	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
99454	A 72-year-old female patient with poorly controlled hypertension undergoes remote physiologic monitoring.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   99454 is the existing code.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. No.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Internal Medicine. 29.4%. No.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   Evidence that there has been a change in equipment or practice expense cost: The marketplace for RPM supplies, equipment, services, and vendors has evolved since these codes were first valued in 2018. Updated inputs at the levels recommended in the submission would produce an increase in

aggregate costs for 99454. This could change depending on additional pricing information and decisions made the by PE Subcommittee. We continue to seek additional documentation on the cost of the equipment necessary to provide RPM services and will submit any additional pricing information we can locate for the RUC to share with CMS to determine rate setting.

Evidence that previous practice expense inputs were based on one specialty, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data. Claims data indicates primary specialties provide the bulk of RPM services, when the initial valuation was performed assuming cardiology groups monitoring heart failure patients as the use case. That may not necessarily support increased costs, but is a factor for considering compelling evidence.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

   No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

   N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

   N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

   0

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

b. Service period (includes pre, intra and post):

Clinical staff confirm data transmission, create reports, assist with device malfunctions, and re-educate patients.

c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff confirm data transmission, create reports, assist with device malfunctions, and re-educate patients. Clinical staff typically devote time to the troubleshooting and information flow activities described for CA021. There are phone calls between the clinical staff and vendor staff, and one vendor was able to quantify those activities as taking 11 minutes based on service logs, which are displayed below:

Clinical Staff Labor - Category	Clinical Staff	Description	Minutes per Typical Patient
Data Transmission	RN/LPN/MTA	Data Review: Monitor the frequency and regularity of patient data submissions. Reach out to patients who miss scheduled readings to support compliance.	0.4
Reporting	RN/LPN/MTA	Summary Reports: Create and transmit regular reports summarizing the patient's blood pressure data and any interventions with their provider. Generate trends for incoming patient readings for subsequent clinical review. Ensure transmission of reports to providers and respond to questions.	6.4
Device Troubleshooting	RN/LPN/MTA	Set up appointments for device re-education sessions.	2.2
Device Troubleshooting	RN/LPN/MTA	Provide assistance for any device malfunctions or transmission issues during the monitoring period.	1.8
Device Troubleshooting	RN/LPN/MTA	SMS communications providing assistance for any device malfunctions or transmission issues during the monitoring period.	0.5
TOTAL			11

12.

13. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

14. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

15. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

16. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

17. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

18. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

NEW Digital Remote Physiologic Monitoring Device App: A monthly vendor service fee for use of software as a medical device for transmission of data from patient to vendor and from vendor to physician practice with alerts for data outside parameters or for patient-activated alerts

The societies considered how to reflect significant up-front costs for annual software licensing, but those costs have historically been deemed indirect.

19. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

20. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

21. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

EQ392 The current equipment package is called "heart failure patient physiologic monitoring equipment package." That name stemmed from the use case at the time of original valuation from the DMPAG being a remote heart failure clinic. However, the same components—connected blood pressure monitor, connected weight scale, connected pulse oximeter, and cellular tablet—are used for the typical hypertension patients. We recommend the package be renamed more generically as "patient physiologic monitoring equipment package."

22. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

23. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

24. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

EQ392 - RENAMED patient physiologic monitoring equipment package: Other formula for equipment the patient possesses for 30 days. [60 min/hour * 24 hrs/day = 1440 minutes/day * 30 days = 43,200 minutes.]

PE-ONLY CODES ADDITIONAL INFORMATION

25. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

(a) Uncertain (b) 1,757,512 services were provided in Medicare in 2023.

26. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

99454

ADDITIONAL INFORMATION

27. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

In the 2018 recommendations for RPM services, the RUC noted that the equipment use assumption would be 525,600 minutes during a year rather than the typical 150,000. Only 7 other codes have equipment that follows this model. While the patient has the monitoring package every minute of the month/year, they are not in use every minute. Changing the equipment use assumption to the typical 150,000 minutes could ameliorate inequities in the PE formula—inability to cover logistics costs, inability to capture initial, capital software costs—that risk setting payment for these services to the point where they are not sustainable. We ask the PE Subcommittee—and CMS0—to consider the impacts of a recommendation on equipment minutes per year and what solutions may be suitable.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match

the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
99470	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
99470	A 72-year-old female patient with poorly controlled hypertension undergoes remote physiologic monitoring.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   99457 is the existing code that describes a slightly longer version of this service.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. No.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Unknown. New code.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   N/A

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

Clinical staff review data and discuss any readings outside normal parameters with the physician. Clinical staff typically call the patient 2 times a month to discuss transmitted data and manage the patient based on discussions with the physician or standing orders for management.

    c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):
    N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:
    N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?
    N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
    N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
    N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

N/A

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

The work survey included a question asking respondents to estimate clinical staff time. The median of that result from 17 respondents was 10 minutes. The recommendation here was adjusted down to 9 minutes. In alignment with the way this code is written, clinical staff time plus physician/QHP is summed to determine the time spent on this time-based code. The sum of those two individuals must be 10 or more minutes but would also be 19 or less minutes to fit this code. The recommendations here plus the physician time recommendations in the work SOR fit this model, with 9 minutes recommended for clinical staff time and 10 minutes for physician/QHP time.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
99457	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 20 minutes	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
99457	A 72-year-old female patient with poorly controlled hypertension undergoes remote physiologic monitoring.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   99457 is the existing code
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. No.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Internal Medicine. 30.1%. No.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   N/A

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

Clinical staff review data and discuss any readings outside normal parameters with the physician. Clinical staff typically call the patient 4 times a month to discuss transmitted data and manage the patient based on discussions with the physician or standing orders for management.

    c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly*

related to physician work time or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff review data and discuss any readings outside normal parameters with the physician. Clinical staff typically call the patient 4 times a month to discuss transmitted data and manage the patient based on discussions with the physician or standing orders for management.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

N/A

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

The work survey included a question asking respondents to estimate clinical staff time. The minutes in the PE spreadsheet are the median of that result from 22 respondents. In alignment with the way this code is written, clinical staff time plus physician/QHP is summed to determine the time spent on this time-based code. The sum of those two individuals must be 20 or more minutes but would also be 39 or less minutes to fit this code. The recommendations here plus the physician time recommendations in the work SOR fit this model, with 20 minutes for clinical staff time and 14 minutes for physician/QHP time.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
99458	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
99458	A 72-year-old female patient with poorly controlled hypertension undergoes remote physiologic monitoring. [Note: This is an add-on service. Only consider the additional work related to the additional physician or other qualified health care professional staff time beyond the 20 minutes reported with code 99457.]

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   99458 is the existing code
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. No.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Internal Medicine. 30%. No.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

No.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

Clinical staff review data and discuss any readings outside normal parameters with the physician. Clinical staff typically call the patient 4 times a month to discuss transmitted data and manage the patient based on discussions with the physician or standing orders for management.

    c. Post-service period:

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff review data and discuss any readings outside normal parameters with the physician. Clinical staff typically call the patient 4 times a month to discuss transmitted data and manage the patient based on discussions with the physician or standing orders for management.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
    N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:
    N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

    N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:
    N/A

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:
    The work survey included a question asking respondents to estimate clinical staff time. The minutes in the PE spreadsheet are the median of that result. In alignment with the way this code is written, clinical staff time plus physician/QHP is summed to determine the time spent on this time-based code. The sum of those two individuals must be more 20 or more minutes but would also be 39 or less minutes to fit this code. The recommendations here plus the physician time recommendations in the work SOR fit this model, with 19 minutes for clinical staff time and 16 minutes for physician/QHP time.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
99473	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
99473	A 65-year-old male presents with repeated office visit measurements of blood pressure (BP) greater than normal or goal. Self-measured BP is ordered.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   99473 is the existing code
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. No.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Physicians Assistant. 38.0%. No.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   N/A
   See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

No

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

No

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

Clinical staff greet the patient and prepare the room

    b. Service period (includes pre, intra and post):

Clinical staff educate and train the patient on the process of obtaining BP measurements, calibrate the device, and provide instructions for documenting data.

    c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff educate and train the patient on the process of obtaining BP measurements, calibrate the device, and provide instructions for documenting data.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
    N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):
    N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:
    N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?
    N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
    N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
    N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

N/A

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

(a) unknown (b) More than 50,000 times, based on trends and available 2023 utilization data.

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

99473

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
99474	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
99474	A 65-year-old male presents with repeated office visit measurements of blood pressure (BP) greater than normal or goal. Self-measured BP is ordered.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   99474 is the existing code
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. No.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Internal Medicine. 53.5%. No.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

N/A

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

   No.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

   N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

   N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

   0

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

    Clinical staff communicate results and care plan information after interpretation/report. This will typically involve a medication change that precipitates an additional metabolic panel that requires a second telephone call about those results to the patient.

    c. Post-service period:

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff communicate results and care plan information after interpretation/report. This will typically involve a medication change that precipitates an additional metabolic panel that requires a second telephone call about those results to the patient.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
    N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:
    N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?
    N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:
    N/A

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
99091	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
99091	A 72-year-old female patient with poorly controlled hypertension undergoes remote physiologic data collection.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   99091 is the existing code
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. No.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Internal Medicine. 23.4%. No.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:
    b. Service period (includes pre, intra and post):
    c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

    99091 is a physician/QHP-only service that has historically had no PE inputs. We are not recommending any PE inputs.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 99453, 99445, 99454, 99470, 99457, 99458, 99473, 99474, 99091
SPECIALTY SOCIETY(IES): ACC, ACP, AAFP, ANA
PRESENTER(S): Drs. Fox, Hamori, Wright, Tuohy, Van Keuren, DNP, Volpert, DNP

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 98975, 98985, 98977, 98979, 98980, 98981, 98984, and 98976
SPECIALTY SOCIETY(IES): APTA and AAPM&R
PRESENTER(S): Milani and Pennisi

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
98975	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
98975	A 66-year-old female, who has limited mobility caused by osteoarthritis of her knees, is enrolled in a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of her musculoskeletal condition.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   98975
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. No.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Physical Therapy 53.4%
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The societies are recommending an increase in PE over the aggregate current cost, related to a change in clinical staff type and change in supplies which can be explained by an update to the typical patient.

The societies believe these codes meet the compelling evidence argument of a change in physician/QHP work due to a change in patient population resulting from a diffusion of knowledge of the procedure in physical therapy. It is supported by the change in performance rate of the service between the 2021 survey and the 2024 survey, as well as the change in vignette which is supported by the survey results.

Diffusion of Knowledge
Since 2021, there has been a diffusion of remote therapeutic monitoring technology, primarily in physical therapy practice. In 2021, these codes were added to the new technology list, and since that time the service has been embraced by physical therapy as a result of the increased availability of the technology and a positive response by patients to incorporating this procedure into the rehabilitative process. Rates of experience for these services were very low in the 2021 survey, with the median performance rate of 1 for 98980 and the median rate of 0 for 98981. In the new survey, these performance rates increased to a median experience rate of 10 for 98980 and 4 for 98981. This suggests the services have been more widely adopted, primarily by physical therapy.

Change in Population/Updated Vignette
When the RTM codes were originally surveyed in 2021, an asthmatic patient was described in the vignette, primarily connected to the codes for respiratory therapy monitoring. However, these vignettes were found to be typical by less than 50% of survey respondents in 2021. The vignettes for 98980 and 98981 were updated for the 2024 survey to reflect the typical patient being a musculoskeletal/osteoarthritis patient. 100% of survey respondents found these vignettes to be typical. We also note that the low support for the vignettes in 2021 suggest an additional compelling evidence argument that incorrect assumptions were made in the previous valuation of the service.

This change in typical patient suggests that the code inputs should be aligned with the needs of a musculoskeletal patient.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

Clinical staff prepares the room including printed RTM device instructions. Clinical staff greet the patient and explain the monitoring system and protocols to the patient, then train them in the use of the device/equipment and evaluate competency through return demonstration.

    c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff walks the patient through set up of the therapeutic monitoring technology. The patient is educated regarding how to use the technology and related daily tasks. For musculoskeletal therapy monitoring, this includes set up of the device, review of the 3D motion capture technology, and review of the specific exercises as prescribed by the physician/QHP. Competency is assessed through return demonstration by the patient. The patient is given the opportunity to ask questions.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

Based on the invoice provided, the societies recommend a new supply item – remote musculoskeletal therapy monitoring program enrollment fee. This fee is a unique one-time fee per patient regardless of duration on the RTM program. The fee is invoiced at $10 per patient.

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

No

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitude D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

N/A

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

(a) uncertain (b) 31,765

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

98980

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Post-service time of 10 minutes was removed and updated to 0 minutes (CA037 on line 87). . The thera-band supply item, SJ056, was removed.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 98975, 98985, 98977, 98979, 98980, 98981, 98984, and 98976
SPECIALTY SOCIETY(IES): APTA and AAPM&R
PRESENTER(S): Milani and Pennisi

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
98985	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device supply for access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
98985	A 66-year-old male is discharged following a total knee arthroplasty and is enrolled in a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of his musculoskeletal therapy and recovery.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   98977 is the same service but with data reported 16 or more times during a 30-day period.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. No.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   This is a new code.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   N/A. This is a new code for a newly defined service that was not previously reported/reportable.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

    c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

Based on the invoice provided, the societies are recommending a new remote musculoskeletal therapy monitoring monthly supply fee of $45. This fee covers use of the RTM technology per patient per 30 days.

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

    (a) Uncertain
    (b) 92,434

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

    98977

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

    N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

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The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 98975, 98985, 98977, 98979, 98980, 98981, 98984, and 98976
SPECIALTY SOCIETY(IES): APTA and AAPM&R
PRESENTER(S): Milani and Pennisi

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 98975, 98985, 98977, 98979, 98980, 98981, 98984, and 98976
SPECIALTY SOCIETY(IES): APTA and AAPM&R
PRESENTER(S): Milani and Pennisi

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
98977	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, 16-30 days in a 30-day period	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
98977	A 66-year-old female, who has limited mobility caused by osteoarthritis of her knees, is enrolled in a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of her musculoskeletal condition.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   98977
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. No.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Physical Therapist 41.7%. No.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

   No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

   N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

   N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

   0

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

    c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

    N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

Based on the invoice provided, the societies are recommending a new remote musculoskeletal therapy monitoring monthly supply fee of $45. This fee covers use of the RTM technology per patient per 30 days.

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

    No

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

    (a) Uncertain
    (b) 92,434

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

    98975

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 98975, 98985, 98977, 98979, 98980, 98981, 98984, and 98976
SPECIALTY SOCIETY(IES): APTA and AAPM&R
PRESENTER(S): Milani and Pennisi

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 98975, 98985, 98977, 98979, 98980, 98981, 98984, and 98976
SPECIALTY SOCIETY(IES): APTA and AAPM&R
PRESENTER(S): Milani and Pennisi

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
98979	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
98979	A 66-year-old female, who has limited mobility caused by osteoarthritis of her knees, is enrolled in a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of her musculoskeletal condition.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   98980 is the existing code that describes a longer version of this service.
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. No.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   New code. Anticipated to be Physical Therapist based on other codes in the family.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

Clinical staff collects and reviews therapeutic monitoring data with the physician/QHP.

    c. Post-service period:

Clinical staff conducts patient communications throughout the month to improve therapy adherence, address lack of improvement/control of condition, and resolve any technology or data transmission concerns.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly*

related to physician work time or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff reviews therapeutic monitoring data with the physician/QHP. Areas in which the data reflect poor control of condition or deviation from expected treatment adherence are identified. This data review is typically done on every two or three days throughout the 30 day service period.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

N/A

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 98975, 98985, 98977, 98979, 98980, 98981, 98984, and 98976
SPECIALTY SOCIETY(IES): APTA and AAPM&R
PRESENTER(S): Milani and Pennisi

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Post-service work was reduced from 20 minutes to 10 minutes (CA037 on line 87).

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 98975, 98985, 98977, 98979, 98980, 98981, 98984, and 98976
SPECIALTY SOCIETY(IES): APTA and AAPM&R
PRESENTER(S): Milani and Pennisi

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 20 minutes	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
98980	A 66-year-old female, who has limited mobility caused by osteoarthritis of her knees, is enrolled in a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of her musculoskeletal condition.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   98980
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. No.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Physical Therapist 41.5%. No.
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 98975, 98985, 98977, 98979, 98980, 98981, 98984, and 98976
SPECIALTY SOCIETY(IES): APTA and AAPM&R
PRESENTER(S): Milani and Pennisi

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The societies are recommending an increase in PE over the aggregate current cost, related to a change in clinical staff type and change in supplies which can be explained by an update to the typical patient.

The societies believe these codes meet the compelling evidence argument of a change in physician/QHP work due to a change in patient population resulting from a diffusion of knowledge of the procedure in physical therapy. It is supported by the change in performance rate of the service between the 2021 survey and the 2024 survey, as well as the change in vignette which is supported by the survey results.

Diffusion of Knowledge
Since 2021, there has been a diffusion of remote therapeutic monitoring technology, primarily in physical therapy practice. In 2021, these codes were added to the new technology list, and since that time the service has been embraced by physical therapy as a result of the increased availability of the technology and a positive response by patients to incorporating this procedure into the rehabilitative process. Rates of experience for these services were very low in the 2021 survey, with the median performance rate of 1 for 98980 and the median rate of 0 for 98981. In the new survey, these performance rates increased to a median experience rate of 10 for 98980 and 4 for 98981. This suggests the services have been more widely adopted, primarily by physical therapy.

Change in Population/Updated Vignette
When the RTM codes were originally surveyed in 2021, an asthmatic patient was described in the vignette, primarily connected to the codes for respiratory therapy monitoring. However, these vignettes were found to be typical by less than 50% of survey respondents in 2021. The vignettes for 98980 and 98981 were updated for the 2024 survey to reflect the typical patient being a musculoskeletal/osteoarthritis patient. 100% of survey respondents found these vignettes to be typical. We also note that the low support for the vignettes in 2021 suggest an additional compelling evidence argument that incorrect assumptions were made in the previous valuation of the service.

This change in typical patient suggests that the code inputs should be aligned with the needs of a musculoskeletal patient.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

Clinical staff collects and reviews therapeutic monitoring data with physician/QHP.

    c. Post-service period:

Clinical staff conducts patient communications throughout the month to improve therapy adherence, address lack of improvement/control of condition, and resolve any technology or data transmission concerns.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff reviews therapeutic monitoring data with the physician/QHP. Areas in which the data reflect poor control of condition or deviation from expected treatment adherence are identified. This data review is typically done every two or three days throughout the 30 day service period.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

N/A

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Post-service work was reduced from 30 minutes to 15 minutes (CA037 on line 87).

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 98975, 98985, 98977, 98979, 98980, 98981, 98984, and 98976
SPECIALTY SOCIETY(IES): APTA and AAPM&R
PRESENTER(S): Milani and Pennisi

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes (List separately in addition to code for primary procedure)	ZZZ

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
98981	A 66-year-old female, who has limited mobility caused by osteoarthritis of her knees, is enrolled in a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of her musculoskeletal condition. [**Note:** This is an add-on service. Only consider the additional work related to the additional physician or other QHP staff time beyond the 20 minutes reported with code 98980.]

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The multi-society RVS Committee utilized a consensus panel to develop recommended inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   98981
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No. No.
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Physical Therapist 48.4%. No.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

The societies are recommending an increase in PE over the aggregate current cost, related to a change in clinical staff type and change in supplies which can be explained by an update to the typical patient.

The societies believe these codes meet the compelling evidence argument of a change in physician/QHP work due to a change in patient population resulting from a diffusion of knowledge of the procedure in physical therapy. It is supported by the change in performance rate of the service between the 2021 survey and the 2024 survey, as well as the change in vignette which is supported by the survey results.

Diffusion of Knowledge
Since 2021, there has been a diffusion of remote therapeutic monitoring technology, primarily in physical therapy practice. In 2021, these codes were added to the new technology list, and since that time the service has been embraced by physical therapy as a result of the increased availability of the technology and a positive response by patients to incorporating this procedure into the rehabilitative process. Rates of experience for these services were very low in the 2021 survey, with the median performance rate of 1 for 98980 and the median rate of 0 for 98981. In the new survey, these performance rates increased to a median experience rate of 10 for 98980 and 4 for 98981. This suggests the services have been more widely adopted, primarily by physical therapy.

Change in Population/Updated Vignette
When the RTM codes were originally surveyed in 2021, an asthmatic patient was described in the vignette, primarily connected to the codes for respiratory therapy monitoring. However, these vignettes were found to be typical by less than 50% of survey respondents in 2021. The vignettes for 98980 and 98981 were updated for the 2024 survey to reflect the typical patient being a musculoskeletal/osteoarthritis patient. 100% of survey respondents found these vignettes to be typical. We also note that the low support for the vignettes in 2021 suggest an additional compelling evidence argument that incorrect assumptions were made in the previous valuation of the service.

This change in typical patient suggests that the code inputs should be aligned with the needs of a musculoskeletal patient.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If

the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

0

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

Clinical staff collects and reviews therapeutic monitoring data with the physician/QHP.

    c. Post-service period:

Clinical staff conducts patient communications throughout the month to improve therapy adherence, address lack of improvement/control of condition, and resolve any technology or data transmission concerns.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

Clinical staff reviews therapeutic monitoring data with the physician/QHP. Areas in which the data reflect poor control of condition or deviation from expected treatment adherence are identified. This data review is typically done on every two or three days throughout the 30 day service period.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 98975, 98985, 98977, 98979, 98980, 98981, 98984, and 98976
SPECIALTY SOCIETY(IES): APTA and AAPM&R
PRESENTER(S): Milani and Pennisi

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):
    N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:
    N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?
    N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
    N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
    N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:
    N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).

b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

N/A

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Post-service work was reduced from 10 minutes to 5 minutes (CA037 on line 87).

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 98975, 98985, 98977, 98979, 98980, 98981, 98984, and 98976
SPECIALTY SOCIETY(IES): APTA and AAPM&R
PRESENTER(S): Milani and Pennisi

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2025

CPT Code	Long Descriptor	Global Period
98984	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30 -day period	XXX
98976	Remote therapeutic monitoring (eg, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
98984	An 8-year-old female presents to the physicians or other qualified health care professionals (QHPs) office with an acute asthma exacerbation. Following the visit, the physician or other QHP initiates a short-term remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of her respiratory condition.
98976	An 8-year-old female presents to the physician's or other or other qualified health care professionals (QHPs) office with a cough and wheezing. She is diagnosed with a respiratory condition exacerbated by environmental factors. Following the visit, the physician or other QHP initiates a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of her respiratory condition.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The society has elected to recommend contractor pricing for both respiratory therapeutic monitoring codes.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   See the *Billed Together* tab in the RUC Database.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

   Family Medicine 42.6%

   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 98975, 98985, 98977, 98979, 98980, 98981, 98984, and 98976
SPECIALTY SOCIETY(IES): APTA and AAPM&R
PRESENTER(S): Milani and Pennisi

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

    b. Service period (includes pre, intra and post):

    c. Post-service period:

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?
    2023 Medicare utilization for 98976 is 19,286

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NON-FACILITY DIRECT PE INPUTS
CPT CODE(S): 98975, 98985, 98977, 98979, 98980, 98981, 98984, and 98976
SPECIALTY SOCIETY(IES): APTA and AAPM&R
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	I	J	K	L	M	N	Q	R	U	V	W	X	Y
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		REFERENCE CODE		RECOMMENDED		CURRENT		RECOMMENDED		
2						99453		99453		99271		99445		99454		99454		
3		*RUC Collaboration Website*				RPM, initial; **set-up** and patient education on use of equipment		RPM; initial **set-up** and patient education on use of equipment		External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with		**device(s) supply** with daily recording(s) or programmed alert(s) transmission, 2 to 15 days in a 30-day period		**device(s) supply** with daily recording(s) or programmed alert(s) transmission, each 30 days		**device(s) supply** with daily recording(s) or programmed alert(s) transmission, 16- to 30 days in a 30-day period		
4	Clinical Activity Code	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 20** **Specialty: ACC, AAFP, ACP, ANA**	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute													
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	
6		**GLOBAL PERIOD**				**XXX**		**XXX**		**XXX**		**XXX**		**XXX**		**XXX**		
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 17.82**	**$ -**	**$ 17.82**	**$ -**	**$193.95**	**$ -**	**$ 35.36**	**$ -**	**$ 48.85**	**$ -**	**$ 61.41**	**$ -**	
8		**TOTAL CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.44	**0.0**	**0.0**	**0.0**	**0.0**	**121.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.44	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.44	**0.0**	**0.0**	**0.0**	**0.0**	**121.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.44	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
12		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**33.0**	**0.0**	**33.0**	**0.0**	**22.0**	**0.0**	**11.0**	**0.0**	**0.0**	**0.0**	**11.0**	**0.0**	
13		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**30.0**	**0.0**	**30.0**	**0.0**	**22.0**	**0.0**	**11.0**	**0.0**	**0.0**	**0.0**	**11.0**	**0.0**	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 17.82**	**$ -**	**$ 17.82**	**$ -**	**$ 65.12**	**$ -**	**$ 5.94**	**$ -**	**$ -**	**$ -**	**$ 5.94**	**$ -**	
17		**PRE-SERVICE PERIOD**																
18		**Start: Following visit when decision for surgery/procedure made**																
34		**SERVICE PERIOD**																
35		**Start: When patient enters office/facility for surgery/procedure:**																
36		**Pre-Service (of service period)**																
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54	3		3										
38	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54													
39	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54													
40	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54													
41	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54													
42	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54													
43	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54													
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54													
45	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54													
52		**Intra-service (of service period)**																
53	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54													
54	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54													
55	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54													
56	CA021	Perform procedure/service---NOT directly related to physician work time	L037A	Electrodiagno	0.44					121								
57	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54	27		27		22		11				11		
64		**Post-Service (of service period)**																
67	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54													
70	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54													
74	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54													
75	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54													
76	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54													
77	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54													
78	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54													
79	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		
86		**End: Patient leaves office/facility**																
87		**POST-SERVICE PERIOD**																
88		**Start: Patient leaves office/facility**																
89	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54	3		3										
90	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54													
97	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
104		**End: with last office visit before end of global period**																

	A	B	D	E	F	I	J	K	L	M	N	Q	R	U	V	W	X	Y
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		
2						**99453**		**99453**		**99271**		**99445**		**99454**		**99454**		
3		***RUC Collaboration Website***				RPM, initial; **set-up** and patient education on use of equipment		RPM; initial **set-up** and patient education on use of equipment		External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with		**device(s) supply** with daily recording(s) or programmed alert(s) transmission, 2 to 15 days in a 30-day period		**device(s) supply** with daily recording(s) or programmed alert(s) transmission, each 30 days		**device(s) supply** with daily recording(s) or programmed alert(s) transmission, 16- to 30 days in a 30-day period		
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 20** **Specialty: ACC, AAFP, ACP, ANA**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**													
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	
6		**GLOBAL PERIOD**				**XXX**		**XXX**		**XXX**		**XXX**		**XXX**		**XXX**		
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 17.82**	**$ -**	**$ 17.82**	**$ -**	**$193.95**	**$ -**	**$ 35.36**	**$ -**	**$ 48.85**	**$ -**	**$ 61.41**	**$ -**	
8		**TOTAL CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.44	**0.0**	**0.0**	**0.0**	**0.0**	**121.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.44	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.44	**0.0**	**0.0**	**0.0**	**0.0**	**121.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037A	Electrodiagnos	0.44	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
12		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**33.0**	**0.0**	**33.0**	**0.0**	**22.0**	**0.0**	**11.0**	**0.0**	**0.0**	**0.0**	**11.0**	**0.0**	
13		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**30.0**	**0.0**	**30.0**	**0.0**	**22.0**	**0.0**	**11.0**	**0.0**	**0.0**	**0.0**	**11.0**	**0.0**	
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**0.0**	**3.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
105	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**														
106		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ 14.46**	**$ -**	**$ 6.62**	**$ -**	**$ -**	**$ -**	**$ 6.62**	**$ -**	
107	**NEW**	***digital remote physiologic monitoring device app***	**6.62**									1				1		
108	SB022	gloves, non-sterile	0.3	pair						1								
109	SD053	electrode, ECG (single)	0.06	item						60								
110	SK095	battery, AA	0.83	item						12								
111	SM013	disinfectant, surface (Envirocide, Sanizide)	0.18	oz						1								
112	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item						6								
113	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**													
114		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$114.37**	**$ -**	**$ 22.80**	**$ -**	**$ 48.85**	**$ -**	**$ 48.85**	**$ -**	
115	EQ392	heart failure patient physiologic monitoring equipment package	1000	Other Formula	0.001130764									43200				
116	**Renamed EQ392**	**patient physiologic monitoring equipment package**	1000	Other Formula	0.001130764							**20160**				43200		
117	EQ297	CEM, system	209117	Other Formula	0.792348317					83								
118	EQ274	CEM, looping	995	Other Formula	0.00112511					43200								
119																		
120																		
121																		
122																		
123																		
124																		
125																		
126																		
127																		
128																		

	A	B	Z	AA	AD	AE	AH	AI	AJ	AK	AN	AO	AP	AQ	AR	AU	AV	AW	AX	BA
1	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED			CURRENT		RECOMMENDED		CURI
2			99490		99470		99457		99457		99458		99458			99473		99473		99
3		*RUC Collaboration Website*	Chronic care management services with the following required elements: multiple (two or more) chronic conditions		RPM treatment management; **first 10 minutes**		Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in		**first 20 minutes**		each **additional 20 minutes**		each **additional 20 minutes**			Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration		Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration		separa measure two read minute ap daily over period (m 12 rea collectio
4	Clinical Activity Code	**Meeting Date: January 2025 Revision Date (if applicable): Tab: 20 Specialty: ACC, AAFP, ACP, ANA**																		
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility		Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD	XXX		XXX		XXX		XXX		XXX		XXX			XXX		XXX		XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 13.50	$ -	$ 4.86	$ -	$ 21.60	$ -	$ 10.80	$ -	$ 10.80	$ -	$ 10.26	$ -		$ 12.42	$ -	$ 12.42	$ -	$ 8.64
8		TOTAL CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
12		TOTAL CLINICAL STAFF TIME	25.0	0.0	9.0	0.0	40.0	0.0	20.0	0.0	20.0	0.0	19.0	0.0		23.0	0.0	23.0	0.0	16.0
13		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	25.0	0.0	3.0	0.0	10.0	0.0	8.0	0.0	10.0	0.0	7.0	0.0		23.0	0.0	23.0	0.0	10.0
15		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	6.0	0.0	30.0	0.0	12.0	0.0	10.0	0.0	12.0	0.0		0.0	0.0	0.0	0.0	6.0
16		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ 13.50	$ -	$ 4.86	$ -	$ 21.60	$ -	$ 10.80	$ -	$ 10.80	$ -	$ 10.26	$ -		$ 12.42	$ -	$ 12.42	$ -	$ 8.64
17		PRE-SERVICE PERIOD																		
18		Start: Following visit when decision for surgery/procedure made																		
34		SERVICE PERIOD																		
35		Start: When patient enters office/facility for surgery/procedure:																		
36		Pre-Service (of service period)																		
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are														3		3		
38	CA010	Obtain vital signs																		
39	CA011	Provide education/obtain consent																		
40	CA012	Review requisition, assess for special needs																		
41	CA013	Prepare room, equipment and supplies														2		2		
42	CA014	Confirm order, protocol exam																		
43	CA015	Setup scope (nonfacility setting only)																		
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient																		
45	CA017	Sedate/apply anesthesia																		
52		Intra-service (of service period)																		
53	CA018	Assist physician or other qualified healthcare professional---directly																		
54	CA019	Assist physician or other qualified healthcare professional---directly																		
55	CA020	Assist physician or other qualified healthcare professional---directly																		
56	CA021	Perform procedure/service---NOT directly related to physician work time																		
57	CA021	Perform procedure/service---NOT directly related to physician work time	25		3		10		8		10		7			18		18		10
64		Post-Service (of service period)																		
67	CA024	Clean room/equipment by clinical staff																		
70	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions																		
74	CA031	Review examination with interpreting MD/DO																		
75	CA032	Scan exam documents into PACS. Complete exam in RIS system to																		
76	CA033	Perform regulatory mandated quality assurance activity (service period)																		
77	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry																		
78	CA035	Review home care instructions, coordinate visits/prescriptions																		
79	CA036	Discharge day management	n/a		n/a		n/a		n/a		n/a		n/a			n/a		n/a		n/a
86		End: Patient leaves office/facility																		
87		POST-SERVICE PERIOD																		
88		Start: Patient leaves office/facility																		
89	CA037	Conduct patient communications			6		30		12		10		12							6
90	CA038	Coordinate post-procedure services																		
97	CA039	Post-operative visits (total time)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
104		End: with last office visit before end of global period																		

	A	B	Z	AA	AD	AE	AH	AI	AJ	AK	AN	AO	AP	AQ	AR	AU	AV	AW	AX	BA
1	RUC Practice Expense Spreadsheet		REFERENCE CODE		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED			CURRENT		RECOMMENDED		CURI
2			99490		99470		99457		99457		99458		99458			99473		99473		99
3		*RUC Collaboration Website*																		
4	Clinical Activity Code	Meeting Date: January 2025 Revision Date (if applicable): Tab: 20 Specialty: ACC, AAFP, ACP, ANA	Chronic care management services with the following required elements: multiple (two or more) chronic conditions		RPM treatment management; **first 10 minutes**		Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in		**first 20 minutes**		each **additional 20 minutes**		each **additional 20 minutes**			Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration		Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration		separa measure two read minute ap daily over period (m 12 rea collectio
5		LOCATION	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility		Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD	XXX		XXX		XXX		XXX		XXX		XXX			XXX		XXX		XXX
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ 13.50	$ -	$ 4.86	$ -	$ 21.60	$ -	$ 10.80	$ -	$ 10.80	$ -	$ 10.26	$ -		$ 12.42	$ -	$ 12.42	$ -	$ 8.64
8		TOTAL CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
12		TOTAL CLINICAL STAFF TIME	25.0	0.0	9.0	0.0	40.0	0.0	20.0	0.0	20.0	0.0	19.0	0.0		23.0	0.0	23.0	0.0	16.0
13		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0		0.0	0.0	0.0	0.0	0.0
14		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	25.0	0.0	3.0	0.0	10.0	0.0	8.0	0.0	10.0	0.0	7.0	0.0		23.0	0.0	23.0	0.0	10.0
15		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	6.0	0.0	30.0	0.0	12.0	0.0	10.0	0.0	12.0	0.0		0.0	0.0	0.0	0.0	6.0
105	Supply Code	MEDICAL SUPPLIES																		
106		TOTAL COST OF SUPPLY QUANTITY x PRICE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -
107	NEW	*digital remote physiologic monitoring device app*																		
108	SB022	gloves, non-sterile																		
109	SD053	electrode, ECG (single)																		
110	SK095	battery, AA																		
111	SM013	disinfectant, surface (Envirocide, Sanizide)																		
112	SM022	sanitizing cloth-wipe (surface, instruments, equipment)																		
113	Equipment Code	EQUIPMENT																		
114		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		$ -	$ -	$ -	$ -	$ -
115	EQ392	heart failure patient physiologic monitoring equipment package																		
116	Renamed EQ392	**patient physiologic monitoring equipment package**																		
117	EQ297	CEM, system																		
118	EQ274	CEM, looping																		
119																				
120																				
121																				
122																				
123																				
124																				
125																				
126																				
127																				
128																				

	A	B	BB	BC	BD	BG	BH	BI	BJ
1	**RUC Practice Expense Spreadsheet**		**RENT**	**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**474**	**99474**		**99091**		**99091**	
3		***RUC Collaboration Website***	te self-	separate self-		Collection and		Collection and	
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 20** **Specialty: ACC, AAFP, ACP, ANA**	ments of ings one art, twice a 30-day inimum of dings), n of data	measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data		interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the		interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**XXX**		**XXX**		**XXX**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 8.64**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL CLINICAL STAFF TIME**	**0.0**	**16.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**10.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
16		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 8.64**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
17		**PRE-SERVICE PERIOD**							
18		**Start: Following visit when decision for surgery/procedure made**							
34		**SERVICE PERIOD**							
35		**Start: When patient enters office/facility for surgery/procedure:**							
36		**Pre-Service (of service period)**							
37	CA009	Greet patient, provide gowning, ensure appropriate medical records are							
38	CA010	Obtain vital signs							
39	CA011	Provide education/obtain consent							
40	CA012	Review requisition, assess for special needs							
41	CA013	Prepare room, equipment and supplies							
42	CA014	Confirm order, protocol exam							
43	CA015	Setup scope (nonfacility setting only)							
44	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient							
45	CA017	Sedate/apply anesthesia							
52		**Intra-service (of service period)**							
53	CA018	Assist physician or other qualified healthcare professional---directly							
54	CA019	Assist physician or other qualified healthcare professional---directly							
55	CA020	Assist physician or other qualified healthcare professional---directly							
56	CA021	Perform procedure/service---NOT directly related to physician work time							
57	CA021	Perform procedure/service---NOT directly related to physician work time		10					
64		**Post-Service (of service period)**							
67	CA024	Clean room/equipment by clinical staff							
70	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions							
74	CA031	Review examination with interpreting MD/DO							
75	CA032	Scan exam documents into PACS. Complete exam in RIS system to							
76	CA033	Perform regulatory mandated quality assurance activity (service period)							
77	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry							
78	CA035	Review home care instructions, coordinate visits/prescriptions							
79	CA036	Discharge day management		**n/a**		**n/a**		**n/a**	
86		**End: Patient leaves office/facility**							
87		**POST-SERVICE PERIOD**							
88		**Start: Patient leaves office/facility**							
89	CA037	Conduct patient communications		6					
90	CA038	Coordinate post-procedure services							
97	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
104		**End: with last office visit before end of global period**							

	A	B	BB	BC	BD	BG	BH	BI	BJ
1	**RUC Practice Expense Spreadsheet**		**RENT**	**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2			**474**	**99474**		**99091**		**99091**	
3		***RUC Collaboration Website***	te self-	separate self-		Collection and		Collection and	
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 20** **Specialty: ACC, AAFP, ACP, ANA**	ments of ings one art, twice a 30-day inimum of dings), n of data	measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data		interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the		interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the	
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**		**XXX**		**XXX**		**XXX**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 8.64**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL CLINICAL STAFF TIME**	**0.0**	**16.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
13		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
14		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**10.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
15		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**6.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
105	**Supply Code**	**MEDICAL SUPPLIES**							
106		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
107	**NEW**	***digital remote physiologic monitoring device app***							
108	SB022	gloves, non-sterile							
109	SD053	electrode, ECG (single)							
110	SK095	battery, AA							
111	SM013	disinfectant, surface (Envirocide, Sanizide)							
112	SM022	sanitizing cloth-wipe (surface, instruments, equipment)							
113	**Equipment Code**	**EQUIPMENT**							
114		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
115	EQ392	heart failure patient physiologic monitoring equipment package							
116	**Renamed EQ392**	**patient physiologic monitoring equipment package**							
117	EQ297	CEM, system							
118	EQ274	CEM, looping							
119									
120									
121									
122									
123									
124									
125									
126									
127									
128									

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**CURRENT**		**RECOMM**
2						**98975**		**98975**		**99271**		**98XX5**		**98977**		**98**
3		***RUC Collaboration Website***				Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therpeutic intervention); initial set-up and patient education on use of equipment		Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment		External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30		Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device supply for access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period		Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days		Remote th monitoring adherenc respons therapeutic device(s) s scheduled recording programm transmissio musculoskele 30 days in a
4	**Clinical Activity Code**	**Meeting Date: January 2025 Revision Date (if applicable): Tab: 20 Specialty: AAPM&R, APA, APTA, ATS/CHEST**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**											
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**														
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 25.92**	**$ -**	**$ 34.42**	**$ -**	**$ 193.95**	**$ -**	**$ 45.00**	**$ -**	**$ 48.85**	**$ -**	**$ 45.00**
8		**TOTAL CLINICAL STAFF TIME**	L039B	Physical Therapy Assistant	0.61	**48.0**	**0.0**	**40.0**	**0.0**	**143.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L039B	Physical Therapy Assistant	0.61	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L039B	Physical Therapy Assistant	0.61	**38.0**	**0.0**	**40.0**	**0.0**	**143.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L039B	Physical Therapy Assistant	0.61	**10.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 25.92**	**$ -**	**$ 24.40**	**$ -**	**$ 65.12**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**														
14		**Start: Following visit when decision for surgery/procedure made**														
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54											
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54											
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54											
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54											
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54											
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54											
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54											
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54											
23			L037D	RN/LPN/MTA	0.54											
29		**End: When patient enters office/facility for surgery/procedure**														
30		**SERVICE PERIOD**														
31		**Start: When patient enters office/facility for surgery/procedure:**														
32		**Pre-Service (of service period)**														
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54	3										
34	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	L039B	Physical Therapy Assistant	0.61			3								
35	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54											
36	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54											
37	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54											
38	CA013	Prepare room, equipment and supplies	L039B	Physical Therapy Assistant	0.61			2								
39	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54											
40	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54											
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54											
42	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54											
43			L037D	RN/LPN/MTA	0.54											
49		**Intra-service (of service period)**														
50	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54											
51	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54											
52	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54											
53	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54	35				22						
54	CA021	Perform procedure/service---NOT directly related to physician work time	L039B	Physical Therapy Assistant	0.61			35								
55	CA021	Perform procedure/service---NOT directly related to physician work time	L037A	Electrodiagnostic Technologist	0.44					121						
56			L037D	RN/LPN/MTA	0.54											
61		**Post-Service (of service period)**														
62	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54											
63	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54											
64	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54											
65	CA025	Clean scope	L037D	RN/LPN/MTA	0.54											
66	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54											
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54											
68	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54											
69	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54											
70	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54											
71	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54											
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54											
73	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54											

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**CURRENT**		**RECOMM**
2						**98975**		**98975**		**99271**		**98XX5**		**98977**		**98**
3		***RUC Collaboration Website***				Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therpeutic intervention); initial set-up and patient education on use of equipment		Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment		External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30		Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device supply for access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period		Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days		Remote th monitoring adherenc respons therapeutic device(s) s scheduled recording programm transmissio musculoskele 30 days in a
4	**Clinical Activity Code**	**Meeting Date: January 2025 Revision Date (if applicable): Tab: 20 Specialty: AAPM&R, APA, APTA, ATS/CHEST**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**											
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**														
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 25.92**	**$ -**	**$ 34.42**	**$ -**	**$ 193.95**	**$ -**	**$ 45.00**	**$ -**	**$ 48.85**	**$ -**	**$ 45.00**
8		**TOTAL CLINICAL STAFF TIME**	L039B	Physical Therapy Assistant	0.61	**48.0**	**0.0**	**40.0**	**0.0**	**143.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L039B	Physical Therapy Assistant	0.61	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L039B	Physical Therapy Assistant	0.61	**38.0**	**0.0**	**40.0**	**0.0**	**143.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L039B	Physical Therapy Assistant	0.61	**10.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54											
75	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54											
76	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**
77			L037D	RN/LPN/MTA	0.54											
83		**End: Patient leaves office/facility**														
84		**POST-SERVICE PERIOD**														
85		**Start: Patient leaves office/facility**														
86	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54	10										
87	CA037	Conduct patient communications	L039B	Physical Therapy Assistant	0.61			**0**								
88	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54											
89		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
90		99211 16 minutes	16													
91		99212 27 minutes	27													
92		99213 36 minutes	36													
93		99214 53 minutes	53													
94		99215 63 minutes	63													
95	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
96			L037D	RN/LPN/MTA	0.54											
102		**End: with last office visit before end of global period**														

	A	B	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**REFERENCE CODE**		**RECOMMENDED**		**CURRENT**		**RECOMM**
2						**98975**		**98975**		**99271**		**98XX5**		**98977**		**98**
3		***RUC Collaboration Website***				Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therpeutic intervention); initial set-up and patient education on use of equipment		Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment		External patient and, when performed, auto activated electrocardiographic rhythm derived event recording with symptom-related memory loop with remote download capability up to 30		Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device supply for access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period		Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days		Remote th monitoring adherenc respons therapeutic device(s) s scheduled recording programm transmissio musculoskele 30 days in a
4	**Clinical Activity Code**	**Meeting Date: January 2025 Revision Date (if applicable): Tab: 20 Specialty: AAPM&R, APA, APTA, ATS/CHEST**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**											
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**														
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 25.92**	**$ -**	**$ 34.42**	**$ -**	**$ 193.95**	**$ -**	**$ 45.00**	**$ -**	**$ 48.85**	**$ -**	**$ 45.00**
8		**TOTAL CLINICAL STAFF TIME**	L039B	Physical Therapy Assistant	0.61	**48.0**	**0.0**	**40.0**	**0.0**	**143.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L039B	Physical Therapy Assistant	0.61	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L039B	Physical Therapy Assistant	0.61	**38.0**	**0.0**	**40.0**	**0.0**	**143.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L039B	Physical Therapy Assistant	0.61	**10.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
103	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**												
104		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ -**	**$ -**	**$ 10.02**	**$ -**	**$ 14.46**	**$ -**	**$ 45.00**	**$ -**	**$ -**	**$ -**	**$ 45.00**
105	SJ056	Thera-bands (6in width)	0.602	foot				**0**								
106	SK057	paper, laser printing (each sheet)	0.02	item				1								
107	**NEW**	**Remote musculoskeletal therapy monitoring program enrollment fee**	10	item				1								
108	**NEW**	**Remote musculosekeltal therapy monitoring montly supply fee**	45	item								1				1
109	SB022	gloves, non-sterile	0.3	pair						1						
110	SD053	electrode, ECG (single)	0.06	item						60						
111	SK095	battery, AA	0.83	item						12						
112	SM013	disinfectant, surface (Envirocide, Sanizide)	0.18	oz						1						
113	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	0.07	item						6						
114																
115	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**											
116		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ 114.37**	**$ -**	**$ -**	**$ -**	**$ 48.85**	**$ -**	**$ -**
117	EQ402	Remote therapeutic musculoskeletal monitoring device	1000	Other Formula	0.00113									43200		
118	EQ297	CEM System	209117		0.79235					83						
119	EQ274	CEM, looping	995		0.00113					43200						
120																
121																
122																
123		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*														
124																

	A	B	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1	RUC Practice Expense Spreadsheet		MENDED	REFERENCE CODE		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		Contractor Price		Contrac
2			977	99490		98XX7		98980		98980		98981		98981		98XX4		98
3		*RUC Collaboration Website*	herapeutic	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient		Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes		Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month		Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 20 minutes		Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes		Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes		Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30 - day period		Remote th monitoring adherenc response); de with schedul recording programm transmissio respiratory sys da
4	Clinical Activity Code	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 20** **Specialty: AAPM&R, APA, APTA, ATS/CHEST**	eg, therapy e, therapy e, digital ntervention); upply with (eg, daily) (s) and/or ed alert(s) n to monitor tal system, 16 30-day period															
5		LOCATION	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac
6		GLOBAL PERIOD																
7		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME	$ -	$ 13.50	$ -	$ 9.15	$ -	$ 21.60	$ -	$ 15.25	$ -	$ 10.80	$ -	$ 9.15	$ -	$ -	$ -	$ -
8		TOTAL CLINICAL STAFF TIME	0.0	25.0	0.0	15.0	0.0	40.0	0.0	25.0	0.0	20.0	0.0	15.0	0.0	0.0	0.0	0.0
9		TOTAL PRE-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
10		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	0.0	25.0	0.0	5.0	0.0	10.0	0.0	10.0	0.0	10.0	0.0	10.0	0.0	0.0	0.0	0.0
11		TOTAL POST-SERVICE CLINICAL STAFF TIME	0.0	0.0	0.0	10.0	0.0	30.0	0.0	15.0	0.0	10.0	0.0	5.0	0.0	0.0	0.0	0.0
12		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE	$ -	$ 13.50	$ -	$ 9.15	$ -	$ 21.60	$ -	$ 15.25	$ -	$ 10.80	$ -	$ 9.15	$ -	$ -	$ -	$ -
13		PRE-SERVICE PERIOD																
14		Start: Following visit when decision for surgery/procedure made																
15	CA001	Complete pre-service diagnostic and referral forms																
16	CA002	Coordinate pre-surgery services (including test results)																
17	CA003	Schedule space and equipment in facility																
18	CA004	Provide pre-service education/obtain consent																
19	CA005	Complete pre-procedure phone calls and prescription																
20	CA006	Confirm availability of prior images/studies																
21	CA007	Review patient clinical extant information and questionnaire																
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)																
23																		
29		End: When patient enters office/facility for surgery/procedure																
30		SERVICE PERIOD																
31		Start: When patient enters office/facility for surgery/procedure:																
32		Pre-Service (of service period)																
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are																
34	CA009	Greet patient, provide gowning, ensure appropriate medical records are available																
35	CA010	Obtain vital signs																
36	CA011	Provide education/obtain consent																
37	CA012	Review requisition, assess for special needs																
38	CA013	Prepare room, equipment and supplies																
39	CA014	Confirm order, protocol exam																
40	CA015	Setup scope (nonfacility setting only)																
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient																
42	CA017	Sedate/apply anesthesia																
43																		
49		Intra-service (of service period)																
50	CA018	Assist physician or other qualified healthcare professional---directly																
51	CA019	Assist physician or other qualified healthcare professional---directly																
52	CA020	Assist physician or other qualified healthcare professional---directly																
53	CA021	Perform procedure/service---NOT directly related to physician work time		25				10				10						
54	CA021	Perform procedure/service---NOT directly related to physician work time				5				10				10				
55	CA021	Perform procedure/service---NOT directly related to physician work time																
56																		
61		Post-Service (of service period)																
62	CA022	Monitor patient following procedure/service, multitasking 1:4																
63	CA023	Monitor patient following procedure/service, no multitasking																
64	CA024	Clean room/equipment by clinical staff																
65	CA025	Clean scope																
66	CA026	Clean surgical instrument package																
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions																
68	CA028	Review/read post-procedure x-ray, lab and pathology reports																
69	CA029	Check dressings, catheters, wounds																
70	CA030	Technologist QC's images in PACS, checking for all images, reformats,																
71	CA031	Review examination with interpreting MD/DO																
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to																
73	CA033	Perform regulatory mandated quality assurance activity (service period)																

	A	B	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1	RUC Practice Expense Spreadsheet		MENDED	REFERENCE CODE		RECOMMENDED		CURRENT		RECOMMENDED		CURRENT		RECOMMENDED		Contractor Price		Contrac
2			977	99490		98XX7		98980		98980		98981		98981		98XX4		98
3		*RUC Collaboration Website*	herapeutic	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient		Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes		Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month		Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 20 minutes		Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes		Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes		Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30 - day period		Remote th monitoring adherenc response); de with schedul recording programm transmissio respiratory sys da
4	Clinical Activity Code	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 20** **Specialty: AAPM&R, APA, APTA, ATS/CHEST**	eg, therapy e, therapy e, digital ntervention); upply with (eg, daily) (s) and/or ed alert(s) n to monitor tal system, 16 30-day period															
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**																
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 13.50**	**$ -**	**$ 9.15**	**$ -**	**$ 21.60**	**$ -**	**$ 15.25**	**$ -**	**$ 10.80**	**$ -**	**$ 9.15**	**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**25.0**	**0.0**	**15.0**	**0.0**	**40.0**	**0.0**	**25.0**	**0.0**	**20.0**	**0.0**	**15.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**25.0**	**0.0**	**5.0**	**0.0**	**10.0**	**0.0**	**10.0**	**0.0**	**10.0**	**0.0**	**10.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**10.0**	**0.0**	**30.0**	**0.0**	**15.0**	**0.0**	**10.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**	**0.0**
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry																
75	CA035	Review home care instructions, coordinate visits/prescriptions																
76	CA036	Discharge day management		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**		**n/a**
77																		
83		**End: Patient leaves office/facility**																
84		**POST-SERVICE PERIOD**																
85		**Start: Patient leaves office/facility**																
86	CA037	Conduct patient communications						30				10						
87	CA037	Conduct patient communications				**10**				**15**				**5**				
88	CA038	Coordinate post-procedure services																
89		***Office visits: List Number and Level of Office Visits***	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
90		99211 16 minutes																
91		99212 27 minutes																
92		99213 36 minutes																
93		99214 53 minutes																
94		99215 63 minutes																
95	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
96																		
102		**End: with last office visit before end of global period**																

	A	B	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1	**RUC Practice Expense Spreadsheet**		**MENDED**	**REFERENCE CODE**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**		**Contractor Price**		**Contrac**
2			**977**	**99490**		**98XX7**		**98980**		**98980**		**98981**		**98981**		**98XX4**		**98**
3		***RUC Collaboration Website***	herapeutic															
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 20** **Specialty: AAPM&R, APA, APTA, ATS/CHEST**	eg, therapy e, therapy e, digital ntervention); upply with (eg, daily) (s) and/or ed alert(s) n to monitor tal system, 16 30-day period	Chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient		Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes		Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month		Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 20 minutes		Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes		Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes		Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30 - day period		Remote th monitoring adherenc response); de with schedul recording programm transmissio respiratory sys da
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**																
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 13.50**	**$ -**	**$ 9.15**	**$ -**	**$ 21.60**	**$ -**	**$ 15.25**	**$ -**	**$ 10.80**	**$ -**	**$ 9.15**	**$ -**	**$ -**	**$ -**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**25.0**	**0.0**	**15.0**	**0.0**	**40.0**	**0.0**	**25.0**	**0.0**	**20.0**	**0.0**	**15.0**	**0.0**	**0.0**	**0.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**25.0**	**0.0**	**5.0**	**0.0**	**10.0**	**0.0**	**10.0**	**0.0**	**10.0**	**0.0**	**10.0**	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**0.0**	**0.0**	**10.0**	**0.0**	**30.0**	**0.0**	**15.0**	**0.0**	**10.0**	**0.0**	**5.0**	**0.0**	**0.0**	**0.0**	**0.0**
103	**Supply Code**	**MEDICAL SUPPLIES**																
104		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
105	SJ056	Thera-bands (6in width)																
106	SK057	paper, laser printing (each sheet)																
107	**NEW**	**Remote musculoskeletal therapy monitoring program enrollment fee**																
108	**NEW**	**Remote musculosekeltal therapy monitoring montly supply fee**																
109	SB022	gloves, non-sterile																
110	SD053	electrode, ECG (single)																
111	SK095	battery, AA																
112	SM013	disinfectant, surface (Envirocide, Sanizide)																
113	SM022	sanitizing cloth-wipe (surface, instruments, equipment)																
114																		
115	**Equipment Code**	**EQUIPMENT**																
116		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
117	EQ402	Remote therapeutic musculoskeletal monitoring device																
118	EQ297	CEM System																
119	EQ274	CEM, looping																
120																		
121																		
122																		
123		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*																
124																		

	A	B	AH
1	**RUC Practice Expense Spreadsheet**		**tor Price**
2			**976**
3		***RUC Collaboration Website***	herapeutic
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 20** **Specialty: AAPM&R, APA, APTA, ATS/CHEST**	eg, therapy e, therapy vice(s) supply ed (eg, daily) (s) and/or ed alert(s) n to monitor stem, each 30 ys
5		**LOCATION**	**Facility**
6		**GLOBAL PERIOD**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**
13		**PRE-SERVICE PERIOD**	
14		**Start: Following visit when decision for surgery/procedure made**	
15	CA001	Complete pre-service diagnostic and referral forms	
16	CA002	Coordinate pre-surgery services (including test results)	
17	CA003	Schedule space and equipment in facility	
18	CA004	Provide pre-service education/obtain consent	
19	CA005	Complete pre-procedure phone calls and prescription	
20	CA006	Confirm availability of prior images/studies	
21	CA007	Review patient clinical extant information and questionnaire	
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	
23			
29		**End: When patient enters office/facility for surgery/procedure**	
30		**SERVICE PERIOD**	
31		**Start: When patient enters office/facility for surgery/procedure:**	
32		**Pre-Service (of service period)**	
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	
34	CA009	Greet patient, provide gowning, ensure appropriate medical records are available	
35	CA010	Obtain vital signs	
36	CA011	Provide education/obtain consent	
37	CA012	Review requisition, assess for special needs	
38	CA013	Prepare room, equipment and supplies	
39	CA014	Confirm order, protocol exam	
40	CA015	Setup scope (nonfacility setting only)	
41	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	
42	CA017	Sedate/apply anesthesia	
43			
49		**Intra-service (of service period)**	
50	CA018	Assist physician or other qualified healthcare professional---directly	
51	CA019	Assist physician or other qualified healthcare professional---directly	
52	CA020	Assist physician or other qualified healthcare professional---directly	
53	CA021	Perform procedure/service---NOT directly related to physician work time	
54	CA021	Perform procedure/service---NOT directly related to physician work time	
55	CA021	Perform procedure/service---NOT directly related to physician work time	
56			
61		**Post-Service (of service period)**	
62	CA022	Monitor patient following procedure/service, multitasking 1:4	
63	CA023	Monitor patient following procedure/service, no multitasking	
64	CA024	Clean room/equipment by clinical staff	
65	CA025	Clean scope	
66	CA026	Clean surgical instrument package	
67	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	
68	CA028	Review/read post-procedure x-ray, lab and pathology reports	
69	CA029	Check dressings, catheters, wounds	
70	CA030	Technologist QC's images in PACS, checking for all images, reformats,	
71	CA031	Review examination with interpreting MD/DO	
72	CA032	Scan exam documents into PACS. Complete exam in RIS system to	
73	CA033	Perform regulatory mandated quality assurance activity (service period)	

	A	B	AH
1	**RUC Practice Expense Spreadsheet**		**tor Price**
2			**976**
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4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 20** **Specialty: AAPM&R, APA, APTA, ATS/CHEST**	eg, therapy e, therapy vice(s) supply ed (eg, daily) (s) and/or ed alert(s) n to monitor stem, each 30 ys
5		**LOCATION**	**Facility**
6		**GLOBAL PERIOD**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**
74	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	
75	CA035	Review home care instructions, coordinate visits/prescriptions	
76	CA036	Discharge day management	
77			
83		**End: Patient leaves office/facility**	
84		**POST-SERVICE PERIOD**	
85		**Start: Patient leaves office/facility**	
86	CA037	Conduct patient communications	
87	CA037	Conduct patient communications	
88	CA038	Coordinate post-procedure services	
89		***Office visits: List Number and Level of Office Visits***	**# visits**
90		99211 16 minutes	
91		99212 27 minutes	
92		99213 36 minutes	
93		99214 53 minutes	
94		99215 63 minutes	
95	CA039	Post-operative visits (total time)	**0.0**
96			
102		**End: with last office visit before end of global period**	

	A	B	AH
1	**RUC Practice Expense Spreadsheet**		**tor Price**
2			**976**
3		***RUC Collaboration Website***	herapeutic
4	**Clinical Activity Code**	**Meeting Date: January 2025** **Revision Date (if applicable):** **Tab: 20** **Specialty: AAPM&R, APA, APTA, ATS/CHEST**	eg, therapy e, therapy vice(s) supply ed (eg, daily) (s) and/or ed alert(s) n to monitor stem, each 30 ys
5		**LOCATION**	**Facility**
6		**GLOBAL PERIOD**	
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**
103	**Supply Code**	**MEDICAL SUPPLIES**	
104		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**
105	SJ056	Thera-bands (6in width)	
106	SK057	paper, laser printing (each sheet)	
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113	SM022	sanitizing cloth-wipe (surface, instruments, equipment)	
114			
115	**Equipment Code**	**EQUIPMENT**	
116		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**
117	EQ402	Remote therapeutic musculoskeletal monitoring device	
118	EQ297	CEM System	
119	EQ274	CEM, looping	
120			
121			
122			
123		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*	
124			

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: CMS Request – Proposed Rule for 2025

January 2025

Osteotomy of Spine – Tab 21

In the Proposed Rule for 2025, CPT codes 22210, 22212, 22214 and 22216 were nominated as potentially misvalued services for the following reasons (1) incorrect global period; (2) incorrect inpatient days; (3) incorrect intra-service work description; (4) overvalued intra-service times; (5) changed surgical practice; and (6) incorrect use of posterior osteotomy codes. CMS notes that these services were last reviewed in 1995 and all but CPT code 22216 lacks a description of work or vignettes describing the typical patient. CMS also noted that bundling of these services may be necessary, such as CPT code 22210 and 22600 *Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment.* The nominator suggested two options to address this concern: (1) developing add-on codes to differentiate between the number of vertebral segments involved in the osteotomy procedure and whether it occurs in the cervical, thoracic, or lumbar regions; and (2) removing the current posterior osteotomy codes and incorporating osteotomies into new deformity fusion codes, both with and without osteotomy. CMS indicated in the Notice of Proposed Rulemaking for 2025 that this code family be considered as potentially misvalued.

The RUC considered these services at the January 2025 RUC meeting. The specialty societies submitted a detailed letter (attached) on why they disagreed with issues identified by the nominator. The specialties indicated that there is no evidence that these services have an incorrect global period. They also noted that the nominator did not provide a comprehensive list of literature to support the claim that incorrect inpatient days are represented in these services, provided no evidence that the intra-service time is incorrect or that these services have changed in adults.

The specialty societies did not conduct a survey of these codes and requested that the RUC refer this issue to the CPT Editorial Panel for revision. The specialties will consult with pediatric spine surgeons specializing in scoliosis surgery to submit a CPT Code Change Application (CCA). **The RUC recommends that CPT codes 22210-22216 be referred to the September 2025 CPT Editorial Panel meeting for the CPT 2027 cycle.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	090	Refer to CPT September 2025 (2025 Work RVU = 25.38)
22212	thoracic	090	Refer to CPT September 2025 (2025 Work RVU = 20.99)

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(f)=part of a code family s=Revised code I=New code :=Add-on code H=Modifier 51 exempt *=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code

22214	lumbar	090	Refer to CPT September 2025 (2025 Work RVU = 21.02)
:22216	each additional vertebral segment (List separately in addition to primary procedure) (Use 22216 in conjunction with 22210, 22212, 22214)	ZZZ	Refer to CPT September 2025 (2025 Work RVU = 6.03)

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December 9, 2024

Ezequiel Silva III, MD,
Chair, AMA Specialty Society RVS Update Committee
American Medical Association
330 N Wabash Avenue, Suite 39300
Chicago, IL 60611

Subject: Tab 21 Spine Osteotomy

Dear Dr. Silva:

The American Academy of Orthopaedic Surgeons, American Association of Neurological Surgeons, Congress of Neurological Surgeons, International Society for the Advancement of Spine Surgery, and the North American Spine Society are writing regarding Tab 21, spine osteotomy codes (22210, 22212, 22214, 22216) up for review at the January 2025 RUC Meeting. These codes were nominated as potentially misvalued via the Medicare Physician Fee Schedule proposed rule. We did not conduct a survey of these codes and disagree with the nominator's claims about this family of codes.

Incorrect Global Period
The nominator stated that these posterior osteotomies are always performed as an optional addition to a spinal fusion and should be valued as add-on services and not as 90-day global services. After review of the CMS claims data, we found that a significant majority of claims for codes 22210-22214 are reported without a modifier indicating these codes are the primary or index procedure and not add-on services. This data in combination with the fact that no references were provided by the nominator to support the statement that the service is always performed as an optional addition to a spinal fusion, shows that there is no evidence to support this claim.

Incorrect Inpatient Days
The nominator stated that the average hospital stay for scoliosis fusion with osteotomy is less than the currently included inpatient days. In the proposed rule CMS noted that the majority of literature submitted by the nominator presented outcome information on adolescent patients, which may be different from the Medicare population. We agree with the Agency that literature was selectively provided to only include information about pediatric patients. The nominator failed to submit a comprehensive list of literature to support this claim and therefore is unreasonable.

Incorrect Intraservice Work Description
The nominator stated that the intraservice work description for code 22216 describes removal of the pedicle, which is not a typical part of a Ponte/Schwab II osteotomy. The original description of work from the 22210-22214 family notes that a portion of the pedicle may be removed. These descriptors do not report that the entire pedicle is removed, only enough bone to provide adequate decompression of the nerve roots at the level where the osteotomy is being formed. Complete resection of the involved vertebral body's pedicle would not be routine in performing a posterior element osteotomy. However, complete resection of the pedicle is not included in the original DOW for these codes; this operative procedure has not changed.

Overvalued Intraservice Times

The nominator asserted that intraservice times were too high, particularly for these osteotomy services furnished with scoliosis fusion procedures. Again, the literature cited by the nominator referred to pediatric deformity procedures which may not be reflective of adult spinal surgery practice. After review of the data referenced in the letter, we find that the average time of 3.6 minutes cited for performing an osteotomy in the nominator's letter is ridiculously low. Several studies indicated that non-randomization allowed surgeon-specific factors to potentially confound the results as one reason for not observing longer surgical times in patients who underwent Ponte osteotomies. The nominator provided no studies to support a typical scoliosis fusion time in adults. Therefore, we believe the nominator's claim is unsupported.

Changed Surgical Practice

We also disagree with the nominator's assertion that surgical practice for these procedures has evolved, indicating that 30 years ago, osteotomies were infrequently performed and usually reserved for addressing completely ankylosed or fused spinal segments. The nominator further asserted that contemporary surgical techniques often involve posterior osteotomies to release multiple stiff vertebral segments, thereby enhancing coronal correction and reducing thoracic hypokyphosis, resulting in notable shifts in the trends regarding the utilization of osteotomies. Once again, the nominator chose select articles that are related to adolescent idiopathic scoliosis. For example, the study sample in one article indicated over 60% were aged 7-12. When looking at the Medicare aged claims, we do not find an unexpected increase in utilization. With better understanding of spinal alignment parameters and with growth of the Medicare patient population, more osteotomy procedures are being performed, but not at a significant rate of change. In fact, Medicare utilization has flattened over the past eight years. Again, the nominator's claims are not supported.

Incorrect use of Posterior Osteotomy Codes

Lastly, the nominator suggested incorrect usage of posterior osteotomy codes, noting instances where facet/soft tissue releases, such as Schwab type I osteotomies, are inaccurately reported with this family of codes. According to the nominator, isolated partial facetectomy and soft tissue release are already included in spinal fusion procedures and should not be separately billed with an osteotomy code.

The societies acknowledge that previously, osteotomy codes may have been inappropriately reported concurrent with interbody fusion procedures (22630/22633) after CMS restricted the ability to report decompression (63047) at the same level as a lumbar interbody fusion. To remedy this and to improve coding accuracy, new codes were created specifically for decompression when performed at the same level as an interbody fusion (63052-63053). Implementation of these new codes has been difficult due to an erroneous NCCI edit that precluded use of the code 63052 with 22630/22633. This error by NCCI has been corrected, but this may have slowed implementation of the new codes. We anticipate that with correct coding (using 63052) there will be a decrease in use of osteotomy codes at the same level as interbody fusions which will decrease use of the lumbar osteotomy codes overall.

Lastly, CMS has noted that code 22210 is reported with code 22600 (Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment) approximately 83% of the time and questions whether there should be consideration of consolidating individual services into bundled codes. Code 22210 is a very low volume code (< 400) and utilization has been stable over time, and although this low volume code may be reported often with 22600, the reverse view is that only 1.6% of

code 22600 procedures also involve 22210. Code 22210 still needs to be maintained as a stand-alone code.

For these reasons, the undersigned societies will not be conducting a survey of these codes and request that the RUC maintain the values for this code family until we are able to consult with all stakeholders, including spine surgeons specializing in scoliosis surgery, regarding a CPT Code Change Application (CCA).

Respectfully,

William Creevy, MD; Hussein Elkousy, MD
American Academy of Orthopaedic Surgeons

John Ratliff, MD
American Association of Neurological Surgeons

Clemens Schirmer, MD
Congress of Neurological Surgeons

Morgan Lorio, MD
International Society for Advancement of Spine Surgery

Karin Swartz, MD; Kano Meyer, MD
North American Spine Society

Cc: Sherry Smith, AMA Staff

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: Different Performing Specialty from Survey

January 2025

Arthrodesis – Great Toe – Tab 22

In April 2024, the Relativity Assessment Workgroup (RAW) identified CPT code 28750 on the different performing specialty from survey screen, where the top specialty performing over 50% of the Medicare claims did not survey the service or the top two specialties did not survey the service. The RAW noted that when this service was last valued in 1995, podiatry, which now performs 57% of this service was not involved in the survey. The RUC recommended that 28750 be surveyed for January 2025 with the applicable family of services. Code 28755 was added as part of the code family, which was valued by the Harvard Studies and never RUC surveyed.

Compelling Evidence
The specialty societies provided evidence that incorrect assumptions were made in the previous valuation of the service, as documented: a previous valuation excluded a specialty that currently provides a plurality of the service. For CPT code 28750, the RAW confirmed the survey conducted in 1995 did not include podiatry, currently the dominant provider of the procedure. For CPT code 28755, the Harvard study did not include podiatrists and was reviewed by only nine general orthopaedic surgeons. Additionally, there is evidence that incorrect assumptions were made in the previous valuation of the service, as documented: a flawed mechanism or methodology used in the previous valuation. For CPT code 28750, the survey used for the first Five-Year Review in 1995 did not specify the different components of preservice time (evaluation, positioning, scrub/dress/wait) and therefore underestimated pre-service work and time as documented by the current survey. The 1995 survey instrument also did not accurately capture post-operative work (discharge management and specific levels of office visits but instead asked only for total post-operative time). For CPT code 28755, the Harvard study did not survey pre- or post-service work or time and instead estimated time based on an algorithm. Additionally, no positioning time was assigned, and post-operative work was underestimated based on this methodology. **The RUC determined there was compelling evidence that incorrect assumptions were made in the previous valuation of these services because a specialty that currently provides the plurality of these services was not included in the survey. Further, a flawed methodology for valuation was used.**

28750 ***Arthrodesis, great toe; metatarsophalangeal joint***
The RUC reviewed the survey results from 166 orthopaedic surgeons and podiatrists and determined that the survey 25th percentile work RVU of 8.75 appropriately accounts for the work required to perform this service. The RUC recommends 33 minutes pre-service evaluation time, 10 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 60 minutes intra-service time, 15 minutes immediate post-service time, 0.5-99238, 1-99212, 2-99213 and 1-99214, which totals 249 minutes. The pre-service positioning was increased above the standard 3 minutes to 10 minutes to account for padding of bony prominences, positing and bolstering the patient's leg to allow for surgical exposure and manipulation of the limb and imaging equipment during surgery. Seven to 10 days after surgery, the first postoperative office visit would involve a moderate level of medical decision making (99214). The problem addressed (moderate) at the encounter is side effects of treatment (big toe arthrodesis) for a chronic illness (severe arthritis) where the patient is not at the treatment goal of a fused stable joint that allows pain-free weight-

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bearing ambulation, return to wearing shoes, and return to activities of daily living. There is moderate risk for patient management that involves medication management, including multi-modal pain medications (ie, narcotic and nonnarcotic) and assessment of continued need for DVT prophylaxis. Treatment risk also involves assessment of when and how the patient can begin weight-bearing (ie, appropriate DME). The next two post-operative office visits involve a low level of medical decision making (99213). The patient is still not at treatment goal and decisions about nonnarcotic paid management and techniques for mitigation of pain and swelling are addressed. Ambulation DME is assessed and changed as needed. There is minimal data to review and treatment risk is low. The last postoperative office visit in the 90-day global period involves straightforward medical decision making as the patient is assessed for progress of joint fusion and advancement of pain-free and weight-bearing ambulation. *For more information, all post-operative visits and levels are outlined in specific detail in the summary of recommendation (SOR) form attached.*

Although the survey intra-service time has decreased slightly by 15 minutes, the total time increased by 12 minutes due to the prior underestimation of pre-and post-operative work. In addition, the pre-service time was previously underestimated and the value of the post-operative work has significantly increased since the last review. The RUC noted that 28750 requires more physician time and work to perform because the metatarsophalangeal joint is larger, more complex anatomically, and often involves more extensive soft tissue manipulation due to its location at the base of the big toe, where greater forces are exerted during walking compared to the smaller more peripheral joints such as with 28755 and the interphalangeal joint.

The RUC compared the surveyed code to the top key reference code 28297 *Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method* (work RVU = 9.29, 75 minutes intra-service time and 256 minutes total time). The RUC noted that this reference code chosen by almost 60% of the respondents required 15 minutes more intra-service time and 7 minutes more total time and was appropriately valued higher than the survey code even though a majority of the respondents indicated that the intensity, complexity, and work of both procedures was the same. The RUC compared the surveyed code to the second top key reference service 28295 *Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method* (work RVU = 8.57, 60 minutes intra-service time and 241 minutes total time). The RUC noted that both codes require the same intra-service time, but that the intra-service intensity related to fusing a joint was greater and the post-operative work to treat the patient following the fusion was greater. The RUC agreed that the slightly higher work RVU for the surveyed code appropriately accounted for this difference.. The RUC also compared the surveyed code to CPT code 27792 *Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed* (work RVU = 8.75, 60 minute intra-service time and 245 minutes total time) noting that these services require the same intra-service time, number of post-operative visits and nearly the same total time, thus should be valued the same.

For additional support, the RUC referenced MPC code 21556 *Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm* (work RVU = 7.66, 60 minutes intra-service time and minutes 234 minutes total time), which requires less total time and post-operative visits and 50590 *Lithotripsy, extracorporeal shock wave* (work RVU = 9.77, 60 minutes intra-service time and minutes 207 minutes total time), which is somewhat more intense but requires less post-operative visits. These codes appropriately bracket the recommendation for the survey code. The RUC determined that the survey 25th percentile work value of 8.75 appropriately places CPT code 28750 relative to other services in the Medicare Physician Payment Schedule (MFS) based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 8.75 for CPT code 28750.**

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28755 ***Arthrodesis, great toe; interphalangeal joint***
The RUC reviewed the survey results from 160 orthopaedic surgeons and podiatrists and determined that the survey 25th percentile work RVU of 7.50 appropriately accounts for the work required to perform this service. The RUC recommends 33 minutes pre-service evaluation time, 10 minutes pre-service positioning time, 10 minutes pre-service scrub/dress/wait time, 45 minutes intra-service time, 15 minutes immediate post-service time, 0.5-99238, 1-99212, 2-99213 and 1-99214, which totals 234 minutes. The pre-service positioning was increased above the standard 3 minutes to 10 minutes to account for padding of bony prominences, positing and bolstering the patient's leg to allow for surgical exposure and manipulation of the limb and imaging equipment during surgery. The RUC noted that the survey intra-service time has increased by 1 minute from the Harvard study estimate; however, the total time has increased by over 60 minutes supporting the compelling evidence of a flawed methodology for this service during the Harvard study . Seven to 10 days after surgery, the first post-operative office visit would involve a moderate level of medical decision making (99214). The problem addressed (moderate) at the encounter is side effects of treatment (big toe arthrodesis) for a chronic illness (severe arthritis) where the patient is not at the treatment goal of a fused stable joint that allows pain-free weight-bearing ambulation, return to wearing shoes, and return to activities of daily living. There is moderate risk for patient management that involves medication management, including multi-modal pain medications (ie, narcotics and nonnarcotic) and assessment of continued need for DVT prophylaxis. Treatment risk also involves assessment of when and how the patient can begin weight-bearing (ie, appropriate DME). The next two post-operative office visits involve a low level of medical decision making (99213). The patient is still not at treatment goal and decisions about nonnarcotic paid management and techniques for mitigation of pain and swelling are addressed. Ambulation DME is assessed and changed as needed. There is minimal data to review and treatment risk is low. The last post-operative office visit in the 090-day global period is straightforward medical decision making as the patient is assessed for progress of joint fusion and advancement of pain-free and weight-bearing ambulation. *For more information, all post-operative visits and levels are outlined in specific detail in the summary of recommendation (SOR) form attached.*

The RUC compared the surveyed code to the top key reference code 28298 *Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method* (work RVU = 7.75, 60 minutes intra-service time and 225 minutes total time) and the second top key reference service 28291 *Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant* (work RVU = 8.01, 50 minutes intra-service time and 215 minutes total time) and determined that the surveyed service requires slightly less physician work even though the total times for all three codes were similar.

For additional support, the RUC referenced MPC code 15823 *Blepharoplasty, upper eyelid; with excessive skin weighting down lid* (work RVU = 6.81, 45 minutes intra-service time and minutes 161 minutes total time), which requires less total time and less intense post-operative work, thus valued lower and 54530 *Orchiectomy, radical, for tumor; inguinal approach* (work RVU = 8.46, 60 minutes intra-service time and minutes 246.5 minutes total time), which is somewhat more intense but requires less post-operative visits, thus valued higher than 28755. The RUC determined that the survey 25th percentile work value of 7.50 appropriately places CPT code 28755 relative to other services in the Medicare Physician Payment Schedule (MFS) based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 7.50 for CPT code 28755.**

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(f)=part of a code family s=Revised code I=New code :=Add-on code H=Modifier 51 exempt *=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code

Practice Expense
The Practice Expense (PE) Subcommittee concurred that there is compelling evidence to support an increase over the aggregate current cost for clinical staff time, supplies and equipment as podiatry is the dominant specialty but was not included in the prior RUC survey or Harvard study. Moreover, several supply and equipment items were missing that are necessary for these procedures. For example, no drills, saws, or screws were included. Similarly, although a suction machine was included, there were no suction machine supplies. A mobile C-arm was also not included, but is standard to confirm bone alignment and fusion work throughout the procedure as described in the description of work. Compelling evidence was accepted based on change in specialty and errors in prior evaluation.

The PE Subcommittee reviewed the direct practice expense inputs and made no modifications to the standard 090-day global inputs. In response to an inquiry on whether a power table or power chair is used for the procedure, the specialties confirmed that EF031 *table, power* is typical. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
28750	Arthrodesis, great toe; metatarsophalangeal joint	090	8.75 (2025 Work RVU = 8.57)
(f)28755	interphalangeal joint	090	7.50 (2025 Work RVU = 4.88)

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:28750 Tracking Number Original Specialty Recommended RVU: **8.75**
Presented Recommended RVU: **8.75**
Global Period: 090 Current Work RVU: **8.57** RUC Recommended RVU: **8.75**

CPT Descriptor: Arthrodesis, great toe; metatarsophalangeal joint

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old female with severe arthritis of the big toe metatarsophalangeal joint undergoes arthrodesis of this joint.

Percentage of Survey Respondents who found Vignette to be Typical: 86%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 34% , In the ASC 64%, In the office 1%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Results of preadmission testing are reviewed, including laboratory tests and imaging with special attention to radiographs used to determine the amount of correction in the transverse plane and potential for shortening in first ray length. The patient is re-examined to make sure that physical findings have not changed, including careful assessment of skin to ensure there are no open wounds or signs of infection. Neurovascular status is assessed. The history and physical are updated in the medical record. The appropriate antibiotic(s) and DVT prevention medication are selected and ordered, and timing and administration are confirmed with anesthesia staff. Local anesthetic is ordered, communicating with the circulating nurse. The plan for anesthesia and case duration is reviewed with the anesthesi staff. The planned procedure and postoperative expectations and management plan are reviewed with the patient. Questions and concerns are addressed and informed consent is reviewed. The surgeon will confirm that all required instruments and supplies are available, including intraoperative imaging/fluoroscopy for guidance and documentation of implant(s); that an array of plates and screws are available for fixation; and that prior X-rays utilized in the decision for surgery are available on a view box or on the PACS in the operating room. Patient positioning and padding of bony prominences are monitored and/or assistance is provided. The position of the extremities are assessed and adjusted as needed. Positioning of fluoroscopic equipment is supervised. A tourniquet is placed at the ankle or the calf as appropriate. TQ settings are checked for pressure and time. A surgical timeout is conducted with the team. The correct local anesthetic is confirmed and prepared for infiltration and a field block is performed by the surgeon. A bolster/bump is placed under the calf of the operative side to position the foot for a circumferential skin prep. Sterile draping of the extremity and thermal regulation drapes are placed. The bolster is removed and the operative extremity is stabilized. The surgeon scrubs and gowns. Surgical incisions are marked. The limb is elevated and exsanguinated and the tourniquet is inflated.

Description of Intra-Service Work: A longitudinal incision is made along the dorsal aspect of the first ray and carried through the subcutaneous tissue. Layered dissection is performed. The joint capsule of the first metatarsophalangeal joint and the periosteum of the first metatarsal and the proximal phalanx are incised and separated from the bone and retractors placed. The joint surfaces are prepared using a power saw along with a rotary bur or joint reamer as needed to remove all cartilage and a layer of subchondral bone from the head of the first metatarsal and the base of the proximal phalanx. A guidepin is placed down the center of the shaft of the metatarsal and a concave reamer is used to contour the head of the metatarsal . The reamer and guidepin are removed from the metatarsal. A guidepin is then placed through the shaft of the proximal phalanx and the convex reamer is used to contour the base of the proximal phalanx. Once the joint surfaces have

been prepared, a Steinman pin is used to fenestrate the metatarsal and phalanx bones with use of the power equipment placing multiple perforations extending into and through the level of medullary bone. With the articular surfaces fully decorticated and fenestrated in preparation for arthrodesis, the toe is positioned on the metatarsal, correcting the deformity in all cardinal planes. Temporary fixation with a guidepin is placed. Position is confirmed with fluoroscopy and fixation is performed with a dorsal plate and screws plus an interfragmentary lag screw or crossed lag interfragmentary screws or (less commonly) Steinman pins. Placement of the fixation is confirmed with fluoroscopy. Temporary fixation is removed. The surgical wound is irrigated. The deep layers of capsule and periosteum are closed with absorbable suture. The tourniquet is deflated. Reperfusion of the digits is evaluated. The skin is closed with sutures. Supplemental local anesthetic is infiltrated as appropriate.

Description of Post-Service Work:
Facility: A sterile dressing is applied. A cast or splint is applied as appropriate. Assist in transfer of the patient from the OR table to a stretcher or bed; monitor patient stabilization in the recovery room; complete a careful neurologic and vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff; enter a brief operative note and a full operative report in the medical record; send a copy of the operative note to the PCP and/or referring physician; write comprehensive orders for PACU and discharge to home. Complete medication reconciliation; order and review postoperative radiographs; enter procedure data, including implant details, into longitudinal outcome registries (eg, NSQIP, local registry); and discuss procedure and outcome with patient and family. Ensure patient has the proper DME for safe discharge with a cast shoe and crutches or walker and is cleared for discharge to home.

Office: The patient is interviewed and data obtained by clinical staff are reviewed. The findings at surgery and details of the procedure are reviewed with the patient/family. The postoperative dressings are removed and assessment performed of wound status (drainage, hematoma, signs of infection). The circulation, sensation, and motor function of the operated extremity is assessed. The wounds are cleaned and redressed. Sutures are removed when appropriate. As healing progresses, the foot is assessed for prominent, loosening, or painful hardware and also the anticipated absence of motion at the arthrodesis site. Adequacy of analgesia is assessed, the PDMP is checked and orders are made for narcotic and nonnarcotic pain medication as needed. The patient will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). DVT prophylaxis medication is reviewed and the order adjusted as appropriate. DME issues are addressed and the patient is counselled on consistent use, fit, and safety. Activity limitations (weight bearing status, ambulation, bathing, etc.) are discussed with the patient and questions answered. The patient will be counseled on expectations of pain and swelling and techniques for mitigation. The patient will be counseled on timing of follow-up visits and expected therapy protocol (ie, the care plan). When appropriate, weight bearing orders will be changed from non-weight bearing to weight bearing with decision making a result of the clinical exam and radiographic interpretation. Patient/family questions are answered. Disability, FMLA, out of work/ other related forms are completed. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider. Note that patient care will continue after the 90- day global period to follow the progress of fusion across the arthrodesis site and the return to shoegear and ADLs which can take up to 6 months.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	William Creevy, MD; Hussein Elkousy, MD; Susan M. Walsh, DPM; Andrew Pavelescu, DPM; Jonathan Feibel, MD; Tye Ouzounian, MD					
Specialty Society(ies):	AAOS, APMA, AOFAS					
CPT Code:	28750					
Sample Size:	3440	**Resp N:**	166			
Description of Sample:	random					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	10.00	**15.00**	30.00	200.00
Survey RVW:	7.45	8.75	**9.29**	9.50	19.00
Pre-Service Evaluation Time:			**35.00**		
Pre-Service Positioning Time:			**10.00**		
Pre-Service Scrub, Dress, Wait Time:			**10.00**		
Intra-Service Time:	30.00	55.00	**60.00**	80.00	120.00

Immediate Post Service-Time:	**15.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**119.00**	99211x **0.00** 12x **1.00** 13x **1.00** 14x **2.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	28750	**Recommended Physician Work RVU: 8.75**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**60.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**33.00**	**-18.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	102.00	99211x **0.00** 12x **1.00** 13x **2.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28297	090	9.29	**RUC Time**

CPT Descriptor Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28295	090	8.57	**RUC Time**

CPT Descriptor Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
21556	090	7.66	**RUC Time**	1806

CPT Descriptor 1 Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); less than 5 cm

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
50590	090	9.77	**RUC Time**	38936

CPT Descriptor 2 Lithotripsy, extracorporeal shock wave

Other Reference CPT Code	Global	Work RVU	Time Source
27792	090	8.75	**RUC Time**

CPT Descriptor Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 95 **% of respondents:** 57.2 **%**

Number of respondents who choose 2nd Key Reference Code: 29 **% of respondents:** 17.4 **%**

TIME ESTIMATES (Median)

	CPT Code: 28750	Top Key Reference CPT Code: 28297	2nd Key Reference CPT Code: **28295**
Median Pre-Service Time	53.00	53.00	53.00
Median Intra-Service Time	60.00	75.00	60.00
Median Immediate Post-service Time	15.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	102.0	94.00	94.00
Median Total Time	**249.00**	**256.00**	**241.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	14%	61%	23%	2%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	17%	61%	22%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	18%	60%	21%
Physical effort required	7%	77%	16%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	12%	57%	32%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	3%	52%	38%	7%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	7%	45%	48%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	7%	38%	55%
Physical effort required	7%	45%	48%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	21%	38%	41%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In April 2024, the RUC identified code 28750 with 2022 Medicare utilization over 10,000 where the top specialty performing over 50% of the Medicare claims did not survey the service. The Workgroup noted that this service was last valued in 1995, podiatry performs 57% of this service and was not involved in the survey. Code 28755 was added as a family code for review.

Compelling Evidence for 28750 and 28755

- *Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as: a previous valuation excluded a specialty that currently provides a plurality of the service.*

28750: The RAW identified that a survey was conducted in 1995 that did not include the dominant provider of the procedure.

28755: The Harvard study did not include podiatrists. Code 28755 was reviewed by 9 general orthopaedic surgeons.

- *Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as: a flawed mechanism or methodology used in the previous valuation*

28750: The survey used for the first 5YR in 1995 did not specify the different components of preservice time (evaluation, positioning, SDW) and therefore underestimated preservice work and time as documented by the current survey. The 1995 survey instrument also did not accurately capture postoperative work (discharge management and specific levels of office visits, but instead asked for total postoperative time).

28755: The Harvard study did not survey pre- or post-service work or time and instead estimated time based on an algorithm. No positioning time was assigned and postoperative work was significantly underestimated based on this methodology.

Recommendation for 28750
The survey 25th percentile work RVU of 8.75 is recommended.

Pre-time
Package 3 is selected with the following modifications:
Evaluation time: No change to package time of 33 minutes.
Positioning time: Total of 10 minutes that includes 7 additional minutes above the standard package time to account for padding of bony prominences, positing and bolstering patient leg to allow for surgical exposure and manipulation of the limb and imaging equipment during surgery.
Scrub, dress, wait time: Package time is reduced to 10 minutes to be consistent with survey median.

Immediate Post-time through discharge from recovery
Package 9b: Package time is reduced to 15 minutes to be consistent with survey median.

Postoperative Office Visits

28750 Summary of Postop E/M	Selected Visit Level CPT Code	MDM			
		Problem	Data	Treatment / Risk	Overall
POV #1	**99214**	Mod[1]	Minimal	Mod[2]	Mod
POV #2	**99213**	Mod[1]	Minimal	Low[2]	Low
POV #3	**99213**	Mod[1]	Minimal	Low[2]	Low
POV #4	**99212**	Mod[1]	Minimal	Minimal	SF

1. *1 or more chronic illnesses with exacerbation, progression, or side effects of treatment*. Patient has severe arthritis of the big toe metatarsophalangeal joint and is not at treatment goal of pain free weight bearing joint fusion. Patient care will continue after the 90-day global period to follow the progress of fusion across the arthrodesis site and the return to shoe gear and ADLs which can take up to 6 months or longer.
2. Although prescription drug management may continue through the third visit, including management of pain medication and DVT prophylaxis, this intensive management is only typical for more than 50% of patients at the first visit.

POV#1 (99214): The patient / family is interviewed and data obtained by clinical staff is reviewed. The findings at surgery and details of the procedure are reviewed with the patient/family. The postoperative dressings and splint/cast are removed and assessment performed of wound status (drainage, hematoma, signs of infection). The circulation, sensation, and motor function of the operated extremity is assessed. The wounds are cleaned and redressed. Adequacy of analgesia is assessed, the PDMP is checked and orders are made for narcotic and nonnarcotic pain medication as needed. The patient will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). DVT prophylaxis medication is

reviewed and the order adjusted as appropriate. DME issues are addressed and the patient is counselled on consistent use, fit, and safety. Activity limitations (weight bearing status, ambulation, bathing, etc.) are discussed with the patient and questions answered. The patient will be counseled on expectations of pain and swelling and techniques for mitigation. The patient will be counseled on timing of follow-up visits and expected therapy protocol (ie, the care plan). Patient/family questions are answered. Disability, FMLA, out of work/ other related forms are completed. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider.

POV#2 (99213): The patient is interviewed and data obtained by clinical staff are reviewed. Interval chart notes, including calls from the patient or pharmacy are reviewed. The postoperative dressings are removed and assessment performed of wound status, drainage, assessing for any evidence of hematoma or signs of infection. The circulation, sensation, and motor function of the operated extremity is assessed. Sutures are removed and wounds are cleaned and redressed as needed. Adequacy of analgesia is assessed, the PDMP is checked for patient compliance, and the patient is counseled about OTC medication as appropriate. DVT prophylaxis medication is reviewed and the order adjusted or discontinued as appropriate. The patient is counseled on expectations of pain, edema, and techniques for mitigation. DME issues are addressed regarding consistent use, fit, and safety. Activity limitations (weight bearing status, ambulation, bathing, etc.) are discussed with the patient and questions answered. Medical record progress notes are entered in the EMR, reviewed, and signed. An update is provided to the PCP and/or referring provider.

POV#3 (99213): The patient is interviewed and data obtained by clinical staff are reviewed. Interval chart notes, including calls from the patient or pharmacy are reviewed. If present, postoperative dressings are removed and assessment performed of the foot, specifically assessing for prominent, loosening, or painful hardware and also the anticipated absence of motion at the arthrodesis site. The patient is counseled on appropriate multi-modal techniques to address edema and pain. DME issues are addressed regarding consistent use, fit, and safety. Activity limitations (weight bearing status, ambulation, bathing, etc.) are discussed with the patient and questions answered. The 3rd visit generally coincides with an activity and weight bearing status change (eg, from non-weight bearing to weight bearing) with decision making a result of the clinical exam and radiographs. Medical record progress notes are entered in the EMR, reviewed, and signed. An update is provided to the PCP and/or referring provider. Continued disability, FMLA, out of work/ other related forms are completed.

POV#4 (99212): The patient is interviewed and data obtained by clinical staff are reviewed. Interval chart notes, including calls from the patient or pharmacy are reviewed. The foot is assessed for prominent, loosening, or painful hardware and also the anticipated absence of motion at the arthrodesis site. The patient is counseled on appropriate multi-modal techniques to address edema and pain. DME issues are addressed regarding consistent use, fit, and safety. Activity limitations (weight bearing status, ambulation, bathing, etc.) are discussed with the patient and questions answered. Medical record progress notes are entered in the EMR, reviewed, and signed. An update is provided to the PCP and/or referring provider. Continued disability, FMLA, out of work/ other related forms are completed.

Note that patient care will continue after the 90- day global period to follow the progress of fusion across the arthrodesis site and the return to shoegear and ADLs which can take up to 6 months.

Key Reference Code Comparison

For both reference codes, the respondents indicated the intensity and complexity of the survey code to be the same or more than the reference codes. Unfortunately, when estimating the total work for the survey code, the respondents underestimated the work and value of the postoperative office visits resulting in a lower intraoperative intensity.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99238	99214	99213	99212
28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	**9.29**	**0.052**	**256**	53	75	15	0.5		2	3
28295	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method	**8.57**	**0.053**	**241**	53	60	15	0.5		2	3
28750	Arthrodesis, great toe; metatarsophalangeal joint	**8.75**	**0.047**	**249**	53	60	15	0.5	1	2	1

Similar Services with 28750

The similar procedures codes below have 60 minutes of intraservice time, less visits, but with one at level 99214, supporting the recommended time, visits, and value of 8.75 for 28750.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99238	99214	99213	99212
26262	Radical resection of tumor, distal phalanx of finger	**8.29**	**0.061**	**212**	34	60	20	0.5	1	1	1
28175	Radical resection of tumor; phalanx of toe	**8.29**	**0.062**	**205**	27	60	20	0.5	1	1	1
28750	Arthrodesis, great toe; metatarsophalangeal joint	**8.75**	**0.047**	**249**	53	60	15	0.5	1	2	1

Other Code Comparison

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99238	99214	99213	99212
27792	Open treatment of distal fibular fracture (lateral malleolus), includes internal fixation, when performed	**8.75**	**0.058**	**245**	58	60	30	0.5		2	2
28750	Arthrodesis, great toe; metatarsophalangeal joint	**8.75**	**0.047**	**249**	53	60	15	0.5	1	2	1

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 28750

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period?
13,589 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty.
Please explain the rationale for this estimate. RUC database 2023 claims

Specialty podiatry Frequency 8050 Percentage 59.23 %

Specialty orthopaedic surgery Frequency 5450 Percentage 40.10 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 28750

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:28755 Tracking Number

Original Specialty Recommended RVU: **8.00**
Presented Recommended RVU: **7.50**
RUC Recommended RVU: **7.50**

Global Period: 090 Current Work RVU: **4.88**

CPT Descriptor: Arthrodesis, great toe; interphalangeal joint

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 50-year-old female with severe arthritis of the big toe interphalangeal joint undergoes arthrodesis of this joint.

Percentage of Survey Respondents who found Vignette to be Typical: 84%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 33% , In the ASC 66%, In the office 1%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Results of preadmission testing are reviewed, including laboratory tests and imaging with special attention to radiographs used to determine the amount of correction in all cardinal planes. The patient is re-examined to make sure that physical findings have not changed, including careful assessment of skin to ensure there are no open wounds or signs of infection. Neurovascular status is assessed. The history and physical are updated in the medical record. The appropriate antibiotic(s) and DVT prevention medication are selected and ordered, and timing and administration are confirmed with anesthesia staff. Local anesthetic is ordered, communicating with the circulating nurse. The plan for anesthesia and case duration is reviewed with the anesthesia staff. The planned procedure and postoperative expectations and management plan are reviewed with the patient. Questions and concerns are addressed and informed consent is reviewed. The surgeon will confirm that all required instruments and supplies are available, including intraoperative imaging/fluoroscopy for guidance and documentation of implant(s); that an array of plates and screws are available for fixation; and that prior X-rays utilized in the decision for surgery are available on a view box or on the PACS in the operating room. Patient positioning and padding of bony prominences are monitored and/or assistance is provided. The position of the extremities are assessed and adjusted as needed. Positioning of fluoroscopic equipment is supervised. A tourniquet is placed at the ankle or the calf as appropriate. TQ settings are checked for pressure and time. A surgical timeout is conducted with the team. The correct local anesthetic is confirmed and prepared for infiltration and a field block is performed by the surgeon. A bolster/bump is placed under the calf of the operative side to position the foot for a circumferential skin prep. Sterile draping of the extremity and thermal regulation drapes are placed. The bolster is removed and the operative extremity is stabilized. The surgeon scrubs and gowns. Surgical incisions are marked. The limb is elevated and exsanguinated and the tourniquet is inflated.

Description of Intra-Service Work: A dorsal incision is made at the hallux coursing over the level of the IP joint and carried through the subcutaneous tissue. Layered dissection is performed. The joint capsule of the IP joint and the periosteum of the head of the proximal phalanx and base of the distal phalanx are incised and separated from the bone and retractors placed. The joint surfaces are prepared using a power saw and a rotary bur to remove all cartilage and a layer of subchondral bone from the head of the proximal phalanx and the base of the distal phalanx. Once the joint surfaces have been prepared, a K-wire/Steinman pin is used to fenestrate the phalanx bones with use of the power equipment placing multiple perforations extending into and through the level of medullary bone. With the articular surfaces fully decorticated and fenestrated in preparation for arthrodesis, the toe is positioned, correcting the deformity in all cardinal planes.

Temporary fixation with a guidepin is placed. Position is confirmed with fluoroscopy and fixation as appropriate is performed using K-wires, dorsal staples, or a single screw from distal to proximal through a separate incision at the distal tip of the toe for insertion of the screw. Placement of the fixation is confirmed with fluoroscopy. Temporary fixation is removed. The surgical wound is irrigated. The deep layers of capsule and periosteum are closed with absorbable suture. The tourniquet is deflated. Reperfusion of the digit is evaluated. The skin is closed with sutures. Supplemental local anesthetic is infiltrated as appropriate.

Description of Post-Service Work:
Facility: A sterile dressing is applied. A cast or splint is applied as appropriate. Assist in transfer of the patient from the OR table to a stretcher or bed; monitor patient stabilization in the recovery room; complete a careful neurologic and vascular examination of the extremity; discuss postoperative recovery care with anesthesia and nursing staff; enter a brief operative note and a full operative report in the medical record; send a copy of the operative note to the PCP and/or referring physician; write comprehensive orders for PACU and discharge to home. Complete medication reconciliation; order and review postoperative radiographs; enter procedure data, including implant details, into longitudinal outcome registries (eg, NSQIP, local registry); and discuss procedure and outcome with patient and family. Ensure patient has the proper DME for safe discharge with a cast shoe and crutches or walker and is cleared for discharge to home.

Office: The patient is interviewed and data obtained by clinical staff are reviewed. The findings at surgery and details of the procedure are reviewed with the patient/family. The postoperative dressings are removed and assessment performed of wound status (drainage, hematoma, signs of infection). The circulation, sensation, and motor function of the operated extremity is assessed. The wounds are cleaned and redressed. Sutures are removed when appropriate. As healing progresses, the foot is assessed for prominent, loosening, or painful hardware and also the anticipated absence of motion at the arthrodesis site. Adequacy of analgesia is assessed, the PDMP is checked and orders are made for narcotic and nonnarcotic pain medication as needed. The patient will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). DVT prophylaxis medication is reviewed and the order adjusted as appropriate. DME issues are addressed and the patient is counselled on consistent use, fit, and safety. Activity limitations (weight bearing status, ambulation, bathing, etc.) are discussed with the patient and questions answered. The patient will be counseled on expectations of pain and swelling and techniques for mitigation. The patient will be counseled on timing of follow-up visits and expected therapy protocol (ie, the care plan). When appropriate, weight bearing orders will be changed from non-weight bearing to weight bearing with decision making a result of the clinical exam and radiographic interpretation. Patient/family questions are answered. Disability, FMLA, out of work/ other related forms are completed. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider. Note that patient care will continue after the 90- day global period to follow the progress of fusion across the arthrodesis site and the return to shoegear and ADLs which can take up to 6 months.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	William Creevy, MD; Hussein Elkousy, MD; Susan M. Walsh, DPM; Andrew Pavelescu, DPM; Jonathan Feibel, MD; Tye Ouzounian, MD					
Specialty Society(ies):	AAOS, APMA, AOFAS					
CPT Code:	28755					
Sample Size:	3440	**Resp N:**	160			
Description of Sample:	random					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	3.00	**5.00**	10.00	75.00	
Survey RVW:	5.02	7.50	**8.00**	8.75	18.00	
Pre-Service Evaluation Time:			**35.00**			
Pre-Service Positioning Time:			**10.00**			
Pre-Service Scrub, Dress, Wait Time:			**10.00**			
Intra-Service Time:	24.00	40.00	**45.00**	60.00	120.00	
Immediate Post Service-Time:	**15.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**38.00**	99238x **1.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**119.00**	99211x **0.00** 12x **1.00** 13x **1.00** 14x **2.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

3-FAC Straightforward Patient/Difficult Procedure

CPT Code:	28755	**Recommended Physician Work RVU: 7.50**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**33.00**	**33.00**	**0.00**
Pre-Service Positioning Time:		**10.00**	**3.00**	**7.00**
Pre-Service Scrub, Dress, Wait Time:		**10.00**	**15.00**	**-5.00**
Intra-Service Time:		**45.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

9B General Anes or Complex Regional Blk/Cmplx Proc

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**15.00**	**33.00**	**-18.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	19.00	99238x **0.5** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	102.00	99211x **0.00** 12x **1.00** 13x **2.00** 14x **1.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? No

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28298	090	7.75	**RUC Time**

CPT Descriptor Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
28291	090	8.01	**RUC Time**

CPT Descriptor Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
15823	090	6.81	**RUC Time**	87,515

CPT Descriptor 1 Blepharoplasty, upper eyelid; with excessive skin weighting down lid

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
54530	090	8.46	**RUC Time**	1012

CPT Descriptor 2 Orchiectomy, radical, for tumor; inguinal approach

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 58 **% of respondents:** 36.2 **%**

Number of respondents who choose 2nd Key Reference Code: 24 **% of respondents:** 15.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 28755	Top Key Reference CPT Code: 28298	2nd Key Reference CPT Code: **28291**
Median Pre-Service Time	53.00	53.00	53.00
Median Intra-Service Time	45.00	60.00	50.00
Median Immediate Post-service Time	15.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	19.0	19.00	19.00
Median Office Visit Time	102.0	78.00	78.00
Median Total Time	**234.00**	**225.00**	**215.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	17%	47%	31%	5%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	21%	48%	31%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	16%	52%	33%
Physical effort required	14%	64%	22%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with	14%	52%	34%

poor outcome

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	25%	33%	42%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	54%	38%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	46%	38%
Physical effort required	8%	63%	29%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	17%	50%	33%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

In April 2024, the RUC identified code 28750 with 2022 Medicare utilization over 10,000 where the top specialty performing over 50% of the Medicare claims did not survey the service. The Workgroup noted that this service was last valued in 1995, podiatry performs 57% of this service and was not involved in the survey. Code 28755 was added as a family code for review.

Compelling Evidence for 28750 and 28755

- *Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as: a previous valuation excluded a specialty that currently provides a plurality of the service.*

28750: The RAW identified that a survey was conducted in 1995 that did not include the dominant provider of the procedure.

28755: The Harvard study did not include podiatrists. Code 28755 was reviewed by 9 general orthopaedic surgeons.

- *Evidence that incorrect assumptions were made in the previous valuation of the service, as documented, such as: a flawed mechanism or methodology used in the previous valuation*

28750: The survey used for the first 5YR in 1995 did not specify the different components of preservice time (evaluation, positioning, SDW) and therefore underestimated preservice work and time as documented by the current survey. The 1995 survey instrument also did not accurately capture postoperative work (discharge management and specific levels of office visits, but instead asked for total postoperative time).

28755: The Harvard study did not survey pre- or post-service work or time and instead estimated time based on an algorithm. No positioning time was assigned and postoperative work was significantly underestimated based on this methodology.

Recommendation for 28755
The survey 25th percentile work RVU of 7.50 is recommended.

Pre-time
Package 3 is selected with the following modifications:
Evaluation time: No change to package time of 33 minutes.
Positioning time: Total of 10 minutes that includes 7 additional minutes above the standard package time to account for padding of bony prominences, positing and bolstering patient leg to allow for surgical exposure and manipulation of the limb and imaging equipment during surgery.
Scrub, dress, wait time: Package time is reduced to 10 minutes to be consistent with survey median.

Immediate Post-time through discharge from recovery
Package 9b: Package time is reduced to 15 minutes to be consistent with survey median.

Postoperative Office Visits

28750 Summary of Postop E/M	Selected Visit Level CPT Code	MDM			
		Problem	Data	Treatment / Risk	Overall
POV #1	**99214**	Mod[1]	Minimal	Mod[2]	Mod
POV #2	**99213**	Mod[1]	Minimal	Low[2]	Low
POV #3	**99213**	Mod[1]	Minimal	Low[2]	Low
POV #4	**99212**	Mod[1]	Minimal	Minimal	SF

1. *1 or more chronic illnesses with exacerbation, progression, or side effects of treatment*. Patient has severe arthritis of the big toe metatarsophalangeal joint and is not at treatment goal of pain free weight bearing joint fusion. Patient care will continue after the 90-day global period to follow the progress of fusion across the arthrodesis site and the return to shoe gear and ADLs which can take up to 6 months or longer.
2. Although prescription drug management may continue through the third visit, including management of pain medication and DVT prophylaxis, this intensive management is only typical for more than 50% of patients at the first visit.

POV#1 (99214): The patient / family is interviewed and data obtained by clinical staff is reviewed. The findings at surgery and details of the procedure are reviewed with the patient/family. The postoperative dressings and splint/cast are removed and assessment performed of wound status (drainage, hematoma, signs of infection). The circulation, sensation, and motor function of the operated extremity is assessed. The wounds are cleaned and redressed. Adequacy of analgesia is assessed, the PDMP is checked and orders are made for narcotic and nonnarcotic pain medication as needed. The patient will be counseled on appropriate multi-modal pain management (ie, narcotic, nonnarcotic). DVT prophylaxis medication is

reviewed and the order adjusted as appropriate. DME issues are addressed and the patient is counselled on consistent use, fit, and safety. Activity limitations (weight bearing status, ambulation, bathing, etc.) are discussed with the patient and questions answered. The patient will be counseled on expectations of pain and swelling and techniques for mitigation. The patient will be counseled on timing of follow-up visits and expected therapy protocol (ie, the care plan). Patient/family questions are answered. Disability, FMLA, out of work/ other related forms are completed. Medical record progress notes are dictated, reviewed, and signed. An update is provided to the PCP and/or referring provider.

POV#2 (99213): The patient is interviewed and data obtained by clinical staff are reviewed. Interval chart notes, including calls from the patient or pharmacy are reviewed. The postoperative dressings are removed and assessment performed of wound status, drainage, assessing for any evidence of hematoma or signs of infection. The circulation, sensation, and motor function of the operated extremity is assessed. Sutures are removed and wounds are cleaned and redressed as needed. Adequacy of analgesia is assessed, the PDMP is checked for patient compliance, and the patient is counseled about OTC medication as appropriate. DVT prophylaxis medication is reviewed and the order adjusted or discontinued as appropriate. The patient is counseled on expectations of pain, edema, and techniques for mitigation. DME issues are addressed regarding consistent use, fit, and safety. Activity limitations (weight bearing status, ambulation, bathing, etc.) are discussed with the patient and questions answered. Medical record progress notes are entered in the EMR, reviewed, and signed. An update is provided to the PCP and/or referring provider.

POV#3 (99213): The patient is interviewed and data obtained by clinical staff are reviewed. Interval chart notes, including calls from the patient or pharmacy are reviewed. If present, postoperative dressings are removed and assessment performed of the foot, specifically assessing for prominent, loosening, or painful hardware and also the anticipated absence of motion at the arthrodesis site. The patient is counseled on appropriate multi-modal techniques to address edema and pain. DME issues are addressed regarding consistent use, fit, and safety. Activity limitations (weight bearing status, ambulation, bathing, etc.) are discussed with the patient and questions answered. The 3rd visit generally coincides with an activity and weight bearing status change (eg, from non-weight bearing to weight bearing) with decision making a result of the clinical exam and radiographs. Medical record progress notes are entered in the EMR, reviewed, and signed. An update is provided to the PCP and/or referring provider. Continued disability, FMLA, out of work/ other related forms are completed.

POV#4 (99212): The patient is interviewed and data obtained by clinical staff are reviewed. Interval chart notes, including calls from the patient or pharmacy are reviewed. The foot is assessed for prominent, loosening, or painful hardware and also the anticipated absence of motion at the arthrodesis site. The patient is counseled on appropriate multi-modal techniques to address edema and pain. DME issues are addressed regarding consistent use, fit, and safety. Activity limitations (weight bearing status, ambulation, bathing, etc.) are discussed with the patient and questions answered. Medical record progress notes are entered in the EMR, reviewed, and signed. An update is provided to the PCP and/or referring provider. Continued disability, FMLA, out of work/ other related forms are completed.

Note that patient care will continue after the 90- day global period to follow the progress of fusion across the arthrodesis site and the return to shoegear and ADLs which can take up to 6 months.

Key Reference Code Comparison

For both reference codes, the respondents indicated the intensity and complexity of the survey code to be the same or more than the reference codes. Unfortunately, when estimating the total work for the survey code, the respondents underestimated the work and value of the postoperative office visits resulting in a lower intraoperative intensity.

CPT	DESCRIPTOR	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99238	99214	99213	99212
28298	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method	**7.75**	**0.047**	**225**	53	60	15	0.5		2	2
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; with implant	**8.01**	**0.062**	**215**	53	50	15	0.5		2	2
28755	Arthrodesis, great toe; interphalangeal joint	**7.50**	**0.035**	**234**	53	45	15	0.5	1	2	1

Other Code Comparison

Below are codes reviewed by the RUC in the past 10 years that have 45 minutes of intraservice time, are typically performed as an outpatient, and have similar work RVUs. Many of these codes have significantly less total time because

they are minor procedures and do not require extensive followup. However, they have similar work RVUs and support the recommended value of 7.50 for 28755.

CPT	DESCRIPTOR	Global	RVW	IWPUT	TOTAL TIME	PRE	INTRA	IMM POST	99238	99214	99213	99212
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level	090	**7.03**	**0.077**	**175**	55	**45**	17	0.5		1	1
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	010	**7.21**	**0.095**	**153**	51	**45**	15	0.5		1	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	010	**7.33**	**0.097**	**150**	43	**45**	20	0.5		1	
28292	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method	090	**7.44**	**0.045**	**226**	53	**45**	15	0.5		2	3
28755	Arthrodesis, great toe; interphalangeal joint	**090**	**7.50**	**0.035**	**234**	53	**45**	15	0.5	1	2	1
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	010	**7.90**	**0.110**	**150**	43	**45**	20	0.5		1	
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar	010	**7.99**	**0.112**	**150**	43	**45**	20	0.5		1	
66682	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)	090	**8.74**	**0.081**	**202**	43	**45**	10	0.5		3	1

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 28755

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty podiatry How often? Sometimes

Specialty orthopaedic surgery How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period?
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. national utilization is not available

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,924
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. RUC database 2023 claims

Specialty podiatry Frequency 1275 Percentage 66.26 %

Specialty orthopaedic surgery Frequency 650 Percentage 33.78 %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Major procedure

BETOS Sub-classification Level II:
Orthopedic - other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 28755

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

ISSUE: Arthrodesis – Great Toe

TAB: 22

SOURCE	CPT	DESC	global	Review Year	Resp	IWPUT	WPUT	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE EVAL	PRE POSIT	PRE SDW	INTRA MIN	INTRA 25th	INTRA MED	INTRA 75th	INTRA MAX	POST P-SD	POST 38	POST 39	POST-OFFICE 15	POST-OFFICE 14	POST-OFFICE 13	POST-OFFICE 12	POST-OFFICE 11	12 Month Svy Experience MIN	12 Month Svy Experience 25th	12 Month Svy Experience MED	12 Month Svy Experience 75th	12 Month Svy Experience MAX
REF1	28297	Correction, hallux valgus with bunior	90	2016	95	0.052	0.036			9.29			256	33	10	10			75			15	0.5				2	3						
REF2	28295	Correction, hallux valgus with bunior	90	2016	29	0.053	0.036			8.57			241	33	10	10			60			15	0.5				2	3						
current	28750	Arthrodesis, great toe; metatarsoph	90	1995		0.042	0.036			8.57			237	40	0	0			75			30					4						
SVY	28750	Arthrodesis, great toe; metatarso	90		166	0.036	0.032	7.45	8.75	9.29	9.50	19.00	287	35	10	10	30	55	60	80	120	15	1.0		2	1	1			0	10	15	30	200
REC	28750	Arthrodesis, great toe; metatarsophalangeal joint	90			0.047	0.035			8.75			249	33	10	10			60			15	0.5		1	2	1							
REF1	28298	Correction, hallux valgus with bunior	90	2016	58	0.047	0.034			7.75			225	33	10	10			60			15	0.5				2	2						
REF2	28291	Hallux rigidus correction with cheilec	90	2016	24	0.062	0.037			8.01			215	33	10	10			50			15	0.5				2	2						
current	28755	Arthrodesis, great toe; interphalang	90	HVD		0.041	0.028			4.88			172	19	0	25			44			17	0.5					3						
SVY	28755	Arthrodesis, great toe; interphala	90		160	0.019	0.029	5.02	7.50	8.00	8.75	18.00	272	35	10	10	24	40	45	60	120	15	1.0		2	1	1			0	3	5	10	75
REC	28755	Arthrodesis, great toe; interphalangeal joint	90			0.035	0.032			7.50			234	33	10	10			45			15	0.5		1	2	1							

FACILITY DIRECT PE INPUTS

CPT CODE(S): 28750, 28755
SPECIALTY SOCIETY(IES): APMA, AOFAS, AAOS
PRESENTER(S): Susan M. Walsh, DPM; Andrew Pavelescu, DPM; William Creevy, MD; Hussein Elkousy, MD; Jonathan Feibel, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
28750	Arthrodesis, great toe; metatarsophalangeal joint	090
28755	Arthrodesis, great toe; interphalangeal joint	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
28750	A 50-year-old female with severe arthritis of the big toe metatarsophalangeal joint undergoes arthrodesis of this joint.
28755	A 50-year-old female with severe arthritis of the big toe interphalangeal joint undergoes arthrodesis of this joint.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The society advisors reviewed the current PE details to determine if any changes were needed.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   28750, 28755
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   no
   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   n/a
   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

FACILITY DIRECT PE INPUTS

CPT CODE(S): 28750, 28755
SPECIALTY SOCIETY(IES): APMA, AOFAS, AAOS
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

no

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

n/a

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

n/a

8. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

CA001: Reviews the diagnostic pre-service and referral forms to ensure they are complete and submitted appropriately. CA002: Collects and coordinates the request from referring physician and ensures all appropriate preoperative imaging has been performed. In addition, the staff is arranges a preoperative medical clearance to ensure the medical fitness for procedure. CA003: Schedule availability in the OR and confirm availability of the procedure specific equipment and supplies. CA004: Education is provided to the patient and patient's family/caregiver(s) to prepare for the arthrodesis and for care after procedure. Questions and concerns are addressed and informed consent is reviewed. CA005: Complete phone calls to patient about pre-procedure restrictions in diet and/or medications and contacts a patient's pharmacy for any needed medications post-procedure.

    b. Service period (includes pre, intra and post):

CA036: Clinical staff will arrange for transfer of all operative details, recovery details, discharge forms and orders from the facility patient records to the patient's office records.

    c. Post-service period:

CA039: Staff will work with the physician over the course of the post operative period and as part of the visits to collect necessary information for the physician, review current status and vitals of the patient and communicate these with the physician and assist in documenting within the medical record.

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

n/a

FACILITY DIRECT PE INPUTS

CPT CODE(S): 28750, 28755
SPECIALTY SOCIETY(IES): APMA, AOFAS, AAOS
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

n/a

14. Are you recommending a PE supply pack for this recommendation? **YES**
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

SA054 pack, post-op incision care (suture)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, post-op incision care (suture)	**SA054**	**pack**	
kit, suture removal		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	1
steri-strip (6 strip uou)		item	2
swab-pad, alcohol		item	2
tape, surgical paper 1in (Micropore)		inch	12
tincture of benzoin, swab		item	1

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

n/a

FACILITY DIRECT PE INPUTS

CPT CODE(S): 28750, 28755
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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

no

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

EF031	table, power	Office Visits	
EQ168	light, exam	Other Formula – first two POVs only	

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

FACILITY DIRECT PE INPUTS

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AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 28750, 28755
SPECIALTY SOCIETY(IES): APMA, AOFAS, AAOS
PRESENTER(S): Susan M. Walsh, DPM; Andrew Pavelescu, DPM; William Creevy, MD; Hussein Elkousy, MD; Jonathan Feibel, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
28750	Arthrodesis, great toe; metatarsophalangeal joint	090
28755	Arthrodesis, great toe; interphalangeal joint	090

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
28750	A 50-year-old female with severe arthritis of the big toe metatarsophalangeal joint undergoes arthrodesis of this joint.
28755	A 50-year-old female with severe arthritis of the big toe interphalangeal joint undergoes arthrodesis of this joint.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The society advisors reviewed the current PE details to determine if any changes were needed.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   28750, 28755
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service? **NO**
   Is this code(s) typically reported with the E/M service in the non-facility? **NO**
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   28750 and 28755: Podiatry is dominant in the NF and global
   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 28750, 28755
SPECIALTY SOCIETY(IES): APMA, AOFAS, AAOS
PRESENTER(S): Susan M. Walsh, DPM; Andrew Pavelescu, DPM; William Creevy, MD; Hussein Elkousy, MD; Jonathan Feibel, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Codes 28750 and 28755 were reviewed with a large number of foot and ankle procedures in 2003. Several supply and equipment items were missing that are necessary for these procedures. For example, no drills, saws, or screws were included. Similarly, although a suction machine was included, there were no suction machine supplies. A mobile C-arm is standard to confirm work throughout the procedure as described in the DOW. The advisors reviewed the current inputs and added and deleted items as appropriate for these two codes.

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

no

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

CA013 standard is 2 min, recommendation is 5 minutes. The standard 2 minutes is based on prepping a room for an E/M service. This procedure requires several pieces of equipment and related supplies that need to be set up in the room and tested for function (eg, tourniquet system, suction machine, cautery, drill systems, c-arm). An additional 3 minutes over standard time for this work is conservative.

CA022: Patient will be monitored for a minimum of 10 minutes prior to attempt to ambulate in a non-weightbearing fashion. During the 10 minutes, the clinical staff will be able to multitask (eg cleaning off the equipment). Therefore, 2.5 minutes is recommended (1:4 or 2.5:10)

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

CA029 and CA035 previously were a single activity at 3 minutes. The recommendation is to split the 3 minutes into the standards for these activities as 2 min for CA029 and 1 min for CA035.

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

5 min was previously assigned. However, the recommendation 3 minutes for temp, bp, and pulse.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

CA001: Reviews the diagnostic pre-service and referral forms to ensure they are complete and submitted appropriately.

CA002: Collects and coordinates the request from referring physician and ensures all appropriate preoperative imaging has been performed. In addition, the staff is arranges a preoperative medical clearance to ensure the medical fitness for procedure.

CA004: Education is provided to the patient and patient's family/caregiver(s) to prepare for the arthrodesis and for care after procedure. Questions and concerns are addressed and informed consent is reviewed.

CA005: Complete phone calls to patient about pre-procedure restrictions in diet and/or medications and contacts a patient's pharmacy for any needed medications post-procedure.

    b. Service period (includes pre, intra and post):

CA009: Greet the patient, providing gowning, ensure appropriate medical records are available.

CA010: Obtain vital signs of weight and obtain heart rate, temperature and blood pressure.

CA013: Prepare room, supplies (including surgical instruments) and the many pieces of equipment that need to be confirmed to be operating properly, loading patient information when necessary, and attaching supplies where needed (eg, suction, cautery, drill, tourniquet).

CA016: Assist with initial positioning and monitoring of patient and stabilizing extremity

CA017: Assist physician during administration of block and local anesthetic

CA018: Assist Physician - This is a hip-to-hip clinical staff who is scrubbed into the procedure and assists the physician throughout the procedure from incision to close. This staff person directly works with the physician to complete the procedure and handles equipment and supplies and maintains their sterility.

CA023: Monitor patient for a minimum of 10 minutes while cleaning the many pieces of equipment used during the procedure (1:4 multitask)

CA024: Dispose used supplies and fluids from irrigation, restock anesthetics, and clean room surfaces

CA026: Clean surgical instrument pack per protocol established by the PEAC

CA029: Clinical staff will spend time checking the dressings to confirm no excessive bleeding and that wraps are not too tight from swelling once the patient is no longer supine

CA035: Review home care instructions, activity limitations, and mobility instructions

    c. Post-service period:

CA039: Staff will work with the physician over the course of the post operative period and as part of the visits to collect necessary information for the physician, review current status and vitals of the patient and communicate these to the physician and assist in documenting within the medical record.

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 28750, 28755
SPECIALTY SOCIETY(IES): APMA, AOFAS, AAOS
PRESENTER(S): Susan M. Walsh, DPM; Andrew Pavelescu, DPM; William Creevy, MD; Hussein Elkousy, MD; Jonathan Feibel, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

This is a hip-to-hip clinical staff who is scrubbed into the procedure and assists the physician throughout the procedure from puncture to close. This staff person directly works with the physician to complete the procedure and handles equipment and supplies and maintains their sterility. For example, irrigation, cautery, handing instruments.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

n/a

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

n/a

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

n/a

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

n/a

18. Are you recommending a PE supply pack for this recommendation? **Yes**
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

SA083 pack, protective, ortho, large SA080 pack, drapes, ortho, large SA088 tray, surgical skin prep, sterile SA043 pack, cleaning, surgical instruments

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 28750, 28755
SPECIALTY SOCIETY(IES): APMA, AOFAS, AAOS
PRESENTER(S): Susan M. Walsh, DPM; Andrew Pavelescu, DPM; William Creevy, MD; Hussein Elkousy, MD; Jonathan Feibel, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

SA054 pack, post-op incision care (suture)

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

DESCRIPTION	Code	Unit	Item Qty
pack, protective, ortho, large	**SA083**	**pack**	
gloves, non-sterile		pair	2
gloves, sterile		pair	4
gown, staff, impervious		item	2
mask, surgical, with face shield		item	2
shoe covers, surgical		pair	2
cap, surgical		item	1

DESCRIPTION	Code	Unit	Item Qty
pack, drape, ortho, large	**SA080**	**pack**	
drape, sterile, for Mayo stand		item	1
drape, sterile, u-shape		item	1
drape, sterile, three-quarter sheet		item	1
bandage, Esmarch-Martin, sterile 3in x 9ft		item	1
drape, sterile, hand-upper extremity		item	1

tray, surgical skin prep, sterile	SA088	tray
PVP-I scrub solution, 118 ml bottle	1	item
PVP-I topical solution, 118 ml bottle	1	item
sponge sticks	3	item
small foam winged sponges	6	item
latex procedure gloves	1	pair
absorbent blotting towels	2	item
patient underdrapes	2	item
cotton-tipped applicators	2	item
hospital wrap	1	item

DESCRIPTION	Code	Unit	Item Qty
pack, cleaning, surgical instruments	**SA043**	**pack**	1
gloves, non-sterile		pair	2

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 28750, 28755
SPECIALTY SOCIETY(IES): APMA, AOFAS, AAOS
PRESENTER(S): Susan M. Walsh, DPM; Andrew Pavelescu, DPM; William Creevy, MD; Hussein Elkousy, MD; Jonathan Feibel, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

gown, staff, impervious	item	1
face shield, splash protection	item	1
autoclave bag	item	1
autoclave tape	yd	0.33
enzymatic detergent	oz	1
cleaning brush, instruments	item	1

DESCRIPTION	Code	Unit	Item Qty
pack, post-op incision care (suture)	**SA054**	**pack**	
kit, suture removal		kit	1
povidone soln (Betadine)		ml	10
gauze, sterile 4in x 4in		item	2
gloves, sterile		pair	1
steri-strip (6 strip uou)		item	2
swab-pad, alcohol		item	2
tape, surgical paper 1in (Micropore)		inch	12
tincture of benzoin, swab		item	1

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

n/a

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

n/a

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

no

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

	EF031	table, power	Office Visits	

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 28750, 28755
SPECIALTY SOCIETY(IES): APMA, AOFAS, AAOS
PRESENTER(S): Susan M. Walsh, DPM; Andrew Pavelescu, DPM; William Creevy, MD; Hussein Elkousy, MD; Jonathan Feibel, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

EF015	mayo stand	Default
EF014	light, surgical	Default
EQ168	light, exam	Other Formula – first two POVs only
EQ240	tourniquet system (Zimmer1200)	Default
EQ235	suction machine (Gomco)	Default
EQ138	instrument pack, medium ($1500 and up)	Default
EQ110	electrocautery-hyfrecator, up to 45 watts	Default
EQ107	drill system, surgical, small-micro (Stryker)	Default
EQ106	drill system, surgical, large (Stryker)	Deleted – only small system is used
ER031	fluoroscopic system, mobile C-Arm	Default

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

(a) national data not available
(b) 28750 = 13,589 28755 = 1,924

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

28750, 28755

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

SA048	pack, minimum multi-specialty visit	Pack deleted
SB036	paper, exam table	Only pack items that will be used for these procedures on day of procedure and POVs
SB022	gloves, non-sterile	
SB004	cover, thermometer probe	

SJ053	swab-pad, alcohol	4 added: swab tops of anesth vials and swab lidocaine injection sites
SH021	bupivacaine 0.25% inj (Marcaine)	for block / longer acting anesth
SH047	lidocaine 1%-2% inj (Xylocaine)	
SC029	needle, 18-27g	4 needed: two to draw up each anesth and two to inject each anesth
SC051	syringe 10-12ml	2 needed: one for each anesth

SD142	bur, surgical, sterile (drill)	Items missing for performing arthrodesis
SF011	blade, surgical, sterile, power saw	
SD202	screw, surgical, standard, 2.7mm x	

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 28750, 28755
SPECIALTY SOCIETY(IES): APMA, AOFAS, AAOS
PRESENTER(S): Susan M. Walsh, DPM; Andrew Pavelescu, DPM; William Creevy, MD; Hussein Elkousy, MD; Jonathan Feibel, MD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

	12mm	

SJ009	basin, irrigation	2 needed – one for irrigation and one for prepping casting tape

SG041	dressing, 5in x 9in (Xeroform)	wound dressings and casting materials. Cast will cover foot, ankle and calf.
SG025	cast, padding 4in x 4yd (Webril)	
SG029	casting tape, fiberglass 4in x 4yd	
SG027	cast, stockinette 4in	
SG016	bandage, Kerlix, sterile 4.5in	
SG012	bandage, elastic wrap 4in (Ace)	
SG013	bandage, elastic wrap 6in (Ace)	
SG079	tape, surgical paper 1in (Micropore)	

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	I	J	K	L	M	N	O	P
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2						28750		28750		28755		28755	
3	Clinical Activity Code	Meeting Date: 01/2025 Revision Date (if applicable): 1-13-25 Tab: 22 Specialty: APMA, AOFAS, AAOS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Arthrodesis, great toe; metatarsophalangeal joint		Arthrodesis, great toe; metatarsophalangeal joint		Arthrodesis, great toe; interphalangeal joint		Arthrodesis, great toe; interphalangeal joint	
4		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5		GLOBAL PERIOD				090	090	090	090	090	090	090	090
6		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 313.19	$ 140.76	$ 503.44	$ 127.54	$ 252.32	$ 100.56	$ 487.66	$ 127.54
7		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	298.0	210.0	285.5	218.0	204.0	147.0	270.5	218.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	35.0	60.0	35.0	60.0	35.0	60.0	35.0	60.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	119.0	6.0	98.5	6.0	88.0	6.0	83.5	6.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	144.0	144.0	152.0	152.0	81.0	81.0	152.0	152.0
11		TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE				$ 160.92	$ 113.40	$ 154.17	$ 117.72	$ 110.16	$ 79.38	$ 146.07	$ 117.72
12		PRE-SERVICE PERIOD											
13		Start: Following visit when decision for surgery/procedure made											
14	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54	5	5	5	5	5	5	5	5
15	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54	10	20	10	20	10	20	10	20
16	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54	0	8	0	8	0	8	0	8
17	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54	10	20	10	20	10	20	10	20
18	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54	10	7	10	7	10	7	10	7
22		End: When patient enters office/facility for surgery/procedure											
23		SERVICE PERIOD											
24		Start: When patient enters office/facility for surgery/procedure:											
25		Pre-Service (of service period)											
26	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54	5		3		5		3	
27	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54	5		3		5		3	
28	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54								
30	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54	5		5		5		5	
33	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54	2		2		2		2	
34	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54	2		2		2		2	
35		Intra-service (of service period)											
36	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54	75		60		44		45	
40		Post-Service (of service period)											
41	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54			2.5				2.5	
42	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54	2				2			
43	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	2		3		2		3	
44	CA025	Clean scope	L037D	RN/LPN/MTA	0.54								
45	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54	15		15		15		15	
46	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54	3				3			
48	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54	3		1		3		1	
54	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54			2				2	
55	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	n/a	6	n/a	6	n/a	6	n/a	6
56		End: Patient leaves office/facility											
57		POST-SERVICE PERIOD											
58		Start: Patient leaves office/facility											
61		*Office visits: List Number and Level of Office Visits*	MINUTES			# visits	# visits	# visits	# visits	# visits	# visits	# visits	# visits
62		99211 16 minutes	16										
63		99212 27 minutes	27					1	1	3	3	1	1
64		99213 36 minutes	36			4	4	2	2			2	2
65		99214 53 minutes	53					1	1			1	1
66		99215 63 minutes	63										
67	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	144.0	144.0	152.0	152.0	81.0	81.0	152.0	152.0
74		End: with last office visit before end of global period											

	A	B	D	E	F	I	J	K	L	M	N	O	P
1	RUC Practice Expense Spreadsheet					CURRENT		RECOMMENDED		CURRENT		RECOMMENDED	
2						28750		28750		28755		28755	
3	Clinical Activity Code	Meeting Date: 01/2025 Revision Date (if applicable): 1-13-25 Tab: 22 Specialty: APMA, AOFAS, AAOS	Clinical Staff Type Code	Clinical Staff Type	Clinical Staff Type Rate Per Minute	Arthrodesis, great toe; metatarsophalangeal joint		Arthrodesis, great toe; metatarsophalangeal joint		Arthrodesis, great toe; interphalangeal joint		Arthrodesis, great toe; interphalangeal joint	
4		LOCATION				Non Fac	Facility	Non Fac	Facility	Non Fac	Facility	Non Fac	Facility
5		GLOBAL PERIOD				090	090	090	090	090	090	090	090
6		TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME				$ 313.19	$ 140.76	$ 503.44	$ 127.54	$ 252.32	$ 100.56	$ 487.66	$ 127.54
7		TOTAL CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	298.0	210.0	285.5	218.0	204.0	147.0	270.5	218.0
8		TOTAL PRE-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	35.0	60.0	35.0	60.0	35.0	60.0	35.0	60.0
9		TOTAL SERVICE PERIOD CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	119.0	6.0	98.5	6.0	88.0	6.0	83.5	6.0
10		TOTAL POST-SERVICE CLINICAL STAFF TIME	L037D	RN/LPN/MTA	0.54	144.0	144.0	152.0	152.0	81.0	81.0	152.0	152.0
75	Supply Code	MEDICAL SUPPLIES	PRICE	UNIT									
76		TOTAL COST OF SUPPLY QUANTITY x PRICE				$ 134.54	$ 24.70	$ 305.98	$ 7.09	$ 129.52	$ 19.68	$ 305.98	$ 7.09
77	SA048	pack, minimum multi-specialty visit	5.02	pack		5	4			4	3		
78	SB036	paper, exam table	0.014	foot				35	28			35	28
79	SB022	gloves, non-sterile	0.3	pair				5	4			5	4
80	SB004	cover, thermometer probe	0.22	item				5	4			5	4
81	SA083	pack, protective, ortho, large	10.86	pack		1		1		1		1	
82	SA080	pack, drapes, ortho, large	37.3	pack		1		1		1		1	
83	SB016	drape-cover, sterile, OR light handle	1.1	item		2		2		2		2	
84	SB008	drape, sterile, c-arm, fluoro	5.38	item				1				1	
85	SA088	tray, surgical skin prep, sterile	3.45	tray		1		1		1		1	
86	SK075	skin marking pen, sterile (Skin Skribe)	1.62	item				1				1	
87	SJ053	swab-pad, alcohol	0.04	item				4				4	
88	SH021	bupivacaine 0.25% inj (Marcaine)	0.5	ml				10				10	
89	SH047	lidocaine 1%-2% inj (Xylocaine)	0.06	ml		10		10		10		10	
90	SC029	needle, 18-27g	0.04	item		2		4		2		4	
91	SC051	syringe 10-12ml	0.21	item		1		2		1		2	
92	SD053	electrode, ECG (single)	0.06	item		1				1			
93	SF033	scalpel with blade, surgical (#10-20)	1.04	item		2		2		2		2	
94	SF020	cautery, monopolar, pencil-handpiece	5.67	item		1		1		1		1	
95	SF021	cautery, patient ground pad w-cord	7.02	item		1		1		1		1	
96	SD142	bur, surgical, sterile (drill)	5.13	item				1				1	
97	SF011	blade, surgical, sterile, power saw	11.95	item				1				1	
98	SD202	screw, surgical, standard, 2.7mm x 12mm	73.66	item				2				2	
99	SJ010	basin, emesis	0.25	item		1		1		1		1	
100	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	3.34	item		1		1		1		1	
101	SB044	underpad 2ft x 3ft (Chux)	0.32	item				1				1	
102	SJ009	basin, irrigation	2	item		1		2		1		2	
103	SJ011	bulb syringe (Asepto)	1.84	item		1		1		1		1	
104	SD009	canister, suction	4.31	item				1				1	
105	SD132	tubing, suction, non-latex (6ft uou)	0.63	item				1				1	
106	SD134	tubing, suction, non-latex (6ft) with Yankauer tip (1)	2.67	item				1				1	
107	SG056	gauze, sterile 4in x 4in (10 pack uou)	1.2	item		1		1		1		1	
108	SF036	suture, nylon, 3-0 to 6-0, c	3.21	item		1		1		1		1	
109	SF040	suture, vicryl, 3-0 to 6-0, p, ps	8.52	item		1		1		1		1	
110	SG041	dressing, 5in x 9in (Xeroform)	1.7	item		1		1		1		1	
111	SG025	cast, padding 4in x 4yd (Webril)	1.7	item				1				1	
112	SG029	casting tape, fiberglass 4in x 4yd	12.454	item				0.25				0.25	
113	SG027	cast, stockinette 4in	0.6	yd				1				1	
114	SG016	bandage, Kerlix, sterile 4.5in	0.56	item		1		1		1		1	
115	SG012	bandage, elastic wrap 4in (Ace)	0.52	item				1				1	
116	SG013	bandage, elastic wrap 6in (Ace)	0.8	item				1				1	
117	SG079	tape, surgical paper 1in (Micropore)	0.01	inch		6		6		6		6	
118	SA043	pack, cleaning, surgical instruments	12.61	pack		1		1		1		1	
119	SA054	pack, post-op incision care (suture)	4.62	pack		1	1	1	1	1	1	1	1
120													
121													
122	Equipment Code	EQUIPMENT	Purchase Price	Equipment Formula	Cost Per Minute								
123		TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE				$ 17.73	$ 2.66	$ 43.29	$ 2.73	$ 12.64	$ 1.50	$ 35.60	$ 2.73
124	EF031	table, power	5906.76	Office Visits	0.015674926	263	144	231	152	169	81	216	152
125	EF014	light, surgical	1256.667	Default	0.002795322	263	144	79		169	81	64	
126	EQ168	light, exam	1232.887	Other Formula	0.003271745			106	106			106	106
127	EQ240	tourniquet system (Zimmer1200)	8836.646	Default	0.028521442	119		79		88		64	

	A	B	D	E	F	I	J	K	L	M	N	O	P
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**		**CURRENT**		**RECOMMENDED**	
2						**28750**		**28750**		**28755**		**28755**	
3	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable): 1-13-25** **Tab: 22** **Specialty: APMA, AOFAS, AAOS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Arthrodesis, great toe; metatarsophalangeal joint		Arthrodesis, great toe; metatarsophalangeal joint		Arthrodesis, great toe; interphalangeal joint		Arthrodesis, great toe; interphalangeal joint	
4		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
5		**GLOBAL PERIOD**				**090**	**090**	**090**	**090**	**090**	**090**	**090**	**090**
6		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 313.19**	**$ 140.76**	**$ 503.44**	**$ 127.54**	**$ 252.32**	**$ 100.56**	**$ 487.66**	**$ 127.54**
7		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**298.0**	**210.0**	**285.5**	**218.0**	**204.0**	**147.0**	**270.5**	**218.0**
8		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**	**35.0**	**60.0**
9		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**119.0**	**6.0**	**98.5**	**6.0**	**88.0**	**6.0**	**83.5**	**6.0**
10		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**144.0**	**144.0**	**152.0**	**152.0**	**81.0**	**81.0**	**152.0**	**152.0**
128	EQ235	suction machine (Gomco)	3195.85	Default	0.008480912	119		79		88		64	
129	EF015	mayo stand	522.804	Default	0.001162922	119		79		88		64	
130	EQ138	instrument pack, medium ($1500 and up)	1500	Instrument Packs	0.00697135	119		90		88		75	
131	EQ110	electrocautery-hyfrecator, up to 45 watts	837.5	Default	0.002222496	119		79		88		64	
132	EQ107	drill system, surgical, small-micro (Stryker)	6961.08	Default	0.040331349	119		79		88		64	
133	EQ106	drill system, surgical, large (Stryker)	7716.251	Default	0.02047682	119				88			
134	ER031	fluoroscopic system, mobile C-Arm	144384.374	Default	0.406270566			79				64	

AMA/Specialty Society RVS Update Committee Summary of Recommendations
Screen: CMS Request – Proposed Rule for 2025

January 2025

Temporary Female Intraurethral Valve-Pump – Tab 23

In the CMS Medicare Physician Payment Schedule (MFS) Proposed Rule for 2025, under the Valuation of Specific Codes section II.E., CMS indicated that an interested party nominated two Category III CPT codes 0596T and 0597T as potentially misvalued. The nominator expressed concern about variability and inadequate Medicare Administrative Contractor (MAC) pricing for the contractor-priced services. This year, the nominator newly informed CMS that their analysis of national payment rates showed that in most CMS jurisdictions, not only are these codes misvalued, but in most cases, they are not valued at all, with payment schedule amounts in most CMS jurisdictions at or near zero dollars. CMS noted that the Agency continues to hear concerns about these payment inconsistencies for CPT codes 0596T and 0597T. As a result, CMS is recommending that the MACs establish more consistency in pricing, enabling the appropriate inclusion of the Vesiflo system in the code's PE valuation. Therefore, for CY 2025, CMS encouraged interested parties to provide more accurate and appropriate cost data, along with additional information regarding work RVU, work time, indicators, and utilization estimates for the MACs.

In the Final Rule for 2025, CMS indicated that they would add pricing for three new supplies related to these services: 1) inFlow Measuring Device priced at $140 (SD370), 2) inFlow Valve-Pump Device priced at $495 (SD371) and 3) inflow Activator Kit priced at $1,250 (SD372). **The RUC recommends that CMS change the device names to be generic descriptions, rather than brand names.**

The specialty societies noted that they conducted a targeted survey of American Urological Association members and those from a vendor list. Even with the targeted survey only 19 responses each were received for both 0596T and 0597T. The RUC noted that it will flag these services for review by the Relativity Assessment Workgroup after three years of data are available.

0596T ***Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement***
The RUC reviewed the survey results from 19 urogynecologists and determined that the survey 25th percentile work RVU of 2.43 appropriately accounts for the work required to perform this service. The RUC recommends 25 minutes pre-service evaluation time, 5 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 20 minutes intra-service time and 10 minutes immediate post-service time. An additional 8 minutes of pre-evaluation time over the pre-time package is necessary for the physician to instruct the patient on the use of the activation device and ask the patient to demonstrate the ability to manipulate the device. Urine culture results are reviewed to ensure the procedure can safely be performed. Urodynamic results are reviewed to ensure the patient is appropriate for placement of the device. This device is typically used in medically complex patients with severe voiding dysfunction necessitating an increase in pre-service evaluation time compared to the package time. Positioning time is 5 minutes as indicated by the survey respondents and consistent with the additional time for positioning in dorsal lithotomy or urological procedures pre-service package.

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The intraurethral valve pump is indicated for women with urinary retention. The device consists of an intraurethral valve pump housed in a silicone biocompatible housing. When the device is in place, it completely obstructs the urethra. The patient or patient's caregiver must then use a battery-operated magnet-activated remote control held over the pubis to activate the device and empty the bladder. If the device malfunctions or the patient does not use the device appropriately, the patient will remain in urinary retention with the concomitant risks associated with high volume retention, including the development of hydronephrosis and renal dysfunction. During initial placement, a catheter is placed into the bladder, and the bladder is filled. The physician then places a sizing device to determine which of the nine different size options for urethral valve pumps should be placed, based on the patient's urethral length. Following measurement, the appropriate valve pump is selected and placed. The pump has prongs that secure the device at the bladder neck to prevent device loss from the urethra and a tab that sits outside the urethra to prevent device migration into the bladder. The device must then be adjusted for comfort to avoid pain within the bladder and introitus. The activator device is then used to verify that the device empties the bladder appropriately.

The RUC compared the surveyed code to the top key reference code 51102 *Aspiration of bladder; with insertion of suprapubic catheter* (work RVU = 2.70, 20 minutes intra-service time and 60 minutes total time) and determined that the surveyed code is slightly less intense and complex to perform, therefore appropriately valued lower. The RUC compared the surveyed code to the second top key reference service 52287 *Cystourethroscopy, with injection(s) for chemodenervation of the bladder* (work RVU = 3.20, 21 minutes intra-service time and 58 minutes total time) and determined that the surveyed service is much less intense and complex to perform, thus valued lower. For additional support, the RUC referenced MPC code 52332 *Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)* (work RVU = 2.82, 25 minutes intra-service time and 56 minutes total time), which is more intense and complex, thus valued higher and 36514 *Therapeutic apheresis; for plasma pheresis* (work RVU = 1.81, 20 minutes intra-service time and 64 minutes total time), which is less intense and complex, thus valued lower.

The RUC also referenced other supportive services such as 31572 *Laryngoscopy, flexible; with ablation or destruction of lesion(s) with laser, unilateral* (work RVU = 3.01, 20 minutes intra-service time and 60 minutes total time) and 32556 *Pleural drainage, percutaneous, with insertion of indwelling catheter; without imaging guidance* (work RVU = 2.50, 20 minutes intra-service time and 60 minutes total time), both which require the same intra-service time and similar total time. The RUC determined that the survey 25th percentile work value of 2.43 appropriately places CPT code 0596T relative to other services in the MFS based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 2.43 for CPT code 0596T.**

0597T *Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement*

The RUC reviewed the survey results from 19 urogynecologists and determined that the survey 25th percentile work RVU of 1.33 was slightly high in relation to the initial insertion, and recommends a work RVU of 1.05 for 0597T. The RUC recommends 10 minutes pre-service evaluation time, 5 minutes pre-service positioning time, 5 minutes pre-service scrub/dress/wait time, 10 minutes intra-service time and 6 minutes immediate post-service time. Positioning time is 5 minutes as indicated by the survey respondents and consistent with the additional time for positioning in dorsal lithotomy or urological procedures pre-service package. The RUC recommends a crosswalk to CPT code 11730 (work RVU=1.05, 10 minutes intra-service time and 33 minutes total time).

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This procedure describes the work of replacing the female urethral valve that was inserted with 0596T. The valve requires replacement every 29 days. After the patient is positioned in dorsal lithotomy and local anesthesia is provided, the device is firmly grasped and removed, and the new intraurethral valve pump is placed through the urethra, securing the device tines at the bladder neck and the prong outside the urethra to keep the device comfortably in place.

The RUC compared the surveyed code to the top key reference code 51710 *Change of cystostomy tube; complicated* (work RVU = 1.35, 15 minutes intra-service time and 42 minutes total time) and determined that the surveyed code requires less time to perform, therefore appropriately valued lower. The RUC compared the surveyed code to the second top key reference service 51705 *Change of cystostomy tube; simple* (work RVU = 0.90, 10 minutes intra-service time and 32 minutes total time) and determined that the surveyed service is more intense and complex to perform, requires slightly more total time, thus is valued higher. For additional support, the RUC referenced MPC codes 20552 *Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)* (work RVU = 0.66, 5 minutes intra-service time and 21 minutes total time), which requires less time, intensity and complexity to perform, thus valued lower and 20611 *Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); with ultrasound guidance, with permanent recording and reporting* (work RVU = 1.10, 10 minutes intra-service time and 27 minutes total time) which is more intensity and complexity to perform, thus valued higher.

The RUC also referenced other supportive services such as 64420 *Injection(s), anesthetic agent(s) and/or steroid; intercostal nerve, single level* (work RVU = 1.08, 10 minutes intra-service time and 34 minutes total time) and 64486 *Transversus abdominis plane (TAP) block (abdominal plane block, rectus sheath block) unilateral; by injection(s) (includes imaging guidance, when performed)* (work RVU = 1.20, 10 minutes intra-service time and 32 minutes total time) both which require the same intra-service time and similar total time. The RUC determined that the survey a work value of 1.05 appropriately places CPT code 0597T relative to other services in the Medicare Physician Payment Schedule (MFS) based on time, work, intensity, and complexity. **The RUC recommends a work RVU of 1.05 for CPT code 0597T.**

Practice Expense
The Practice Expense Subcommittee reviewed the direct practice expense inputs and made a single modification to remove supply SD372 *inFlow Activator Kit* from the replacement code 0597T because this kit is only used for the initial insertion. The PE Subcommittee also acknowledged that the pre-service clinical staff time for 000- and 010-day global codes is presumed to be zero and agreed with the specialty's use of the pre-service time package for "Use of Clinical Staff for Endoscopy".

The PE Subcommittee acknowledged the recently priced (for 2025) high-cost supply input, SD372 *inFlow Activator Kit,* as recommended for code 0596T. The RUC continues to call on CMS to separately identify and pay for high-cost disposable supplies using appropriate HCPCS codes. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

New Technology
Although the technology to perform these services has been available for a decade, very few physicians perform these services. These services will be placed on the New Technology/New Services list and be re-reviewed by the RUC after three years of data are available (April 2030).

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RUC Flag
The RUC will flag codes 0596T and 0597T as Do Not Use to Validate Physician Work - Low survey response, since the survey responses of 19 were below the 30 response threshold. The Relativity Assessment Workgroup will review these services after three years of data are available (April 2030). Specialty societies will submit an action plan indicating whether these services should be resurveyed or referred to the CPT Editorial Panel for deletion or revision.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	~~YYY~~ 000	2.43
0597T	replacement (Do not report 0596T, 0597T in conjunction with 51610, 51700, 51701, 51702, 51703, 51705)	~~YYY~~ 000	1.05

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crosswalk to CPT code 15275. Additionally, we are finalizing an increase in the supply price to $770.83, based on twelve submitted invoices.

(33) Temporary Female Intraurethral Valve-Pump (CPT codes 0596T and 0597T)

In the CY 2024 PFS proposed rule, an interested party nominated two Category III CPT codes, CPT codes 0596T (*Initial insertion of temporary valve-pump in female urethra*) and 0597T (*Replacement of temporary valve-pump in female urethra*), as potentially misvalued. The nominator expressed concern about variability in MAC pricing for the contractor-priced service. Additionally, the nominator highlighted that the payment amounts determined by MACs were inadequately low and did not account for the time and effort required to furnish the services. In their submission, the nominator discussed their anticipated inputs for both codes. For CPT code 0596T, the nominator stated that a physician typically spends 60 minutes inserting the Vesiflo inFlow System. The nominator stated that CPT code 0596T included various supplies, equipment, and clinical labor time totaling $1,902.76, with the inflow supply items making up about 99 percent of the total cost of supplies. For CPT code 0597T, the nominator stated that a physician spends 25 minutes replacing the Vesiflo inFlow System and PE items were similar, with supplies, equipment and clinical labor time costing $505.30, with the inflow supply items making up about 98 percent of the total cost of supplies. We direct interested parties to the CY 2024 PFS final rule (88 FR 78850) for more detailed submission information regarding CPT codes 0596T and 0597T. After reviewing, we concluded that these codes were not potentially misvalued because they are Category III codes describing relatively new and low-volume services. Category III codes are contractor priced under the PFS, meaning that each MAC can establish pricing for the code within its jurisdiction, resulting in variability in payments.

This year, the nominator newly informed CMS that their analysis of national payment rates showed that in most CMS jurisdictions, not only are these codes misvalued, but in most cases, they are not valued at all, with fee schedule amounts in most CMS jurisdictions at or near zero dollars. The nominator further emphasized that three physician experts, all employed in

major university medical centers, have highlighted the challenges posed by the combination of high supply costs and inadequate fee schedule payments, which have hindered their ability to provide services covered by these codes over several years. According to the nominator, these selected physicians also expressed frustration with the reluctance of MACs to address or discuss this issue. Moreover, the nominator highlighted high access barriers as a significant concern. These barriers primarily affect Medicare's most vulnerable beneficiaries, particularly women experiencing permanent urinary retention (PUR), although we note that no quantifiable evidence was provided to support these statements. We acknowledge and appreciate the nominator's efforts in reaching out to experts in the field and patients who rely on these services to elucidate their significant needs.

Since these two Category III CPT codes were not identified as potentially misvalued and were consequently priced by contractors, each MAC can set pricing for the code within its jurisdiction. This could result in inevitable variability in MAC pricings until they receive a higher number of claims, as stated by the nominator. Through our engagement with MACs, we found that claims for the two Category III CPT codes are reviewed on a case-by-case basis for medical necessity. If the claim is payable, the price will be determined at that time by the MAC. Additionally, these codes were a topic of discussion within the MAC pricing workgroup, and we observed that there was not a significant difference among the MACs in terms of allowances based on the proposed pricing methodologies. However, there is variance in how MACs load pricing for Category III codes. For instance, some MACs publish the price for the service before they receive any claims, while others set the price only after they receive claims that help determine the appropriate pricing. If a MAC does not load a price for a code before receiving any claims, the service can still be paid, but the allowance has not been published.

We continue to hear concerns about these payment inconsistencies for CPT codes 0596T and 0597T. As a result, we recommended that the MACs establish more consistency in pricing, enabling the appropriate inclusion of the Vesiflo system in the code's PE valuation. Therefore,

for CY 2025, we encouraged interested parties to provide more accurate and appropriate cost data, along with additional information regarding work RVU, work time, indicators, and utilization estimates for the MACs. This should complement the information provided by the nominator in the CY 2024 final rule (88 FR 78850) and will facilitate the process. To aid in this process, we are adding three new supplies to our direct PE database based on invoices submitted by interested parties: the inFlow Measuring Device at a price of $140 (SD370), the inFlow Valve-Pump Device at a price of $495 (SD371), and the inFlow Activator Kit at a price of $1,250 (SD372). Although we did not propose national pricing for these two Category III codes, we did note for the benefit of the MACs that CPT code 0596T will typically include one of each of these supplies, whereas CPT code 0597T will typically include only one of the supplies (SD371).

We encouraged the MACs to continue to engage with interested parties by providing information on how they price these services. We welcomed additional comments from the broader medical community regarding the usage of this service, particularly concerning its safety and effectiveness, as well as potential factors contributing to its low utilization.

Comment: Commenters supported the establishment of new supply codes (SD370, SD371, and SD372) for the inFlow™ female voiding prosthesis system (the inFlow System), which addresses the needs of women with permanent urinary retention (PUR). According to the commenters, the inFlow System offers a critical alternative to traditional intermittent catheterization, providing significant improvements in both health outcomes and quality of life for women with neurological conditions that limit their ability to self-catheterize. They stated that creating three new supply codes would standardize and improve payment rates by Medicare Administrative Contractors (MACs), thereby reducing access barriers and increasing the utilization of the inFlow system. They emphasized that finalizing appropriate pricing for these device-intensive procedures, as proposed, is essential to ensuring that Medicare beneficiaries have access to this important, life-enhancing technology.

Response: We thank commenters for their overwhelming support for our proposal. After consideration of public comments, we are finalizing creation of three new supply codes in the PE database to facilitate appropriate pricing by the MACs: the inFlow Measuring Device at a price of $140 (SD370), the inFlow Valve-Pump Device at a price of $495 (SD371), and the inFlow Activator Kit at a price of $1,250 (SD372) as proposed.

(34) PE-only replacement code for Heart Failure System

Interested parties have expressed concern about the lack of coding and a billing mechanism when practitioners incur costs replacing identified components of the CardioMEMS™ Heart Failure System used in the physician service described by CPT code 33289 (*Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed*).

The CardioMEMS™ Heart Failure System furnished during this service allows practitioners treating heart failure patients to wirelessly monitor and measure pulmonary artery pressure and heart rate in patients with heart failure and transmit the information to the physician to inform the treatment plan for the patient. The system includes two critical components: first, a miniaturized, wireless monitor, which is implanted into a patient's pulmonary artery, and second, a smart pillow (the CardioMEMS™ Patient Electronics System), which captures and transmits readings via safe radio frequency from the patient's implanted CardioMEMS™ Heart Failure System. Overall, the CardioMEMS™ Heart Failure System enables patients to transmit critical heart failure status information to clinicians regularly, potentially eliminating the need for frequent clinic or hospital visits.

Interested parties have highlighted the critical importance of the device for heart failure patients who require close monitoring of weight and blood pressure to prevent fluid buildup around the heart and have requested that CMS establish coding to describe when practitioners

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0596T Tracking Number Original Specialty Recommended RVU: **2.43**
Presented Recommended RVU: **2.43**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **2.43**

CPT Descriptor: Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old woman has a medical disorder causing inability to void spontaneously. She lacks manual dexterity to perform self-catheterization. She wishes to avoid the infection risk associated with an indwelling catheter. A temporary intraurethral valve-pump is inserted.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 15% , In the ASC 10.53%, In the office 73.68%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Select and order the appropriate antibiotic(s). Confirm timing and administration. Explain procedure, its purpose and possible complications. Review post-procedure management with the patient and/or family and answer any questions. Train patient, family, and/or caregiver, in operation of the urinary prosthesis. Review and obtain informed consent. Verify availability of all required instruments and supplies. Provide assistance in placing the patient in dorsal-lithotomy position. Set up the implant deployment device. Prep and drape the vaginal and perineal area. Scrub and dress for the procedure. Perform a procedural time-out with the team.

Description of Intra-Service Work: Inject the urethra with topical anesthetic jelly. Initiate the measurement of urethral length, using a sterilize single-use sizing device. Lubricate the sizing device, place it per urethral meatus and into the urethra. Assess the urethral length size. Remove the sizing device and select an intraurethral valve-pump prosthetic device length closest to, but not less than the largest number recorded. Insert a filling urethral catheter. Instill approxiamtely 200cc of saline into the patient's bladder and note patient responses during and after filling. Apply an analgesic medical lubricant to the sterile prosthetic device and insert it into the patient's urethra using the disposable introducer. Insert the device into the urethra until its outer tab (flange) touches the edge of the meatus. Depress the introducer's pusher until the device is released. The intravesical portion has flexible fins that open and hold the device in a fixed position at the bladder neck. Do not pull on the introducer until the device is completely released. Discard the introducer. Check for leakage and appropriate use of the activator for urination. The activator is held against the lower pubic area, just above the urethral meatus and its button is pressed continuously to create a urinary stream. Observe the patient voiding to confirm her ability to appropriately operate the urinary prosthesis.

Description of Post-Service Work: Remove drapes and assist with transitioning the patient from dorsal-lithotomy to sitting position. Discuss the outcome of the procedure with the patient. Document a procedure report and complete medical record documentation. Discuss aftercare treatment with the patient, family, and/or caregiver. Review precautions with the device including ensuring the patient has an extra intraurethral valve-pump prosthetic device available and an alternative bladder management strategy available any time, as the device may be not work, be expelled, and/or be removed. Education includes review of timed voiding q3-4 hours.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Dr. Seth Cohen, Dr. Jonathan Kiechle					
Specialty Society(ies):	American Urological Association					
CPT Code:	0596T					
Sample Size:	253	**Resp N:**	19			
Description of Sample:	AUA surveyed 253 of it's memebrship and 4 experts from the vendor approved list.					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	0.00	**0.00**	0.00	6.00	
Survey RVW:	1.00	2.43	**2.90**	3.23	14.50	
Pre-Service Evaluation Time:			**25.00**			
Pre-Service Positioning Time:			**5.00**			
Pre-Service Scrub, Dress, Wait Time:			**5.00**			
Intra-Service Time:	3.00	10.00	**20.00**	24.00	30.00	
Immediate Post Service-Time:	**10.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

CPT Code:	0596T	**Recommended Physician Work RVU: 2.43**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**25.00**	**17.00**	**8.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**20.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**10.00**	**18.00**	**-8.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51102	000	2.70	**RUC Time**

CPT Descriptor Aspiration of bladder; with insertion of suprapubic catheter

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
52287	000	3.20	**RUC Time**

CPT Descriptor Cystourethroscopy, with injection(s) for chemodenervation of the bladder

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52332	000	2.82	**RUC Time**	135,354

CPT Descriptor 1 Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
52287	000	3.20	**RUC Time**	60,498

CPT Descriptor 2 Cystourethroscopy, with injection(s) for chemodenervation of the bladder

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 6 **% of respondents:** 31.5 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 21.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0596T	Top Key Reference CPT Code: 51102	2nd Key Reference CPT Code: **52287**
Median Pre-Service Time	35.00	25.00	22.00
Median Intra-Service Time	20.00	20.00	21.00
Median Immediate Post-service Time	10.00	15.00	15.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**65.00**	**60.00**	**58.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	17%	50%	33%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	33%	0%	67%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	67%	33%
Physical effort required	17%	67%	16%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	67%	17%	16%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	50%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	50%	50%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	50%	25%	25%
Physical effort required	25%	75%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	50%	25%	25%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The intraurethral valve-pump prosthetic device is utilized for women suffering with urinary retention. 0596T is a Category III CPT code describing the initial sizing and placement of this urinary prosthesis. Due to significant variation in payment from the MACs, CMS requested additional information regarding the physician work and practice expense for this category III code.

Recommendation:
We recommend an RVW of 2.43, at the 25th percentile of the survey. Given the relatively low utilization of the procedure, and the category III code, we had a robust survey response with 19 respondents. Overall, median experience was 0 but the vendor list survey did result in 4 responses with a median experience of 4 procedures. Median intra-service time was 20 minutes, with 30 minutes of pre-service time, and ten minutes of post-service time.

Pre-service package 6 and post-service package 7A are selected. Pre-service evaluation time is increased based on survey results. During the pre-service period, the patient is instructed on the use of the activation device and the patient is asked to

demonstrate the ability to manipulate the device. Urine culture results are reviewed to ensure the procedure can safely be performed. Urodynamic results are review to ensure the patient is appropriate for placement of the device. This device is typically used in medically complex patients with severe voiding dysfunction necessitating an increase in pre-service evaluation time compared to the package time. Positioning time is increased to account for positioning in dorsal lithotomy. Post-service time is decreased based on the survey.

Results of a RUC database search are included below. The parameters were RUC review yes, RUC review >/= to 2014, global 000, Intra-service time = 20 minutes, total time between 60 and 70 minutes.

CPT	DESC	GLOBAL	WORK RVU	TIME SOURCE	PRE TIME	INTRA TIME	POST TIME	TOTAL TIME	IWPUT	RUC DATE	MPC	UTILIZATION
31605	INCISION OF WINDPIPE	000	6.45	RUC	23	20	21	64	0.2768	2016-04		224
31572	LARGSC W/LASER DSTRJ LES	000	3.01	RUC	30	20	10	60	0.1121	2015-10		1,423
28001	DRAINAGE OF BURSA OF FOOT	000	2.00	RUC	25	20	15	60	0.0588	2020-10		2,308
36514	APHERESIS PLASMA	000	1.81	RUC	29	20	15	64	0.0412	2017-01	Yes	21,488

At the 25th percentile recommendation of 2.43, 0596T would fit well within the fee schedule of RUC reviewed codes with similar times.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0596T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)

If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 150
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on knowledge of current utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 100
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. Based on knowledge of current utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 0596T

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:0597T Tracking Number Original Specialty Recommended RVU: **1.33**
Presented Recommended RVU: **1.05**
Global Period: 000 Current Work RVU: **N/A** RUC Recommended RVU: **1.05**

CPT Descriptor: Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 65-year-old woman has a medical disorder causing inability to void spontaneously. She underwent temporary intraurethral valve-pump insertion 29 days ago. She presents for replacement of the device.

Percentage of Survey Respondents who found Vignette to be Typical: 89%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 15% , In the ASC 10%, In the office 73%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 100% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: Interview the patient on her experience with intraurethral valve-pump prosthetic device and update her medical record. Select and order the appropriate antibiotic(s). Confirm timing and administration. Explain procedure, its purpose and possible complications. Review post-procedure management with the patient and/or family and answer any questions. Review and obtain informed consent. Verify availability of all required instruments and supplies. Provide assistance in placing the patient in dorsal-lithotomy position. With the patient in the lithotomy position, gently pull the indwelling device straight out of the urethra. Set up the implant deployment device. Prep and drape the vaginal and perineal area. Scrub and dress for the procedure. Perform a procedural time-out with the team.

Description of Intra-Service Work: Inject the urethra with topical anesthetic jelly. Apply an analgesic medical lubricant to the sterile prosthetic device and insert it into the patient's urethra using the disposable introducer. Insert the device into the urethra until its outer tab (flange) touches the edge of the meatus. Depress the introducer's pusher until the device is released and the intravesical fins that open and hold the device at the bladder neck. Do not pull on the introducer until the device is completely released. Discard the introducer. Check for leakage and appropriate use of the activator for urination. The activator is held against the lower pubic area, just above the urethral meatus and its button is pressed continuously to create a urinary stream. Observe the patient voiding to confirm her ability to appropriately operate the urinary prosthesis.

Description of Post-Service Work: Remove drapes and assist with transitioning the patient from dorsal-lithotomy to sitting position. Discuss the outcome of the procedure with the patient. Document a procedure report and complete medical record documentation. Discuss aftercare treatment with the patient, family, and/or caregiver.

SURVEY DATA

RUC Meeting Date (mm/yyyy)	01/2025					
Presenter(s):	Dr. Seth Cohen, Dr. Jonatha Kiechle					
Specialty Society(ies):	American Urological Association					
CPT Code:	0597T					
Sample Size:	253	**Resp N:**	19			
Description of Sample:	AUA surveyed 249 of it's membership and 4 experts from the vendor approved list.					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**0.00**	0.00	6.00
Survey RVW:	1.00	1.33	**1.50**	2.23	13.00
Pre-Service Evaluation Time:			**10.00**		
Pre-Service Positioning Time:			**5.00**		
Pre-Service Scrub, Dress, Wait Time:			**5.00**		
Intra-Service Time:	5.00	7.00	**10.00**	10.00	23.00

Immediate Post Service-Time:	**6.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

6-NF Proc w local/topical anes care req wait time

CPT Code:	0597T	**Recommended Physician Work RVU: 1.05**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**10.00**	**17.00**	**-7.00**
Pre-Service Positioning Time:		**5.00**	**1.00**	**4.00**
Pre-Service Scrub, Dress, Wait Time:		**5.00**	**5.00**	**0.00**
Intra-Service Time:		**10.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

7A Local/Simple Procedure

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**6.00**	**18.00**	**-12.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51710	000	1.35	**Other**

CPT Descriptor Change of cystostomy tube; complicated

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
51705	000	0.90	**RUC Time**

CPT Descriptor Change of cystostomy tube; simple

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
20552	000	0.66	**RUC Time**	276,901

CPT Descriptor 1 Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
36556	000	1.75	**RUC Time**	340,702

CPT Descriptor 2 Insertion of non-tunneled centrally inserted central venous catheter; age 5 years or older

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 6 **% of respondents:** 31.5 **%**

Number of respondents who choose 2nd Key Reference Code: 4 **% of respondents:** 21.0 **%**

TIME ESTIMATES (Median)

	CPT Code: 0597T	Top Key Reference CPT Code: 51710	2nd Key Reference CPT Code: **51705**
Median Pre-Service Time	20.00	12.00	12.00
Median Intra-Service Time	10.00	15.00	10.00
Median Immediate Post-service Time	6.00	15.00	10.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**36.00**	**42.00**	**32.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	67%	33%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	67%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	11%	56%	33%
Physical effort required	0%	78%	22%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	56%	33%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	33%	67%	0%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	0%	67%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	0%	100%	0%
Physical effort required	0%	100%	0%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	33%	67%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background:
The intraurethral valve-pump prosthetic device is utilized for women suffering with urinary retention. 0597T is a Category III CPT code describing the removal and replacement of this urinary prosthesis. Due to significant variation in payment from the MACs, CMS requested additional information regarding the physician work and practice expense for this category III code.

Recommendation:
We recommend an RVW of 1.33, at the 25th percentile of the survey. Given the relatively low utilization of the procedure, and the category III code, we had a robust survey response with 19 respondents. Overall, median experience was 0 but the vendor list survey did result in 4 responses with a median experience of 6 procedures. Median survey time for all respondents was 10 intra-service minutes, 20 minutes pre-service time, 6 minutes post-service time.

Pre-service package 6 and post-service package 7A are selected. Evaluation time is reduced to match survey median. Positioning time is increased based on RUC standards for dorsal lithotomy and based on survey results.

Results of a RUC database search are included below. The parameters were RUC review yes, RUC review >/= to 2014, global 000, Intraservice time = 10 minutes, total time between 30 and 40 minutes.

CPT	DESC	GLOBAL	WORK RVU	TIME SOURCE	PRE TIME	INTRA TIME	POST TIME	TOTAL TIME	IWPUT	RUC DATE	MPC	UTILIZATION
31500	INSERT EMERGENCY AIRWAY	000	3.00	RUC	12	10	10	32	0.2522	2016-01	Yes	218,803
31579	LARYNGOSCOPY TELESCOPIC	000	1.88	RUC	14	10	10	34	0.1414	2015-10		81,659
52000	CYSTOSCOPY	000	1.53	RUC	20	10	10	40	0.0930	2016-01	Yes	770,017
33285	INSJ SUBQ CAR RHYTHM MNTR	000	1.53	RUC	20	10	10	40	0.0944	2017-04		58,677
64415	NJX AA&/STRD BRCH PLXS IMG	000	1.50	RUC	18	10	7	35	0.0997	2021-10		192,508
11982	REMOVE DRUG IMPLANT DEVICE	000	1.34	RUC	18	10	5	33	0.0882	2018-10		2,137
64417	NJX AA&/STRD AX NERVE IMG	000	1.31	RUC	18	10	10	38	0.0740	2021-10		15,886
64486	TAP BLOCK UNIL BY INJECTION	000	1.27	RUC	15	10	10	35	0.0782	2014-04		7,647
64418	NJX AA&/STRD SPRSCAP NRV	000	1.10	RUC	12	10	10	32	0.0650	2016-04		28,406
64420	NJX AA&/STRD NTRCOST NRV 1	000	1.08	RUC	19	10	5	34	0.0614	2018-10		22,533
11730	REMOVAL OF NAIL PLATE	000	1.05	RUC	18	10	5	33	0.0606	2016-01		257,294
45300	PROCTOSIGMOIDOSCOPY DX	000	0.80	RUC	10	10	10	30	0.0381	2017-04	Yes	15,380

Given the inherent difficulties of surveying a low volume, catgeory III code we feel the 25th percentile recommendation of 1.33 based on procedural intensity, intraservice and total time, and the current fee schedule.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: No

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☐ Other reason (please explain)

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) 0597T

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Urology How often? Rarely

Specialty How often?

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 1800
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. based on knowledge of current utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 1,200
If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. based on knowledge of current utilization

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Specialty Frequency Percentage %

Do many physicians perform this service across the United States? No

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Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Procedures

BETOS Sub-classification:
Minor procedure

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number 0597T

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix.

SS Rec Summary

ISSUE: Temporary Female Intraurethral Valve-Pump

TAB: 23

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	51102	Aspiration of bladder; with insertion of suprapubic catheter	000	2008	6	0.094	0.045			2.70			60	19	1	5			20			15					
2nd REF	52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder	000	2012	4	0.120	0.055			3.20			58	7	5	10			21			15					
CURRENT	0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including	YYY	CP		-	-						0														
SVY	0596T	**Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including**	000		19	0.098	0.045	1.00	2.43	2.90	3.23	14.50	65	25	5	5	3	10	20	24	30	10	0	0	0	0	6
Exp 12 Months	EXP 12 Months	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including	000		4	0.046	0.027	2.50	2.69	2.88	5.48	12.90	105	47	9	5	5	20	25	25	25	19	1	3	4	5	6
No Exp 12 Months	No EXP 12 Months	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including	000		15	0.152	0.063	1.00	1.93	2.90	3.23	14.50	46	15	5	5	3	10	15	21	30	6	0	0	0	0	0
REC	0596T	**Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement**	000			0.075	0.037	2.43					65	25	5	5			20			10					

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	51710	Change of cystostomy tube; complicated	000	2010	9	0.050	0.032			1.35			42	7	5	0			15			15					
2nd REF	51705	Change of cystostomy tube; simple	000	2010	3	0.041	0.028			0.90			32	7	5	0			10			10					
CURRENT	0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including	YYY	CP		-	-						0														
SVY	0597T	**Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement**	000		19	0.099	0.042	1.00	1.33	1.50	2.23	13.00	36	10	5	5	5	7	10	10	23	6	0	0	0	0	6
Exp 12 Months	EXP 12 Months	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	000		4	0.029	0.023	1.30	1.30	1.65	4.53	12.10	73	33	9	5	5	9	13	17	23	13	1	4	6	6	6
No Exp 12 Months	No EXP 12 Months	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	000		15	0.101	0.043	1.00	1.38	1.50	2.23	13.00	35	10	5	5	5	7	10	10	20	5	0	0	0	0	0
XWALK	11730	**Avulsion of nail plate, partial or complete, simple; single**	000			0.061	0.032	1.05					33	10	3	5			10			5					
REC	0597T	**Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement**	000			0.054	0.029	1.05					36	10	5	5			10			6					

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	000
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
0596T	A 65-year-old woman has a medical disorder causing inability to void spontaneously. She lacks manual dexterity to perform self-catheterization. She wishes to avoid the infection risk associated with an indwelling catheter. A temporary intraurethral valve-pump is inserted.
0597T	A 65-year-old woman has a medical disorder causing inability to void spontaneously. She underwent temporary intraurethral valve-pump insertion 29 days ago. She presents for replacement of the device.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The AUA's RUC Expert Panel discussed the inputs for procedures 0596T and 0597T to determine appropriate PE inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   51703
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   No
   See the *Billed Together* tab in the RUC Database.

4. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:
   N/A
   See the *PE compelling evidence guidelines* on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require either minimal or extensive use of clinical staff and

has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

5. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

No

6. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

7. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

8. Please provide a brief description of the clinical staff work for the following:
   a. Pre-Service period:

0596T: Clinical staff complete pre-service forms and coordinate pre-surgery services, schedule space in the facility to perform the procedure, provide pre-procedural education about the implanted device, and complete pre-procedure phone calls and prescriptions. 0597T: Clinical staff complete pre-service forms and coordinate pre-surgery services, schedule space in the facility to perform the procedure, provide pre-procedural education about the implanted device, and complete pre-procedure phone calls and prescriptions.

   b. Service period (includes pre, intra and post):

N/A

   c. Post-service period:

N/A

9. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

10. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

11. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

12. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

13. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

14. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

15. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

	SA063	tray, catheter insertion (w-o catheter)	1.27	tray	1

16. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

17. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

18. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

19. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment please explain here:

EF031	table, power	Default
EQ168	light, exam	Default

PE-ONLY CODES ADDITIONAL INFORMATION

20. (a) Estimate the number of times this service might be provided nationally in a one-year period?
    (b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

21. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

22. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	000
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	000

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
0596T	A 65-year-old woman has a medical disorder causing inability to void spontaneously. She lacks manual dexterity to perform self-catheterization. She wishes to avoid the infection risk associated with an indwelling catheter. A temporary intraurethral valve-pump is inserted.
0597T	A 65-year-old woman has a medical disorder causing inability to void spontaneously. She underwent temporary intraurethral valve-pump insertion 29 days ago. She presents for replacement of the device.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:
   The AUA's RUC Expert Panel discussed the inputs for procedures 0596T and 0597T to determine appropriate PE inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:
   51703
   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?
   No
   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.
   Urology, 73.68% In-Office setting

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

N/A

See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

N/A

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

3 Minutes

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

0596T: Clinical staff complete pre-service forms and coordinate pre-surgery services including necessary urine testing and complete pre-procedure phone calls and prescriptions.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

0597T:
Clinical staff complete pre-service forms and coordinate pre-surgery services including necessary urine testing and complete pre-procedure phone calls and prescriptions.

b. Service period (includes pre, intra and post):

0596T:
Clinical staff greet patient, provide gown and ensure medical records are up to date. Staff obtain patient vital signs, provide education on procedure and obtain consent. Staff will also prepare room, equipment, supplies, prepare and start IV, position and monitor patient, and sedate patient. Clinical staff provide assistance to physician during procedure and then monitor patient, clean room and equipment, and check patient's dressings, catheters, and wound.

0597T:
Clinical staff greet patient, provide gown and ensure medical records are up to date. Staff obtain patient vital signs, provide education on procedure and obtain consent. Staff will also prepare room, equipment, supplies, prepare and start IV, position and monitor patient, and sedate patient. Clinical staff provide assistance to physician during procedure and then monitor patient, clean room and equipment, and check patient's dressings, catheters, and wound.

c. Post-service period:

0596T:
Clinical staff conduct necessary patient communications to confirm the device is functioning appropriately.

0597T:
Clinical staff conduct necessary patient communications to confirm the device is functioning appropriately.

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

During the intra-service period the clinical staff assist the surgeon with all steps of the procedure. The sizing device is prepared and given to the surgeon. The catheter is prepared and fluid to fill the bladder is given to the surgeon. The appropriate intra-urethral prosthetic device is prepared. The clinical staff also act as chaperone throughout the procedure and their presence is mandatory throughout the entirety of the intra-service time.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

	SA063	tray, catheter insertion (w-o catheter)	1.27	tray	1

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

EF031	table, power	Default
EQ168	light, exam	Default

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

N/A

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

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The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Supply item SD372 inFlow Activation Kit was removed from code 0597T as the inFlow Activation Kit is not typical in the non-facility setting for the replacement code. This kit is only used for the initial insertion code 0596T.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	K	L	Q	R
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2						**51703**		**0596T**		**0597T**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable):** **Tab: 23 Temporary Female Intraurethral Valve-Pump** **Specialty: American Urological Association**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Insertion of temporary indwelling bladder catheter; complicated (eg,		Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including		Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 87.43**	**$ 3.78**	**$ 1,964.87**	**$ 10.26**	**$ 564.02**	**$ 10.26**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**48.0**	**7.0**	**57.0**	**19.0**	**45.0**	**19.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**7.0**	**9.0**	**19.0**	**9.0**	**19.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**45.0**	**0.0**	**45.0**	**0.0**	**33.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 25.92**	**$ 3.78**	**$ 30.78**	**$ 10.26**	**$ 24.30**	**$ 10.26**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
15	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.54			3	3	3	3
16	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.54	0	5	3	5	3	5
17	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.54			0	3	0	3
18	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.54	0	2	0	5	0	5
19	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.54			3	3	3	3
20	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.54						
21	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.54						
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.54						
23			L037D	RN/LPN/MTA	0.54						
24			L037D	RN/LPN/MTA	0.54						
25			L037D	RN/LPN/MTA	0.54						
26		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
27		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
28		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	L037D	RN/LPN/MTA	0.54	3	0	3	0	3	0
34	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.54	5	0	3	0	3	0
35	CA011	Provide education/obtain consent	L037D	RN/LPN/MTA	0.54	2	0	2	0	2	0
36	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.54						
37	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.54	2	0	2	0	2	0
38	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.54						
39	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.54						
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	L037D	RN/LPN/MTA	0.54	2	0	2	0	2	0
41	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.54			2	0	2	0
42			L037D	RN/LPN/MTA	0.54						
43			L037D	RN/LPN/MTA	0.54						
44			L037D	RN/LPN/MTA	0.54						
45		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
46		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
47		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
48		**Intra-service (of service period)**									
49	CA018	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54	15	0	20	0	10	0
50	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
51	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.54						
52	CA021	Perform procedure/service---NOT directly related to physician work time	L037D	RN/LPN/MTA	0.54						
53			L037D	RN/LPN/MTA	0.54						
54			L037D	RN/LPN/MTA	0.54						
55			L037D	RN/LPN/MTA	0.54						
56		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
57		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
58		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
59		**Post-Service (of service period)**									
60	CA022	Monitor patient following procedure/service, multitasking 1:4	L037D	RN/LPN/MTA	0.54						
61	CA023	Monitor patient following procedure/service, no multitasking	L037D	RN/LPN/MTA	0.54	5	0	5	0	5	0
62	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.54	3	0	3	0	3	0
63	CA025	Clean scope	L037D	RN/LPN/MTA	0.54						
64	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.54						
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.54	3	0				
66	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.54						
67	CA029	Check dressings, catheters, wounds	L037D	RN/LPN/MTA	0.54	5	0	1	0	1	0

	A	B	D	E	F	G	H	K	L	Q	R
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2						**51703**		**0596T**		**0597T**	
3		***RUC Collaboration Website***									
4	**Clinical Activity Code**	**Meeting Date: 01/2025** **Revision Date (if applicable):** **Tab: 23 Temporary Female Intraurethral Valve-Pump** **Specialty: American Urological Association**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Insertion of temporary indwelling bladder catheter; complicated (eg,		Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including		Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 87.43**	**$ 3.78**	**$ 1,964.87**	**$ 10.26**	**$ 564.02**	**$ 10.26**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**48.0**	**7.0**	**57.0**	**19.0**	**45.0**	**19.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**7.0**	**9.0**	**19.0**	**9.0**	**19.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**45.0**	**0.0**	**45.0**	**0.0**	**33.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	L037D	RN/LPN/MTA	0.54						
69	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.54						
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.54						
71	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.54						
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry	L037D	RN/LPN/MTA	0.54						
73	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.54			2	0		
74	CA036	Discharge day management	L037D	RN/LPN/MTA	0.54	**n/a**		**n/a**		**n/a**	
75			L037D	RN/LPN/MTA	0.54						
76			L037D	RN/LPN/MTA	0.54						
77			L037D	RN/LPN/MTA	0.54						
78		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
79		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
80		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
84	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.54	3	0	3	0	3	0
85	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.54						
86		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**	**# visits**	**# visits**
87		99211 16 minutes	16								
88		99212 27 minutes	27								
89		99213 36 minutes	36								
90		99214 53 minutes	53								
91		99215 63 minutes	63								
92	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.54	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93			L037D	RN/LPN/MTA	0.54						
94			L037D	RN/LPN/MTA	0.54						
95			L037D	RN/LPN/MTA	0.54						
96		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
97		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
98		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.54						
99		**End: with last office visit before end of global period**									

	A	B	D	E	F	G	H	K	L	Q	R
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2						**51703**		**0596T**		**0597T**	
3		***RUC Collaboration Website***				Insertion of temporary indwelling bladder catheter; complicated (eg,		Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including		Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	
4	**Clinical Activity Code**	**Meeting Date: 01/2025 Revision Date (if applicable): Tab: 23 Temporary Female Intraurethral Valve-Pump Specialty: American Urological Association**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**000**	**000**	**000**	**000**	**000**	**000**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 87.43**	**$ 3.78**	**$ 1,964.87**	**$ 10.26**	**$ 564.02**	**$ 10.26**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**48.0**	**7.0**	**57.0**	**19.0**	**45.0**	**19.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0.0**	**7.0**	**9.0**	**19.0**	**9.0**	**19.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**45.0**	**0.0**	**45.0**	**0.0**	**33.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**3.0**	**0.0**	**3.0**	**0.0**	**3.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 60.81**	**$ -**	**$ 1,933.40**	**$ -**	**$ 539.19**	**$ -**
102	SA063	tray, catheter insertion (w-o catheter)	1.27	tray		1	0	1	0	1	0
103	SB001	cap, surgical	1.14	item		1	0	2	0	2	0
104	SB027	gown, staff, impervious	1.186	item		1	0	2	0	2	0
105	SB034	mask, surgical, with face shield	3.4	item		1	0	2	0	2	0
106	SB039	shoe covers, surgical	0.1	pair		1	0	2	0	2	0
107	SC029	needle, 18-27g	0.04	item		1	0				
108	SC051	syringe 10-12ml	0.21	item		1	0				
109	SD014	catheter stylet	38.02	item		1	0				
110	SD024	catheter, Foley	10.85	item		1	0				
111	SD029	catheter, red rubber	0.87	item				1	0	0	0
112	SD370	inFlow Measuring Device	140	item				1	0		
113	SD371	inFlow Valve-Pump Device	495	item				1	0	1	0
114	**SD372**	**inFlow Activator Kit**	**1250**	**item**				**1**	**0**	**0**	**0**
115	SH048	lidocaine 2% jelly, topical (Xylocaine)	1.04	ml				30	0	30	0
116	SH069	sodium chloride 0.9% irrigation (500-1000ml uou)	3.34	item				1	0	0	0
117	SJ031	leg or urinary drainage bag	4.16	item		1	0	0	0	0	0
118	SJ053	swab-pad, alcohol	0.04	item		2	0	0	0	0	0
119	SM021	sanitizing cloth-wipe (patient)	0.07	item		5	0	1	0	1	0
120											
121											
122	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
123		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 0.71**	**$ -**	**$ 0.69**	**$ -**	**$ 0.53**	**$ -**
124	EF031	table, power	5906.76	Default	0.015674926	45	0	36		28	
125	EQ168	light, exam	1232.887	Default	0.003271745			38		28	
126											
127		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*									
128											

AMA/Specialty Society RVS Update Committee Summary of Recommendations

April 2024

Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration – Tab 07

In September 2023, the CPT Editorial Panel created two codes to report administration of respiratory syncytial virus (RSV), monoclonal antibody and seasonal dose, with and without counseling. These two administration codes were created following FDA approval of Nirsevimab to protect against severe disease caused by RSV, which is common throughout the fall and winter seasons and highly contagious, sometimes deadly, for infants. CPT codes 96380 and 96381 were effective October 6, 2023, for immediate use. CPT codes 96380 and 96381 were reviewed and valued with interim recommendations to CMS the following week at the September 28-30, 2023, RUC meeting. Following that expedited review, CPT codes 96380 and 96381 were surveyed for the April 2024 RUC meeting after more widespread use occurred. These codes are not subject to compelling evidence since the September RUC recommendations were interim.

96380 ***Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional***
The RUC reviewed the survey results from 112 pediatricians and nurse practitioners and determined the survey median work RVU of 0.28 appropriately accounts for the work required to perform this service. The RUC recommends 8 minutes intra-service and total time. There is no pre-service or post-service time as this service is typically reported with an Evaluation and Management (E/M) office visit.

The RUC compared code 96380 to the top key reference service CPT code 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered* (work RVU = 0.24- and 7-minutes intra-service and total time). The RUC agreed that the surveyed code requires slightly more physician work and time than CPT code 90460. The counseling associated with administering the RSV monoclonal antibodies is distinct in that, beyond discussing whether the infant/child should receive the product, counseling also needs to address how this product differs from traditional pediatric vaccines and optimal product administration timing. Therefore, an additional minute of intra-service time for that additional discussion beyond that of what is included in CPT code 90460 is justified. However, infants born to mothers who are administered RSV monoclonal antibodies at least two weeks before delivery will have protection and, in most cases, should not also need RSV monoclonal antibodies directly.

The RUC noted that although the vignette described a 6-month-old, the specialty societies and the RUC believe that the typical patient receiving the RSV monoclonal antibody will be much younger than a 6-month-old. Additionally, the specialty societies indicated that currently, this monoclonal antibody is not typical for patients over 8 months old unless they are in a specific high-risk category, which is less than 2% of infants nationally. Further, it is typical that patients will only receive this antibody once in their lifetime.

For additional support, the RUC referenced MPC code 96413 *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug* (work RVW = 0.28, 7 minutes intra-service time and 13 minutes total time), CPT code 77073 *Bone length studies*

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(orthoroentgenogram, scanogram) (work RVU = 0.26, 5 minutes intra-service time and 7 minutes total time), CPT code 71110 *Radiologic examination, ribs, bilateral; 3 views* (work RVU = 0.29, 6 minutes intra-service and 8 minutes total time), and MPC code 71111 *Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views* (work RVW = 0.32, 7 minutes intra-service time and 9 minutes total time). The RUC determined that the median work value of 0.28 appropriately places CPT code 96380 relative to other services in the MFS based on time, work, intensity and complexity. **The RUC recommends a work RVU of 0.28 for CPT code 96380.**

96381 ***Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection***
The RUC reviewed the survey results from 97 pediatricians and nurse practitioners and determined that the survey 25th percentile work RVU of 0.17 appropriately accounts for the work required to perform this service. The RUC recommends 3 minutes intra-service and total time. There is no pre-service or post-service time as this service is typically reported with an Evaluation and Management (E/M) office visit.

The RUC compared the surveyed code to the top key reference service CPT code 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* (work RVU = 0.17, 7 minutes intra-service and total time) and determined that the physician work required to perform these services are the same. The RUC noted when 90471 was last surveyed, the specialties survey time data was disparate, based on the specialty completing the survey. After much discussion, the RUC agreed that the time and work for 90471 and 96381 are comparable.

For additional support, the RUC referenced CPT code 96372 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular (*work RVW = 0.17, 3 minutes intra-service time and 7 minutes total time). CPT code 96372 was recently valued by the RUC in 2017 and is the code that would have been used to report this service before the creation of this new code. The RUC also referenced CPT code 73080 (work RVU = 0.17, 3 minutes intra-service time and 5 minutes total time), MPC code 99211 *Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional* (work RVW = 0.18, 5 minutes intra-service time and 7 minutes total time), and CPT code 90970 *End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older* (work RVU = 0.18, 3.2 minutes intra-service and total time). The RUC determined that the survey 25th percentile work RVU of 0.17 appropriately places CPT code 96381 relative to other services in the MFS based on time, work, intensity and complexity. **The RUC recommends a work RVU of 0.17 for CPT code 96381.**

Practice Expense
The Practice Expense (PE) Subcommittee reviewed the direct inputs for CPT codes 96380 and 96381 and made one modification. Clinical staff activity CA005 *Complete pre-procedure phone calls and prescription* was removed as this time is already captured in the typically associated E/M service. The Subcommittee accepted 5 minutes for CA007 *Review patient clinical extant information and questionnaire*. Four additional minutes of clinical staff time were recommended by the surveying societies to complete the monoclonal antibody pre-check eligibility process (see attachment Nirsevimab Visual Guide). The PE Subcommittee agreed that the time required to check the mother's RSV immunization status and timing of dose in the typical patient is a minimum of 5 minutes. Clinical staff have the expertise and access to non-patient (i.e., the mother) information. This activity requires looking up the mother's records at the birthing hospital or physician office as it is not typical for this information to be sent to the state immunization registry. **The RUC recommends the direct practice expense inputs as modified by the Practice Expense Subcommittee.**

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New Technology/New Services List
CPT codes 96380 and 96381 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions. The RUC noted that the Relativity Assessment Workgroup may want to examine the typical patient since the specialty societies and RUC agreed that the typical patient receiving the RSV monoclonal antibody to be much younger than 6 months old.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation

Category I
Evaluation and Management Services
Preventive Medicine Services

The following codes are used to report the preventive medicine evaluation and management of infants, children, adolescents, and adults.

The extent and focus of the services will largely depend on the age of the patient.

Immunization/vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (eg, vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and ~~vaccine~~ immunization risk/benefit counseling, see 90460, 90461, 90471-90474, *90480*, 96380, 96381 ~~, *0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A*~~. For immunization/vaccine/toxoid products, see *91304, 91318, 91319, 91320, 91321, 91322,* 90380, 90381, 90476-90759~~, *91300-91317*~~.

Medicine
Immune Globulins, Serum or Recombinant Products

Codes 90281-90399 identify the serum globulins . . .

In recognition of public health interest in immune globulin products, the CPT Editorial Panel has chosen to publish new immune globulin product codes prior to approval by the US Food and Drug Administration (FDA). These codes are indicated with the ✓ symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approved, the ✓ symbol will be removed. CPT code users should refer to the AMA CPT website (ama-assn.org/cpt-cat-i-immunization-codes) for the most up-to-date information on codes with the ✓ symbol.

90378		*Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each*		
90380		*Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use*		

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I=New code s=Revised code :=Add-on code H=Modifier 51 exempt *=Telemedicine X=Audio-only ~=FDA approval pending #=Resequenced code **f**=Family Code **e**=Editorial **D**=Deleted

90381 *1 mL dosage, for intramuscular use*

(Do not report 90380, 90381 in conjunction with 96372)

(For administration of respiratory syncytial virus, monoclonal antibody, seasonal dose, see 96380, 96381)

90384 *Rho(D) immune globulin (RhIg), human, full-dose, for intramuscular use*

Immunization Administration for Vaccines/Toxoids

Report vaccine immunization . . .

. . .

A component refers to all antigens in a vaccine that prevent disease(s) caused by one organism (90460 and 90461). Multi-valent antigens or multiple serotypes of antigens against a single organism are considered a single component of vaccines. Combination vaccines are those vaccines that contain multiple vaccine components. Conjugates or adjuvants contained in vaccines are not considered to be component parts of the vaccine as defined above.

For immune globulins and monoclonal antibodies immunizations, see 90281-90399. For administration of immune globulins and monoclonal antibodies immunizations, see 96365, 96366, 96367, 96368, 96369, 96370, 96371, 96372, 96374, 96380, 96381.

(For allergy testing, see 95004 et seq)

(For skin testing of bacterial, viral, fungal extracts, see 86485-86580)

(For therapeutic or diagnostic injections, see 96372- 96379)

Vaccines, Toxoids

To assist users to report the most recent new or revised vaccine product codes, the American Medical Association (AMA) currently uses the CPT website (ama-assn.org/ cpt-cat-i-immunization-codes), which features updates of CPT Editorial Panel actions regarding these products. See the Introduction section of the CPT code set for a complete list of the dates of release and implementation.

The CPT Editorial Panel, in recognition of the public health interest in vaccine products, has chosen to publish new vaccine product codes prior to approval by the US Food and Drug Administration (FDA). These codes are indicated with the ↗symbol and will be tracked by the AMA to monitor FDA approval status. Once the FDA status changes to approval, the ↗symbol will be removed. CPT users should refer to the AMA CPT website (ama-assn.org/cpt-cat-i-immunization-codes) for the most up-to-date information on codes with the ↗symbol.

[…]

Separate codes are available for combination vaccines (eg, Hib-HepB, DTap-IPV/Hib). It is inappropriate to code each component of a combination vaccine separately. If a specific vaccine code is not available, the unlisted procedure code should be reported, until a new code becomes available.

The immunization/vaccine/toxoid abbreviations listed in codes 90380, 90381, 90476-90759, 91304, 91318, 91319, 91320, 91321, 91322 ~~91300-91317~~ reflect the most recent US vaccine abbreviation references used in the Advisory Committee on Immunization Practices (ACIP) recommendations at the time of CPT code set publication. Interim updates to vaccine code descriptors will be made following abbreviation approval

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by the ACIP on a timely basis via the AMA CPT website (ama-assn.org/cpt-cat-i-immunization-codes). The accuracy of the ACIP vaccine abbreviation designations in the CPT code set does not affect the validity of the vaccine code and its reporting function.

~~*For the purposes of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccinations, codes 0003A, 0013A, 0053A, 0073A, 0083A, 0093A, 0113A, and 0173A represent the administration of a third dose in the primary series (eg, patient with immunocompromising condition or patient age 6 months through 4 years). In contrast, the booster or additional dose codes 0004A, 0034A, 0044A, 0054A, 0064A, 0074A, 0094A, 0104A, 0124A, 0134A, 0144A, 0154A, 0164A, and 0174A represent the administration of a dose of vaccine when the initial immune response to a primary vaccine series was sufficient, but has likely waned over time.*~~

(For immune globulins and monoclonal antibodies immunizations, see 90281-90399)

(For administration of immune globulins and monoclonal antibodies immunizations, with the exception of respiratory syncytial virus, monoclonal antibody, seasonal product, see 96365-96375)

(For administration of respiratory syncytial virus, monoclonal antibody, seasonal product, see 96380, 96381)

(91303 has been deleted. To report severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [coronavirus disease {COVID-19}] vaccine product immunization, see 91318, 91319, 91320, 91321, 91322)

#91304 *Severe acute respiratory syndrome coronavirus 2 (SARSCoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use*

(Report 91304 with administration codes 90480)

90683 *Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use*

(For seasonal respiratory syncytial virus [RSV] monoclonal antibodies immunization codes, see 90380, 90381. For administration of seasonal RSV monoclonal antibodies immunizations, ~~use 96372~~ see 96380, 96381)

90680 *Rotovirus vaccine, pentavalent*

Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration

Therapeutic, Prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration)

A therapeutic, prophylactic, or diagnostic IV infusion or injection (other than hydration) is for the administration of substances/drugs. When fluids are used to administer the drug(s), the administration of the fluid is considered incidental hydration and is not separately reportable. These services typically require direct supervision for any or all purposes of patient assessment, provision of consent, safety oversight, and intra-service supervision of staff. Typically, such infusions require special consideration to prepare, dose or dispose of, require practice training and competency for staff who administer the infusions, and require periodic patient assessment with vital sign monitoring during the infusion. These codes are not intended to be reported by the physician or other qualified health care professional in the facility setting.

Passive immunizations, such as an immune globulin or monoclonal antibody, provide long-term passive immunization to the patient.

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See codes 96401-96549 for the administration of chemotherapy or other highly complex drug or highly complex biologic agent services. These highly complex services require advanced practice training and competency for staff who provide these services; special considerations for preparation, dosage or disposal; and commonly, these services entail significant patient risk and frequent monitoring. Examples are frequent changes in the infusion rate, prolonged presence of nurse administering the solution for patient monitoring and infusion adjustments, and frequent conferring with the physician or other qualified health care professional about these issues.

(Do not report 96365-96379 with codes for which IV push or infusion is an inherent part of the procedure [eg, administration of contrast material for a diagnostic imaging study])

(For mechanical scalp cooling, see 0662T, 0663T)

96365 *Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour*

96372 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular*

(For administration of vaccines/toxoids, see 90460, 90461, 90471, 90472, 90473, 90474, 90480 ~~0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0044A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A, 0074A, 0081A, 0082A, 0083A, 0091A, 0092A, 0093A, 0094A, 0104A, 0111A, 0112A, 0113A, 0121A, 0124A, 0134A, 0141A, 0142A, 0144A, 0151A, 0154A, 0164A, 0171A, 0172A, 0173A, 0174A~~)

(Report 96372 for non-antineoplastic hormonal therapy injections)

(Report 96401 for anti-neoplastic nonhormonal injection therapy)

(Report 96402 for anti-neoplastic hormonal injection therapy)

(For intradermal cancer immunotherapy injection, see 0708T, 0709T)

(Do not report 96372 for injections given without direct physician or other qualified health care professional supervision. To report, use 99211. Hospitals may report 96372 when the physician or other qualified health care professional is not present)

(96372 does not include injections for allergen immunotherapy. For allergen immunotherapy injections, see 95115-95117)

96377 *Application of on-body injector (includes cannula insertion) for timed subcutaneous injection*

●96380	E1	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional (Report 96380 for administration of respiratory syncytial virus, monoclonal antibody, seasonal dose [90380, 90381])	XXX	0.28

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●96381	E2	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection (Report 96381 for administration of respiratory syncytial virus, monoclonal antibody, seasonal dose [90380, 90381])	XXX	0.17

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AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96380 Tracking Number E1 Original Specialty Recommended RVU: **0.28**
Presented Recommended RVU: **0.28**
Global Period: XXX Current Work RVU: **0.24** RUC Recommended RVU: **0.28**

CPT Descriptor: Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 6-month-old female presents during the fall season. The physician or other qualified healthcare professional provides benefit and risk counseling on immunization for the seasonal respiratory syncytial virus to the parents and answers all their questions. The parent agrees to have their child receive the product.

Percentage of Survey Respondents who found Vignette to be Typical: 90%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The physician or qualified health care professional recommends passive immunization with the respiratory syncytial virus (RSV) immune globulin seasonal product for protection against RSV during the infant's vulnerable first year. The physician or QHP provides benefit and risk counseling to the parents and answers all their questions. Consent is obtained from the parent or guardian. Following the administration of the injection the patient is monitored for any adverse reaction. The physician or QHP then discusses the care plan for the child in the days to follow specific to the anticipated or possible side effects (eg, soreness and pain at the injection site, fever) and reviews the signs or symptoms that warrant a call back.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Steven Krug, MD (AAP); Suzanne Berman, MD (AAP); Korinne Van Keuren, DNP, APRN, NP-BC, RNFA (ANA)					
Specialty Society(ies):	American Academy of Pediatrics (AAP); American Nurses Association (ANA)					
CPT Code:	96380					
Sample Size:	6414	**Resp N:**	112			
Description of Sample:	Random sample of applicable subsets AAP and ANA					
	Low	**25th pctl**	**Median***	**75th pctl**	**High**	
Service Performance Rate	0.00	3.00	**10.00**	30.00	600.00	
Survey RVW:	0.01	0.24	**0.28**	0.35	1.00	
Pre-Service Evaluation Time:			**0.00**			
Pre-Service Positioning Time:			**0.00**			
Pre-Service Scrub, Dress, Wait Time:			**0.00**			
Intra-Service Time:	2.00	6.00	**8.00**	11.00	30.00	
Immediate Post Service-Time:	**0.00**					
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**				
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**				
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**				
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**				
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**				

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	96380	**Recommended Physician Work RVU: 0.28**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**8.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90460	XXX	0.24	**RUC Time**

CPT Descriptor Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
99212	XXX	0.70	**RUC Time**

CPT Descriptor Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96413	XXX	0.28	**RUC Time**	1,619,733

CPT Descriptor 1 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
71111	XXX	0.32	**RUC Time**	27,294

CPT Descriptor 2 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views

Other Reference CPT Code	Global	Work RVU	Time Source
		0.00	

CPT Descriptor

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 83 **% of respondents:** 74.1 **%**

Number of respondents who choose 2nd Key Reference Code: 12 **% of respondents:** 10.7 **%**

TIME ESTIMATES (Median)

	CPT Code: 96380	Top Key Reference CPT Code: 90460	2nd Key Reference CPT Code: **99212**
Median Pre-Service Time	0.00	0.00	2.00
Median Intra-Service Time	8.00	7.00	11.00
Median Immediate Post-service Time	0.00	0.00	3.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**8.00**	**7.00**	**16.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	2%	0%	25%	59%	14%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	2%	32%	66%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	1%	83%	16%
Physical effort required	2%	83%	15%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	5%	36%	59%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	0%	50%	33%	17%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	8%	50%	42%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	17%	75%	8%
Physical effort required	8%	75%	17%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	0%	25%	75%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

New CPT codes for an immune globulin product protecting against respiratory syncytial virus for seasonal duration, Nirsevimab, were approved during the May 2023 CPT meeting. There was discussion surrounding the fact that the current administration code used for intramuscular injection of an immune globulin product, 96372, was not sufficient for this product, which will be administered to all infants prophylactically as a passive immunization. Subsequent to the May 2023 CPT meeting, the Food and Drug

Administration (FDA) and the FDA's Pediatric Advisory Committee approved Nirsevimab via their Fast Track process and the CDC's Advisory Committee on Immunization Practices (ACIP) recommended single dose of Nirsevimab for all infants younger than 8 months born during or entering their first RSV season and infants and for children aged 8 through 19 months who are at increased risk of severe RSV disease and entering their second RSV season.

At the September 2023 meeting, the CPT Editorial Panel created two new CPT codes to report the passive immunization administration of respiratory syncytial virus, monoclonal antibody, seasonal dose, with and without counseling. The new administration codes were developed for this product to support the increased physician and other qualified healthcare provider (QHP) work involved in parent/caretaker counseling regarding this novel vaccine-like product as well as address efforts that are commonly associated with the administration of an immunization (in this case, a passive immunization) in a preventive care setting and practice expenses associated with product storage and entry into the state immunization registry. These codes fell under the CPT Panel's Early Release Policy and became effective on October 6, 2023. This expedited process was to protect against severe disease caused by RSV, which is common, highly contagious, and sometimes deadly. RSV is one of the leading causes of death for otherwise healthy young infants and for young and older infants with underlying medical concerns, creating the urgency to get this countermeasure approved.

Interim Valuation at the September 2023 RUC Meeting
Based on the urgent need for the RUC to value these passive immunization administration codes and forward recommendations to CMS so children could immediately begin to receive this potentially life-saving intervention, at the September 2023 meeting, the AAP proposed, and the RUC agreed to assign interim work and time valuations to the two new CPT codes (96380, 96381) using crosswalk methodology.

For CPT code 96380, the RUC recommended a work RVU of 0.24 based on a direct crosswalk to CPT code 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered* (work RVU = 0.24 and 7 minutes intra-service and total time), which maintained relativity within the Medicare Physician Payment Schedule. The RUC recommended 7 minutes intra-service and total time. There is no pre-service or post-service time as this service is typically reported with an Evaluation and Management (E/M) office visit.

For additional support, the RUC compared code 96380 to MPC code 99406 *Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes* (work RVU = 0.24 and 7 minutes intra-service time and total time), code 88311 *Decalcification procedure (List separately in addition to code for surgical pathology examination*) (work RVU = 0.24, 5 minutes intra-service time and 7 minutes total time), 77073 *Bone length studies (orthoroentgenogram, scanogram)* (work RVU = 0.26, 5 minutes intra-service time and 7 minutes total time) and 92202 *Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral* (work RVU = 0.26, 5 minutes intra-service time and 7 minutes total time).

The RUC determined that an interim work value of 0.24 appropriately placed 96380 relative to other services based on the anticipated time, work, intensity, and complexity for this new service. The specialty societies agreed to survey this service for the April 2024 RUC meeting after more widespread use had occurred.

The RUC also noted at this time that since interim values were established at the September 2023 RUC meeting, compelling evidence would NOT be required if the society recommended a value higher than the interim value at the April 2024 RUC meeting.

The societies found that gaining experience with the service during this period was extremely informative in developing recommendations for the April 2024 meeting. The societies found that the impact of the documented growth in vaccine hesitancy, a legacy of the COVID-19 pandemic, impacts the administration of this vaccine. Providers must spend time communicating the needs and benefits to patients. Another factor that came to light is that unique to this vaccine is the need to confirm if the mother has received the vaccine during the window (at least two weeks before delivery), which would negate the need for the infant to receive the vaccine. Confirming these details takes additional time especially since mothers typically do not present with their immunization records.

Survey Process
In late February/early March, ANA and AAP conducted a survey to value CPT code 96380, with 112 survey respondents. Both societies used a random sample of applicable subsets of their members. The societies established an expert panel to review the survey results. The vignette of the typical patient used for the survey was provided by the CPT Editorial Panel. 90% of respondents found the vignette to be typical.

Recommendations
Based on the review of the survey data, the specialties recommend the survey median of 0.28 work RVUs and the survey median of 8 minutes intra-service time, which also serves as the total time.

Intensity Measures
The median RVUs of 0.28 is supported by the intensity/complexity measures, where 73% of survey respondents indicated the service overall was more intense/complex than the top key reference service code, 90460, Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid, which has an RVW of 0.24.

Comparison Codes
CPT code 90460: CPT code 90460 is valued at 0.24 work RVUs and has an intra service time of 7 minutes. The specialties believed that the higher work valuation and time for surveyed code 96380 is justified based on the need to address ongoing vaccine hesitancy that has intensified with COVID-19. Surveys on the impact of the COVID-19 pandemic on vaccine confidence indicate vaccine hesitancy overall has increased (CDC's State of Vaccine Confidence Insights Report, KFF COVID-19 Vaccine Monitor, American Academy of Family Physicians, American College Health Association, Pediatrics, Journal of Community Health).

The counseling associated with administering the RSV monoclonal antibodies is unique in that, beyond discussing whether the infant/child should receive the product, counseling also needs to address optimal product administration timing. Babies born to mothers who get RSV vaccine at least 2 weeks before delivery will have protection and, in most cases, should not need an RSV vaccine. Therefore, an additional minute of intra-service time for that additional discussion beyond that of the KRS is justified.

CPT code 96413: The recommended valuation is also supported by MPC code 96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug (work RVW = 0.28; 7 minutes intra-service time and 13 minutes total time) and 71111 Radiologic examination, ribs, bilateral; including posteroanterior chest, minimum of 4 views (work RVW = 0.31; 7 minutes intra-service time and 9 minutes total time). The recommended time is supported by the primary key reference service, 90460, Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid, which has an intra-service time of 7 minutes.

Other comparison codes: There are multiple other RUC-reviewed services with an XXX global period that have comparable times and work RVUs:

Code	Descriptor	Global	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time
90460	Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	XXX	0.24	0	7	0	7
77073	Bone length studies (orthoroentgenogram, scanogram)	XXX	0.26	1	5	1	7
92202	Ophthalmoscopy, extended; with drawing of optic nerve or macula (eg, for glaucoma, macular pathology, tumor) with interpretation and report, unilateral or bilateral)	XXX	0.26	1	5	1	7
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	XXX	0.28	0	8	0	8
71110	Radiologic examination, ribs, bilateral; 3 views	XXX	0.29	1	6	1	8

Code	Descriptor	Global	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time
73523	Radiologic examination, hips, bilateral, with pelvis when performed; minimum of 5 views	XXX	0.31	1	6	1	8

These examples illustrate that the recommended value and time for code 96380 are properly positioned in the resource-based relative value scale compared to services of other specialties.

Conclusion
For code 96380, Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional, **the societies recommend the survey median, an RVU of 0.28 and intra-service time of 8 minutes**.

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Code 96380 is typically reported in addition to an office visit E/M

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

	Code	Global	Work RVU	Pre-Time	Intra-Time	Post-Time
3.	99213	XXX	1.30	5	20	5
4.	96380	XXX	0.28	0	8	0
5.	Total		1.58	5	28	5

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) New service

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatricians How often? Commonly

Specialty Nurse Practitioners How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 2025000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. There are 3.6 million births in the US annually; we estimated that 900,000 or 25% of

these parents either refused early immunizations or the mother received the RSV shot during the appropriate time period, and the infant did not need to be separately immunized. This leaves us with 2,700,000 births; we estimated that 75% of these, or 2,025,000, will provide immunization with counseling, and 25%, or 675,000, will not provide counseling with immunization. Of those provided with counseling, 85%, or 1,721,250, will be provided by Pediatricians, and 15%, or 303,750, will be provided by Nurse Practitioners.

Specialty Pediatricians Frequency 1721250 Percentage 85.00 %

Specialty Nurse Practitioners Frequency 303750 Percentage 15.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 30 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate was derived from a crosswalked to the 2022 utilization for CPT code 90461, Immunization through 18 years of age with counseling.

Specialty Pediatricians Frequency 26 Percentage 86.66 %

Specialty Nurse Practitioners Frequency 4 Percentage 13.33 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
NA

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 90460

AMA/SPECIALTY SOCIETY RVS UPDATE PROCESS
SUMMARY OF RECOMMENDATION

CPT Code:96381 Tracking Number E2 Original Specialty Recommended RVU: **0.17**
Presented Recommended RVU: **0.17**
Global Period: XXX Current Work RVU: **0.17** RUC Recommended RVU: **0.17**

CPT Descriptor: Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection

CLINICAL DESCRIPTION OF SERVICE:

Vignette Used in Survey: A 6-month-old female presents during the fall season for immunization against seasonal respiratory syncytial virus. The parent is offered and accepts an intramuscular injection of the RSV monoclonal antibody for their child.

Percentage of Survey Respondents who found Vignette to be Typical: 87%

Site of Service (Complete for 000, 010 and 090 Globals Only)

Percent of survey respondents who stated they perform the procedure for the typical patient; In the hospital 0% , In the ASC 0%, In the office 0%

Of those survey respondents that stated they perform this procedure for the typical patient in the hospital, the percent of respondents who stated the patient is discharged: Discharged the same day 0% , Overnight stay-less than 24 hours 0% , Overnight stay-more than 24 hours 0%

Of those survey respondents that keep the typical patient overnight, the percent who stated they perform an E&M service later on the same day 0%

Description of Pre-Service Work: N/A

Description of Intra-Service Work: The physician or qualified health care professional recommends passive immunization with the respiratory syncytial virus (RSV) immune globulin seasonal product for protection against RSV during the infant's vulnerable first year. Consent is obtained from the parent or guardian. Following the administration of the injection the patient is monitored for any adverse reaction. The physician or QHP then discusses the care plan for the child in the days to follow specific to the anticipated or possible side effects (eg, soreness and pain at the injection site, fever) and reviews the signs or symptoms that warrant a call back.

Description of Post-Service Work: N/A

SURVEY DATA

RUC Meeting Date (mm/yyyy)	04/2024					
Presenter(s):	Steven Krug, MD (AAP); Suzanne Berman, MD (AAP); Korinne Van Keuren, DNP, APRN, NP-BC, RNFA (ANA)					
Specialty Society(ies):	American Academy of Pediatrics (AAP); American Nurses Association (ANA)					
CPT Code:	96381					
Sample Size:	6414	**Resp N:**	97			
Description of Sample:	Random sample of applicable subsets AAP and ANA					

	Low	25th pctl	Median*	75th pctl	High
Service Performance Rate	0.00	0.00	**4.00**	10.00	600.00
Survey RVW:	0.00	0.17	**0.20**	0.25	1.00
Pre-Service Evaluation Time:			**0.00**		
Pre-Service Positioning Time:			**0.00**		
Pre-Service Scrub, Dress, Wait Time:			**0.00**		
Intra-Service Time:	0.00	2.00	**3.00**	6.00	20.00

Immediate Post Service-Time:	**0.00**	
Post Operative Visits	**Total Min****	**CPT Code and Number of Visits**
Critical Care time/visit(s):	**0.00**	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	**0.00**	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	**0.00**	99238x **0.00** 99239x **0.00** 99217x **0.00**
Office time/visit(s):	**0.00**	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

**Physician standard total minutes per E/M visit: 99291 (70); 99292 (30); 99231 (20); 99232 (40); 99233 (55); 99238(38); 99239 (55); 99217 (38); 99211 (7); 99212 (16); 99213 (23); 99214 (40); 99215 (55)

Specialty Society Recommended Data

Please, pick the pre-service time package that best corresponds to the data which was collected in the survey process. (Note: your recommended pre time should not exceed your survey median time for any category)

XXX Global Code

CPT Code:	96381	**Recommended Physician Work RVU: 0.17**		
		Specialty Recommended Pre-Service Time	**Specialty Recommended Pre Time Package**	**Adjustments/Recommended Pre-Service Time**
Pre-Service Evaluation Time:		**0.00**	**0.00**	**0.00**
Pre-Service Positioning Time:		**0.00**	**0.00**	**0.00**
Pre-Service Scrub, Dress, Wait Time:		**0.00**	**0.00**	**0.00**
Intra-Service Time:		**3.00**		

Please, pick the post-service time package that best corresponds to the data which was collected in the survey process: (Note: your recommended post time should not exceed your survey median time)

XXX Global Code

	Specialty Recommended Post-Service Time	**Specialty Recommended Post Time Package**	**Adjustments/Recommended Post-Service Time**
Immediate Post Service-Time:	**0.00**	**0.00**	**0.00**

Post-Operative Visits	Total Min**	CPT Code and Number of Visits
Critical Care time/visit(s):	0.00	99291x **0.00** 99292x **0.00**
Other Hospital time/visit(s):	0.00	99231x **0.00** 99232x **0.00** 99233x **0.00**
Discharge Day Mgmt:	0.00	99238x **0.0** 99239x **0.0** 99217x **0.00**
Office time/visit(s):	0.00	99211x **0.00** 12x **0.00** 13x **0.00** 14x **0.00** 15x **0.00**

Modifier -51 Exempt Status
Is the recommended value for the new/revised procedure based on its modifier -51 exempt status? No

New Technology/Service:
Is this new/revised procedure considered to be a new technology or service? Yes

TOP KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90471	XXX	0.17	**RUC Time**

CPT Descriptor Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

SECOND HIGHEST KEY REFERENCE SERVICE:

Key CPT Code	Global	Work RVU	Time Source
90460	XXX	0.24	**RUC Time**

CPT Descriptor Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid

KEY MPC COMPARISON CODES:
Compare the surveyed code to codes on the RUC's MPC List. Reference codes from the MPC list should be chosen, if appropriate that have relative values higher and lower than the requested relative values for the code under review.

MPC CPT Code 1	Global	Work RVU	Time Source	Most Recent Medicare Utilization
99211	XXX	0.18	**RUC Time**	2,857,279

CPT Descriptor 1 Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional

MPC CPT Code 2	Global	Work RVU	Time Source	Most Recent Medicare Utilization
96402	XXX	0.19	**RUC Time**	368,463

CPT Descriptor 2 Chemotherapy administration, subcutaneous or intramuscular; hormonal anti-neoplastic

Other Reference CPT Code	Global	Work RVU	Time Source
96372	XXX	0.17	**RUC Time**

CPT Descriptor Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

RELATIONSHIP OF CODE BEING REVIEWED TO TOP TWO KEY REFERENCE SERVICES:
Compare the pre-, intra-, and post-service time (by the median) and the intensity factors (by percent distribution) of the service you are rating to the top two chosen key reference services listed above. **Make certain that you are including existing time data (RUC if available, Harvard if no RUC time available) for the reference code listed below.**

Number of respondents who choose Top Key Reference Code: 67 **% of respondents:** 69.0 **%**

Number of respondents who choose 2nd Key Reference Code: 18 **% of respondents:** 18.5 **%**

TIME ESTIMATES (Median)

	CPT Code: 96381	Top Key Reference CPT Code: 90471	2nd Key Reference CPT Code: **90460**
Median Pre-Service Time	0.00	0.00	0.00
Median Intra-Service Time	3.00	7.00	7.00
Median Immediate Post-service Time	0.00	0.00	0.00
Median Critical Care Time	0.0	0.00	0.00
Median Other Hospital Visit Time	0.0	0.00	0.00
Median Discharge Day Management Time	0.0	0.00	0.00
Median Office Visit Time	0.0	0.00	0.00
Median Total Time	**3.00**	**7.00**	**7.00**
Other time if appropriate			

INTENSITY/COMPLEXITY MEASURES

(of those that selected Key Reference codes)

Survey respondents are rating the survey code relative to the key reference code.

Survey Code Compared to Top Key Reference Code	**Much Less**	**Somewhat Less**	**Identical**	**Somewhat More**	**Much More**
Overall intensity/complexity	5%	5%	41%	45%	4%

Mental Effort and Judgment	**Less**	**Identical**	**More**
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	12%	44%	44%

Technical Skill/Physical Effort	**Less**	**Identical**	**More**
Technical skill required	3%	83%	14%
Physical effort required	4%	84%	12%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	7%	50%	43%

Survey Code Compared to 2nd Key Reference Code	Much Less	Somewhat Less	Identical	Somewhat More	Much More
Overall intensity/complexity	0%	11%	44%	39%	6%

Mental Effort and Judgment	Less	Identical	More
• The number of possible diagnosis and/or the number of management options that must be considered • The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be reviewed and analyzed • Urgency of medical decision making	11%	56%	33%

Technical Skill/Physical Effort	Less	Identical	More
Technical skill required	6%	89%	5%
Physical effort required	6%	83%	11%

Psychological Stress	Less	Identical	More
• The risk of significant complications, morbidity and/or mortality • Outcome depends on the skill and judgment of physician • Estimated risk of malpractice suit with poor outcome	11%	33%	56%

Additional Rationale and Comments

Describe the process by which your specialty society reached your final recommendation. *If your society has used an IWPUT analysis, please refer to the Instructions for Specialty Societies Developing Work Relative Value Recommendations for the appropriate formula and format.*

The additional rationale below is the original rationale submitted by the specialty society(ies) prior to the RUC meeting and does not necessarily represent the rationale for the RUC recommendation. To view the RUC's rationale, please review the separate RUC recommendation document.

Background

New CPT codes for an immune globulin product protecting against respiratory syncytial virus for seasonal duration, Nirsevimab, were approved during the May 2023 CPT meeting. There was discussion surrounding the fact that the current administration code used for intramuscular injection of an immune globulin product, 96372, was not sufficient for this product, which will be administered to all infants prophylactically as a passive immunization. Subsequent to the May 2023 CPT meeting, the Food and Drug

Administration (FDA) and the FDA's Pediatric Advisory Committee approved Nirsevimab via their Fast Track process and the CDC's Advisory Committee on Immunization Practices (ACIP) recommended single dose of Nirsevimab for all infants younger than 8 months born during or entering their first RSV season and infants and for children aged 8 through 19 months who are at increased risk of severe RSV disease and entering their second RSV season.

At the September 2023 meeting, the CPT Editorial Panel created two new CPT codes to report the passive immunization administration of respiratory syncytial virus, monoclonal antibody, seasonal dose, with and without counseling. The new administration codes were developed for this product to support the increased physician and other qualified healthcare provider (QHP) work involved in parent/caretaker counseling regarding this novel vaccine-like product as well as address efforts that are commonly associated with the administration of an immunization (in this case, a passive immunization) in a preventive care setting and practice expenses associated with product storage and entry into the state immunization registry. These codes fell under the CPT Panel's Early Release Policy and became effective on October 6, 2023. This expedited process was to protect against severe disease caused by RSV, which is common, highly contagious, and sometimes deadly. RSV is one of the leading causes of death for otherwise healthy young infants and for young and older infants with underlying medical concerns, creating the urgency to get this countermeasure approved.

Interim Valuation at the September 2023 RUC Meeting
Based on the urgent need for the RUC to value these passive immunization administration codes and forward recommendations to CMS so children could immediately begin to receive this potentially life-saving intervention, at the September 2023 meeting the AAP proposed, and the RUC agreed to assign interim work and time valuations to the two new CPT codes (96380, 96381) using crosswalk methodology.

For CPT code 96381, the RUC recommended a work RVU of 0.17 based on a direct crosswalk to CPT code 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* (work RVU = 0.17, 7 minutes intra-service and total time), which maintained relativity within Medicare Physician Payment Schedule. The RUC recommended 7 minutes intra-service and total time. There is no pre-service or post-service time as this service is typically reported with an Evaluation and Management (E/M) office visit.

For additional support, the RUC compared code 96381 to MPC code 99211 *Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional* (work RVU = 0.18 and 5 minutes intra-service time and 7 minutes total time) and code 90970 *End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older* (work RVU = 0.18, 3.2 minutes intra-service and total time).

The RUC determined that an interim work value of 0.17 appropriately placed 96381 relative to other services based on the anticipated time, work, intensity, and complexity for this new service. The specialty societies agreed to survey this service for the April 2024 RUC meeting after more widespread use had occurred.

It was also noted at this time that since the values established at the September 2023 meeting were interim values, compelling evidence would NOT be required if the society recommended a value higher than the interim value at the April 2024 meeting.

Survey Process
In late February/early March, ANA and AAP conducted a survey to value CPT code 96381, with 97 survey respondents. Both societies used a random sample of applicable subsets of their members. The societies established an expert panel to review the survey results. The CPT Editorial Panel provided the vignette of the typical patient used for the survey. 87% of respondents found the vignette to be typical. Most respondents indicated that the vignette was not typical and noted that it was unusual not to provide counseling as part of the service.

Recommendations
Based on the review of the survey data, the specialties recommend the survey 25th percentile of 0.17 work RVUs and the survey median of 3 minutes intra-service time, which also serves as the total time.

Comparison Codes
CPT code 96372: These values are supported by CPT code 96372 *Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular (*work RVW = 0.17; 3 minutes intra-service time and 7 minutes total time). CPT code 96372 was recently valued by the RUC (2017) and is the code that would have been used to report this service before the creation of this new code.

CPT code 90471: The recommended work RVW is supported by the top key reference service code, 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid*), which has a work RVW of 0.17.

CPT codes 99211 and 99212: It is also supported by MPC codes 99211 *Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional* (work RVW = 0.18) and 99212 *Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded* (work RVW= 0.70; 11 minutes intra-service time and 16 minutes total time). The specialties' recommended values for CPT code 96381 align well by taking ¼ of the work RVW and time values of the latter MPC code.

Other comparison codes: The expert panel also looked at other RUC-reviewed services with an XXX global period that have comparable times and work RVUs:

Code	Descriptor	Global	Work RVU	Pre-Time	Intra-Time	Post-Time	Total Time
72020	Radiologic examination, spine, single view, specify level	XXX	0.16	1	3	1	5
73080	Radiologic examination elbow; complete, minimum of 3 views	XXX	0.17	1	3	1	5
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	XXX	0.17	0	3	0	3
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	XXX	0.17	2	3	2	7
74018	Radiologic examination, abdomen; 1 view	XXX	0.18	1	3	1	5
72070	Radiologic examination, spine; thoracic, 2 views	XXX	0.20	1	3	1	5

These examples illustrate that the recommended value and time for code 96381 are properly positioned when compared to other services of other specialties in the resource-based relative value scale.

Conclusion

For code 96381 Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, **the societies recommend the survey 25th percentile, an RVU of 0.17 and intra-service time of 3 minutes.**

SERVICES REPORTED WITH MULTIPLE CPT CODES

1. Is this code typically reported on the same date with other CPT codes? If yes, please respond to the following questions: Yes

   Why is the procedure reported using multiple codes instead of just one code? (Check all that apply.)

   - ☐ The surveyed code is an add-on code or a base code expected to be reported with an add-on code.
   - ☐ Different specialties work together to accomplish the procedure; each specialty codes its part of the physician work using different codes.
   - ☐ Multiple codes allow flexibility to describe exactly what components the procedure included.
   - ☐ Multiple codes are used to maintain consistency with similar codes.
   - ☐ Historical precedents.
   - ☒ Other reason (please explain) Code 96381 is typically reported in addition to an office visit E/M

2. Please provide a table listing the typical scenario where this code is reported with multiple codes. Include the CPT codes, global period, work RVUs, pre, intra, and post-time for each, summing all of these data and accounting for relevant multiple procedure reduction policies. If more than one physician is involved in the

provision of the total service, please indicate which physician is performing and reporting each CPT code in your scenario.

		Code	Global	Work RVU	Pre-Time	Intra-Time	Post-Time
3.	3.	99213	XXX	1.30	5	20	5
4.	4.	96381	XXX	0.17	0	7	0
5.	5. Total			1.47	5	27	5

FREQUENCY INFORMATION

How was this service previously reported? (if unlisted code, please ensure that the Medicare frequency for this unlisted code is reviewed) New service

How often do physicians in your specialty perform this service? (ie. commonly, sometimes, rarely)
If the recommendation is from multiple specialties, please provide information for each specialty.

Specialty Pediatrics How often? Commonly

Specialty Nurse Practitioners How often? Sometimes

Specialty How often?

Estimate the number of times this service might be provided nationally in a one-year period? 675000
If the recommendation is from multiple specialties, please provide the frequency and percentage for each specialty. Please explain the rationale for this estimate. There are 3.6 million births in the US annually; we estimated that 900,000 or 25% of these parents either refused early immunizations or the mother received the shot during the appropriate time period. This leaves us with 2,700,000 births; we estimate that 75% of these, or 2,025,000, will provide immunization with counseling, and 25%, or 675,000, will not provide counseling. Of those provided without counseling, 85%, or 573,750, will be provided by Pediatricians, and 15%, or 101,250, will be provided by Nurse Practitioners.

Specialty Pediatricians Frequency 573750 Percentage 85.00 %

Specialty Nurse Practitioner Frequency 101250 Percentage 15.00 %

Specialty Frequency Percentage %

Estimate the number of times this service might be **provided to Medicare patients** nationally in a one-year period? 8 If this is a recommendation from multiple specialties please estimate frequency and percentage for each specialty. Please explain the rationale for this estimate. This estimate was derived from a crosswalked to the 2022 utilization for CPT code 90461, Immunization through 18 years of age with counseling. We estimate the volume of 96381 to be 25% of the volume of 90461.

Specialty Pediatricians Frequency 6 Percentage 75.00 %

Specialty Nurse Practitioner Frequency 2 Percentage 25.00 %

Specialty Frequency 0 Percentage %

Do many physicians perform this service across the United States? Yes

---

Berenson-Eggers Type of Service (BETOS) Assignment

Please pick the appropriate BETOS classification that best corresponds to the clinical nature of this CPT code. Please select the main BETOS classification and sub-classification to the greatest level of specificity possible.

Main BETOS Classification:
Other

BETOS Sub-classification:
Immunizations/Vaccinations

BETOS Sub-classification Level II:
Other

Professional Liability Insurance Information (PLI)

If the surveyed code is an existing code and the specialty believes the specialty utilization mix will not change, enter the surveyed existing CPT code number

If this code is a new/revised code or an existing code in which the specialty utilization mix will change, please select another crosswalk based on a similar specialty mix. 90471

SS Rec Summary

ISSUE: Respiratory Syncytial Virus (RSV) Monoclonal Antibody Administration

TAB: 7

Source	CPT	DESC	Global	RUC Review Year	Resp	IWPUT	Work Per Unit Time	RVW MIN	RVW 25th	RVW MED	RVW 75th	RVW MAX	Total Time	PRE-TIME EVAL	PRE-TIME POSIT	PRE-TIME SDW	INTRA-TIME MIN	INTRA-TIME 25th	INTRA-TIME MED	INTRA-TIME 75th	INTRA-TIME MAX	IMMD POST	SURVEY EXPERIENCE MIN	SURVEY EXPERIENCE 25th	SURVEY EXPERIENCE MED	SURVEY EXPERIENCE 75th	SURVEY EXPERIENCE MAX
1st REF	90460	Immunization administration through 18 years of age via any route of administration, with	XXX	2021	83	0.034	0.034			0.24			7	0					7			0					
2nd REF	99212	Office or other outpatient visit for the evaluation and management of an established	XXX	2019	12	0.044	0.044			0.70			16	2					11			3					
INTERIM	96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by	XXX	2023		0.034	0.034			0.24			7						7								
SVY	96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by	XXX		112	0.035	0.035	0.01	0.24	0.28	0.35	1.00	8	0			2	6	8	11	30	0	0	3	10	30	600
AAP	96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by			108	0.035	0.035	0.01	0.24	0.28	0.35	1.00	8	0			2	6	8	11	30	0	0	3	12	30	600
ANA	96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by			4	0.042	0.042	0.17	0.22	0.25	0.26	0.30	6	0			3	5	6	12	25	0	0	0	3	7	10
REC	96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by				0.035	0.035			0.28			8	0					8			0					
1st REF	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or	XXX	2021	67	0.024	0.024			0.17			7	0					7			0					
2nd REF	90460	Immunization administration through 18 years of age via any route of administration, with	XXX	2021	18	0.034	0.034			0.24			7	0					7			0					
INTERIM	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by	XXX	2023		0.024	0.024			0.17			7						7								
SVY	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by	XXX		97	0.067	0.067	0.00	0.17	0.20	0.25	1.00	3	0			0	2	3	6	20	0	0	0	4	10	600
AAP	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by			94	0.067	0.067	0.00	0.17	0.20	0.25	1.00	3	0			0	2	3	6	20	0	0	0	4	13	600
ANA	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by			3	0.034	0.034	0.17	0.17	0.17	0.21	0.25	5	0			3	4	5	10	15	0	0	3	5	6	6
REC	96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection				0.057	0.057			0.17			3	0					3			0					

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 96380-96381**

SPECIALTY SOCIETY(IES): AAP, ANA

PRESENTER(S): Steven Krug, MD (AAP), Suzanne Berman, MD (AAP) , Korinne Van Keuren, DNP, APRN, NP-BC, RNFA (ANA)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: April 2024

CPT Code	Long Descriptor	Global Period
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	XXX
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
96380	A 6-month-old female presents during the fall season. The physician or other qualified healthcare professional provides benefit and risk counseling on immunization for the seasonal respiratory syncytial virus to the parents and answers all their questions. The parent agrees to have their child receive the product.
96381	A 6-month-old female presents during the fall season for immunization against seasonal respiratory syncytial virus. The parent is offered and accepts an intramuscular injection of the RSV monoclonal antibody for their child.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   RUC Advisors from AAP and ANA and several AAP members from large pediatric practices with expertise in immunization administration acted as an expert panel and communicated via email to develop the recommended PE inputs.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   We are utilizing CPT code 90460 *Immunization administration through 18 years of age via any route of administration, with counseling by physician or other QHP; first or only component of each vaccine or toxoid administered* as our base reference code for 96380 due to the inherent similarity between the service described by 90460 and this new service. Code 90460 is a recently PE reviewed IA service. To the base of 90460 direct PE inputs, we are recommending incremental direct PE inputs as established by manufacturers and the CDC Advisory Committee on Immunization Practices for administering the Nirsevemab vaccine and Expert Panel input.

   We are utilizing CPT code 90471 *Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)* as our base reference code for 96381 due to the inherent similarity between the service described by 90471 and this new service. Code 90471 is a recently PE reviewed IA service. To the base of 90471 direct PE inputs, we are recommending incremental direct PE inputs as

established by manufacturers and the CDC Advisory Committee on Immunization Practices for administering the Nirsevemab vaccine and Expert Panel input.

NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the non-facility?

   Codes 96380 and 96381 are typically reported with an E/M service. Codes 96380 and 96381 are typically reported with an E/M service in the NF setting.

   See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

   The dominant provider for new CPT Codes 96380 and 96381 in the facility and nonfacility is not known at this time.

   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   N/A

   See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

   N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

Pre Service
CA005 Complete pre-procedure phone calls and prescription.
Specialties are recommending 3 minutes (standard time for phone calls) to account for the clinical staff time spent calling parent of eligible infant/child to schedule appointment for E/M visit and product administration when stock of RSV monoclonal antibody product is available from the manufacturer and at the practice. Activity requires expertise of clinical staff to review patient waiting list for the product to determine specific patient eligibility for the size of the dose available (50 mg vs 100 mg) and answering parent questions.

CA007 Review patient clinical extant information and questionnaire
Used for imaging service. 1 minute standard.
Specialties are recommending 5 minutes to account for the clinical staff time to review the patient immunization questionnaire and complete the required pre-check eligibility process (see attachment Nirsevemab Visual Guide). Expert Panel members experienced with administering this product report that the time required to check the mother's RSV immunization status and timing of dose in the typical patient is a minimum of 5 minutes. Clinical staff have the expertise and access to non-patient (i.e., the mother) information. This activity requires looking up the mother's records at the birthing hospital as it is not typical for this information to be sent to the state immunization registry.

CA008
Perform regulatory mandated quality assurance activity (pre-service)
Standard is 0 for XXX services.
Specialties are recommending 1 minute to account for the clinical staff time to ensure the vaccine stock is viable.

Service
CA014 Confirm order, protocol exam
Used for imaging service. 1 minute standard.
Specialties are recommending 2 minutes to account for the clinical staff time to compute the correct dose based on patient's age and weight. Additional calculation complexity based on the "If baby is under X kg or over age Y" component of formula.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

N/A

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

CA005: Determining appropriateness of available vaccine for patient. Calling parent to notify them of availability of product and scheduling appointment for E/M visit and product administration. Answering parent questions.

CA007: Confirming vaccine order/checking appropriateness for patient. Complete vaccine pre-check eligibility process (see attachment Nirsevemab Visual Guide).

CA008: Checking historical and current temperatures for vaccine refrigerator; recording temperatures; reporting temperatures; vaccine inventorying; ordering vaccines; completing required Vaccines for Children (VFC) paperwork; receiving vaccines; inspecting/logging vaccines and putting them in the vaccine refrigerator; creating lot numbers in EHR

    b. Service period (includes pre, intra and post):

CA011: Giving Vaccine Information Sheet (VIS) to patient/family; getting informed consent and signature if applicable

CA014: Going to laboratory and taking vaccine vials out of vaccine refrigerator; computing dose based on patient's age and weight; drawing up vaccine into syringe; going back to patient room and preparing patient/parent, confirming that this is correct patient-correct vaccine

CA021: Actual administration of vaccine; bandage application

CA022: Watching patient after vaccine is administered

CA024: Disposal of vaccine-specific medical waste

CA034: Charting administered immunizations in the patient chart and EMR; preparing patient record/immunization card

    c. Post-service period:

CA037: Contacting patient/parent to follow up on immunization administration

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

CA021: RN/LPN/MTA prepares the vaccine, instructs the patient (or parent) on proper positioning, selects and prepares the injection site, administers the vaccine, and applies a bandage to the injection site. The patient is then monitored for potential anaphylaxis response to the vaccine.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):
    N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
    N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:
    N/A

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
    If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?
    N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).
    N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:
    N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:
    N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?

a. If yes, please explain how the computer is used for this service(s).
b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

The specialty societies included the following equipment items:

EF049 refrigerator, vaccine medical grade, 2-data logger single glass door
ED043 refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates

The specialties used the 'default' equipment formula for both EF049 and ED043.

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?
(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

N/A

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

N/A

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

Equipment
ED043: While its description begins with "refrigerator, vaccine," it is the temperature monitor with alarm for the vaccine medical grade refrigerator. The specialties do not have two vaccine refrigerators included as part of the recommendations.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

NON-FACILITY DIRECT PE INPUTS **CPT CODE(S): 96380-96381**

SPECIALTY SOCIETY(IES): AAP, ANA

PRESENTER(S): Steven Krug, MD (AAP), Suzanne Berman, MD (AAP) , Korinne Van Keuren, DNP, APRN, NP-BC, RNFA (ANA)

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Clinical Staff Activity CA005 (pre-service time) 3 minutes decreased to 0 minutes for 96380 and 96381 as this time is already captured in the associated E/M service.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**		**INTERIM REC**		**RECOMMENDED**		**REFEREN**
2							**90460**		**96380**		**96380**		**90**
3		***RUC Collaboration Website***					*Immunization administration through 18 years of age via any route of administration, with counseling by*		*Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional*		*Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional*		*immun administ (inclu percuta intrad subcutar*
4	**Clinical Activity Code**	**Meeting Date: April 2024 Revision Date (if applicable): Tab 7: RSV Monoclonal Antibody Administration Specialty: AAP, ANA**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**							
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**					**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**					**$ 11.12**	**$ -**	**$ 11.62**	**$ -**	**$ 13.11**	**$ -**	**$ 11.12**
8		**TOTAL CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**20.0**	**0.0**	**21.0**	**0.0**	**24.0**	**0.0**	**20.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**2.0**	**0.0**	**3.0**	**0.0**	**6.0**	**0.0**	**2.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**17.0**	**0.0**	**17.0**	**0.0**	**17.0**	**0.0**	**17.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**					**$ 9.96**	**$ -**	**$ 10.46**	**$ -**	**$ 11.95**	**$ -**	**$ 9.96**
13		**PRE-SERVICE PERIOD**											
14		**Start: Following visit when decision for surgery/procedure made**											
15	CA001	Complete pre-service diagnostic and referral forms	90 DAY: NF5, F5*	L037D	RN/LPN/MTA	0.498							
16	CA002	Coordinate pre-surgery services (including test results)	90 DAY: NF10, F20*	L037D	RN/LPN/MTA	0.498							
17	CA003	Schedule space and equipment in facility	90 DAY: NF0, F8*	L037D	RN/LPN/MTA	0.498							
18	CA004	Provide pre-service education/obtain consent	90 DAY: NF10, F20*	L037D	RN/LPN/MTA	0.498							
19	CA005	Complete pre-procedure phone calls and prescription	90 DAY: NF10, F7*	L037D	RN/LPN/MTA	0.498					0		
20	CA006	Confirm availability of prior images/studies	For use in imaging services. 2 minute standard.	L037D	RN/LPN/MTA	0.498							
21	CA007	Review patient clinical extant information and questionnaire	For use in imaging services. 1 minute standard.	L037D	RN/LPN/MTA	0.498	1		2		5		1
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)		L037D	RN/LPN/MTA	0.498	1		1		1		1
23				L037D	RN/LPN/MTA	0.498							
24				L037D	RN/LPN/MTA	0.498							
25				L037D	RN/LPN/MTA	0.498							
26		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498							
27		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498							
28		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498							
29		**End: When patient enters office/facility for surgery/procedure**											
30		**SERVICE PERIOD**											
31		**Start: When patient enters office/facility for surgery/procedure:**											
32		**Pre-Service (of service period)**											
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are	3 minute standard.	L037D	RN/LPN/MTA	0.498							
34	CA010	Obtain vital signs	Vital Sign Standards	L037D	RN/LPN/MTA	0.498							
35	CA011	Provide education/obtain consent	Include only the additional education/consent activities	L037D	RN/LPN/MTA	0.498	3		3		3		3
36	CA012	Review requisition, assess for special needs		L037D	RN/LPN/MTA	0.498							
37	CA013	Prepare room, equipment and supplies	2 minute standard.	L037D	RN/LPN/MTA	0.498							
38	CA014	Confirm order, protocol exam	For use in imaging services. 1 minute standard.	L037D	RN/LPN/MTA	0.498	2		2		2		2
39	CA015	Setup scope (nonfacility setting only)	5 minute standard for scope set up in the non facility	L037D	RN/LPN/MTA	0.498							
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient	2 minute standard.	L037D	RN/LPN/MTA	0.498							
41	CA017	Sedate/apply anesthesia	2 minute standard RN/LPN/MA.	L037D	RN/LPN/MTA	0.498							
42				L037D	RN/LPN/MTA	0.498							
43				L037D	RN/LPN/MTA	0.498							
44				L037D	RN/LPN/MTA	0.498							
45		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498							
46		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498							
47		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498							
48		**Intra-service (of service period)**											
49	CA018	Assist physician or other qualified healthcare professional---directly	100% of physician or other qualified healthcare	L037D	RN/LPN/MTA	0.498							
50	CA019	Assist physician or other qualified healthcare professional---directly	67% of physician or other qualified healthcare	L037D	RN/LPN/MTA	0.498							
51	CA020	Assist physician or other qualified healthcare professional---directly	other% of physician or other qualified healthcare	L037D	RN/LPN/MTA	0.498							
52	CA021	Perform procedure/service---NOT directly related to physician work time		L037D	RN/LPN/MTA	0.498	4		4		4		4
53				L037D	RN/LPN/MTA	0.498							
54				L037D	RN/LPN/MTA	0.498							
55				L037D	RN/LPN/MTA	0.498							
56		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498							
57		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498							
58		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498							
59		**Post-Service (of service period)**											
60	CA022	Monitor patient following procedure/service, multitasking 1:4	For monitoring following procedure, standard 15 minutes	L037D	RN/LPN/MTA	0.498	4		4		4		4
61	CA023	Monitor patient following procedure/service, no multitasking		L037D	RN/LPN/MTA	0.498							
62	CA024	Clean room/equipment by clinical staff	3 minute standard.	L037D	RN/LPN/MTA	0.498	1		1		1		1
63	CA025	Clean scope	Standards For Scope Cleaning	L037D	RN/LPN/MTA	0.498							
64	CA026	Clean surgical instrument package	Standard for cleaning instruments	L037D	RN/LPN/MTA	0.498							
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions		L037D	RN/LPN/MTA	0.498							
66	CA028	Review/read post-procedure x-ray, lab and pathology reports		L037D	RN/LPN/MTA	0.498							

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**		**INTERIM REC**		**RECOMMENDED**		**REFEREN**
2							**90460**		**96380**		**96380**		**90**
3		***RUC Collaboration Website***					*Immunization administration through 18 years of age via any route of administration, with counseling by*		*Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional*		*Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional*		*immun admini (inclu percuta intrad subcutar*
4	**Clinical Activity Code**	**Meeting Date: April 2024 Revision Date (if applicable): Tab 7: RSV Monoclonal Antibody Administration Specialty: AAP, ANA**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**							
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**					**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**					**$ 11.12**	**$ -**	**$ 11.62**	**$ -**	**$ 13.11**	**$ -**	**$ 11.12**
8		**TOTAL CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**20.0**	**0.0**	**21.0**	**0.0**	**24.0**	**0.0**	**20.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**2.0**	**0.0**	**3.0**	**0.0**	**6.0**	**0.0**	**2.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**17.0**	**0.0**	**17.0**	**0.0**	**17.0**	**0.0**	**17.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**
67	CA029	Check dressings, catheters, wounds	1 minute standard.	L037D	RN/LPN/MTA	0.498							
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,	For use in imaging services, Baseline time for this	L037D	RN/LPN/MTA	0.498							
69	CA031	Review examination with interpreting MD/DO	For use in imaging services, Standard time for this	L037D	RN/LPN/MTA	0.498							
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to	For use in imaging services, Standard time for this	L037D	RN/LPN/MTA	0.498							
71	CA033	Perform regulatory mandated quality assurance activity (service period)		L037D	RN/LPN/MTA	0.498							
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry		L037D	RN/LPN/MTA	0.498	3		3		3		3
73	CA035	Review home care instructions, coordinate visits/prescriptions	2 minute standard. For non-facility (office) setting use	L037D	RN/LPN/MTA	0.498							
74	CA036	Discharge day management	Dischrg mgmt same day (0.5 x 99238) (enter 6 min)	L037D	RN/LPN/MTA	0.498	**n/a**		**n/a**		**n/a**		**n/a**
75				L037D	RN/LPN/MTA	0.498							
76				L037D	RN/LPN/MTA	0.498							
77				L037D	RN/LPN/MTA	0.498							
78		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498							
79		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498							
80		*Other activity: please include short clinical description here and type*		L037D	RN/LPN/MTA	0.498							
81		**End: Patient leaves office/facility**											
82		**POST-SERVICE PERIOD**											
83		**Start: Patient leaves office/facility**											
84	CA037	Conduct patient communications	Phone calls/emails/texts are in 3 minute increments.	L037D	RN/LPN/MTA	0.498	1		1		1		1
85	CA038	Coordinate post-procedure services		L037D	RN/LPN/MTA	0.498							
92	CA039	Post-operative visits (total time)		L037D	RN/LPN/MTA	0.498	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93				L037D	RN/LPN/MTA	0.498							
99		**End: with last office visit before end of global period**											

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	**RUC Practice Expense Spreadsheet**						**REFERENCE CODE**		**INTERIM REC**		**RECOMMENDED**		**REFEREN**
2							**90460**		**96380**		**96380**		**90**
3		***RUC Collaboration Website***					*Immunization administration through 18 years of age via any route of administration, with counseling by*		*Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional*		*Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional*		*immun admini (incl percuta intrad subcutar*
4	**Clinical Activity Code**	**Meeting Date: April 2024 Revision Date (if applicable): Tab 7: RSV Monoclonal Antibody Administration Specialty: AAP, ANA**	**Standards/Guidelines**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**							
5		**LOCATION**					**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**
6		**GLOBAL PERIOD**					**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**					**$ 11.12**	**$ -**	**$ 11.62**	**$ -**	**$ 13.11**	**$ -**	**$ 11.12**
8		**TOTAL CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**20.0**	**0.0**	**21.0**	**0.0**	**24.0**	**0.0**	**20.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**2.0**	**0.0**	**3.0**	**0.0**	**6.0**	**0.0**	**2.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**17.0**	**0.0**	**17.0**	**0.0**	**17.0**	**0.0**	**17.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**		L037D	RN/LPN/MTA	0.498	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**
100	**Supply Code**	**MEDICAL SUPPLIES**		**PRICE**	**UNIT**								
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**					**$ 0.93**	**$ -**	**$ 0.93**	**$ -**	**$ 0.93**	**$ -**	**$ 0.93**
102	SC058	syringe w-needle, OSHA compliant (SafetyGlide)		0.49	item		1		1		1		1
103	SG021	bandage, strip 0.75in x 3in (Bandaid)		0.41	item		1		1		1		1
104	SK012	CDC information sheet		0.03	item		1		1		1		1
105													
106													
107													
108													
110	**Equipment Code**	**EQUIPMENT**		**Purchase Price**	**Equipment Formula**	**Cost Per Minute**							
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**					**$ 0.23**	**$ -**	**$ 0.23**	**$ -**	**$ 0.23**	**$ -**	**$ 0.23**
112	EF049	refrigerator, vaccine medical grade, w-data logger sngl glass door		7674.43	Default	0.020365838	10		10		10		10
113	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates		1000	Default	0.002653727	10		10		10		10
114													
115													
116													
117													
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*	*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice in column B, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*										

	A	B	N	O	P	Q	R
1	**RUC Practice Expense Spreadsheet**		**CE CODE**	**INTERIM REC**		**RECOMMENDED**	
2			**471**	**96381**		**96381**	
3		***RUC Collaboration Website***	*ization* *stration*	*Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection*		*Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection*	
4	**Clinical Activity Code**	**Meeting Date: April 2024** **Revision Date (if applicable):** **Tab 7: RSV Monoclonal Antibody Administration** **Specialty: AAP, ANA**	*udes* *neous,* *ermal,* *eous, or*				
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 11.62**	**$ -**	**$ 13.11**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**21.0**	**0.0**	**24.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**3.0**	**0.0**	**6.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**17.0**	**0.0**	**17.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**	**$ -**	**$ 10.46**	**$ -**	**$ 11.95**	**$ -**
13		**PRE-SERVICE PERIOD**					
14		**Start: Following visit when decision for surgery/procedure made**					
15	CA001	Complete pre-service diagnostic and referral forms					
16	CA002	Coordinate pre-surgery services (including test results)					
17	CA003	Schedule space and equipment in facility					
18	CA004	Provide pre-service education/obtain consent					
19	CA005	Complete pre-procedure phone calls and prescription				0	
20	CA006	Confirm availability of prior images/studies					
21	CA007	Review patient clinical extant information and questionnaire		2		5	
22	CA008	Perform regulatory mandated quality assurance activity (pre-service)		1		1	
23							
24							
25							
26		*Other activity: please include short clinical description here and type*					
27		*Other activity: please include short clinical description here and type*					
28		*Other activity: please include short clinical description here and type*					
29		**End: When patient enters office/facility for surgery/procedure**					
30		**SERVICE PERIOD**					
31		**Start: When patient enters office/facility for surgery/procedure:**					
32		**Pre-Service (of service period)**					
33	CA009	Greet patient, provide gowning, ensure appropriate medical records are					
34	CA010	Obtain vital signs					
35	CA011	Provide education/obtain consent		3		3	
36	CA012	Review requisition, assess for special needs					
37	CA013	Prepare room, equipment and supplies					
38	CA014	Confirm order, protocol exam		2		2	
39	CA015	Setup scope (nonfacility setting only)					
40	CA016	Prepare, set-up and start IV, initial positioning and monitoring of patient					
41	CA017	Sedate/apply anesthesia					
42							
43							
44							
45		*Other activity: please include short clinical description here and type*					
46		*Other activity: please include short clinical description here and type*					
47		*Other activity: please include short clinical description here and type*					
48		**Intra-service (of service period)**					
49	CA018	Assist physician or other qualified healthcare professional---directly					
50	CA019	Assist physician or other qualified healthcare professional---directly					
51	CA020	Assist physician or other qualified healthcare professional---directly					
52	CA021	Perform procedure/service---NOT directly related to physician work time		4		4	
53							
54							
55							
56		*Other activity: please include short clinical description here and type*					
57		*Other activity: please include short clinical description here and type*					
58		*Other activity: please include short clinical description here and type*					
59		**Post-Service (of service period)**					
60	CA022	Monitor patient following procedure/service, multitasking 1:4		4		4	
61	CA023	Monitor patient following procedure/service, no multitasking					
62	CA024	Clean room/equipment by clinical staff		1		1	
63	CA025	Clean scope					
64	CA026	Clean surgical instrument package					
65	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions					
66	CA028	Review/read post-procedure x-ray, lab and pathology reports					

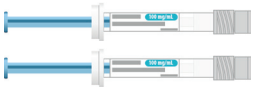
	A	B	N	O	P	Q	R
1	RUC Practice Expense Spreadsheet		CE CODE	INTERIM REC		RECOMMENDED	
2			471	96381		96381	
3		***RUC Collaboration Website***	ization stration udes neous, ermal, eous, or	*Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection*		*Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection*	
4	**Clinical Activity Code**	**Meeting Date: April 2024** **Revision Date (if applicable):** **Tab 7: RSV Monoclonal Antibody Administration** **Specialty: AAP, ANA**					
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 11.62**	**$ -**	**$ 13.11**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**21.0**	**0.0**	**24.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**3.0**	**0.0**	**6.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**17.0**	**0.0**	**17.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**
67	CA029	Check dressings, catheters, wounds					
68	CA030	Technologist QC's images in PACS, checking for all images, reformats,					
69	CA031	Review examination with interpreting MD/DO					
70	CA032	Scan exam documents into PACS. Complete exam in RIS system to					
71	CA033	Perform regulatory mandated quality assurance activity (service period)					
72	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry		3		3	
73	CA035	Review home care instructions, coordinate visits/prescriptions					
74	CA036	Discharge day management		**n/a**		**n/a**	
75							
76							
77							
78		*Other activity: please include short clinical description here and type*					
79		*Other activity: please include short clinical description here and type*					
80		*Other activity: please include short clinical description here and type*					
81		**End: Patient leaves office/facility**					
82		**POST-SERVICE PERIOD**					
83		**Start: Patient leaves office/facility**					
84	CA037	Conduct patient communications		1		1	
85	CA038	Coordinate post-procedure services					
92	CA039	Post-operative visits (total time)	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**
93							
99		**End: with last office visit before end of global period**					

	A	B	N	O	P	Q	R
1	RUC Practice Expense Spreadsheet		CE CODE	INTERIM REC		RECOMMENDED	
2			471	96381		96381	
3		***RUC Collaboration Website***	ization stration	*Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection*		*Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection*	
4	Clinical Activity Code	**Meeting Date: April 2024** **Revision Date (if applicable):** **Tab 7: RSV Monoclonal Antibody Administration** **Specialty: AAP, ANA**	udes neous, ermal, eous, or				
5		**LOCATION**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**	**$ -**	**$ 11.62**	**$ -**	**$ 13.11**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	**0.0**	**21.0**	**0.0**	**24.0**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	**0.0**	**3.0**	**0.0**	**6.0**	**0.0**
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	**0.0**	**17.0**	**0.0**	**17.0**	**0.0**
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	**0.0**	**1.0**	**0.0**	**1.0**	**0.0**
100	**Supply Code**	**MEDICAL SUPPLIES**					
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**	**$ -**	**$ 0.93**	**$ -**	**$ 0.93**	**$ -**
102	SC058	syringe w-needle, OSHA compliant (SafetyGlide)		1		1	
103	SG021	bandage, strip 0.75in x 3in (Bandaid)		1		1	
104	SK012	CDC information sheet		1		1	
105							
106							
107							
108							
110	**Equipment Code**	**EQUIPMENT**					
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**	**$ -**	**$ 0.23**	**$ -**	**$ 0.23**	**$ -**
112	EF049	refrigerator, vaccine medical grade, w-data logger sngl glass door		10		10	
113	ED043	refrigerator, vaccine, temperature monitor w-alarm, security mounting w-sensors, NIST certificates		10		10	
114							
115							
116							
117							
118		*Other equipment item: to add a new equipment item please include the name of the item consistent with the paid invoice here, type NEW in column A and please note that you must include a purchase price estimate consistent with the paid invoice in column D.*					

Nirsevimab Administration Visual Guide

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Is it RSV season?
October 1 through March 31st or otherwise declared by regional experts.

- **No** → Not Eligible
- **Yes** → **Is the patient < 8 months of age today?**
  - **No** → **Is the patient 8–19 months old today and meet the high risk criteria[a]?**
    - **No** → Not Eligible
    - **Yes** → Eligible
      Nirsevimab 200 mg
      
  - **Yes** → **Did the mother of this patient receive the RSV vaccine while pregnant?**
    - **Yes** → **Was the infant born prior to 34 weeks gestations OR within 14 days of maternal RSV vaccine administration?**
      - **No** → Not Eligible[b]
      - **Yes** → **What is the patient's current weight (today)?**
    - **No or Unknown** → **Has the patient received a previous dose of nirsevimb in the current RSV season (eg. in the newborn nursery)?**
      - **Yes** → Not Eligible
      - **No** → **Has the patient received 1 or more doses of palivizumab in the current RSV season?**
        - **No** → **What is the patient's current weight (today)?**
        - **Yes** → **Has 30 days elapsed since the last dose?**
          - **No** → **Wait until 30 days elapse.** → **What is the patient's current weight (today)?**
          - **Yes** → **What is the patient's current weight (today)?**

What is the patient's current weight (today)?

- **< 5 kg**
  Nirsevimab 50 mg/0.5 mL

- **≥ 5 kg**
  Nirsevimab 100 mg/mL

---

a. Children 8 through 19 months of age who are recommended to receive nirsevimab when entering their second RSV season because of increased risk of severe disease.
- Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season.
- Children who are severely immunocompromised.
- Children with cystic fibrosis who have manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable) or have weight-for-length that is <10th percentile.
- American Indian and Alaska Native children (note that this is a new group for whom second-season prophylaxis is recommended in contrast to the current palivizumab recommendations).

b. Nirsevimab can be considered in rare circumstances when, per the clinical judgment of the healthcare provider, the potential incremental benefit of administration is warranted:
- Infants born to pregnant people who may not mount an adequate immune response to vaccination or have conditions associated with reduced transplacental antibody transfer
- Infants who have undergone cardiopulmonary bypass, leading to loss of maternal antibodies
- Infants with substantial increased risk for severe RSV disease (eg, hemodynamically significant congenital heart disease, intensive care admission, and requiring oxygen at discharge).

Nirsevimab Administration Visual Guide (continued)

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

At the time of administration, affirm the 7 rights to reduce errors:

1. Right patient
2. Right time (age, in RSV season)
3. Right immunization (correct medication)
4. The right dosage (based on weight)
5. The right route, needle length, and technique
6. Right site

Intramuscular (IM) injection
Use a 22–25 gauge needle. Choose the injection site and needle length that is appropriate to the person's age and body mass.

Age	Needle length	Injection site
Newborns (1st 28 days)	⅝"[c]	Anterolateral thigh muscle
Infants (1–12 months)	1"	Anterolateral thigh muscle
Toddlers (1–2 years)	1–1¼"	Anterolateral thigh muscle[e]
	⅝[d]–1"	Deltoid muscle of arm

7. The right documentation

c. If skin is stretched tightly and subcutaneous tissues are not bunched.

d. Alternate needle lengths may be used if the skin is stretched tightly and subcutaneous tissues are not bunched, as follows: a) a ⅝" needle in toddlers, children, and patients weighing less than 130 lbs (less than 60 kg) for IM injection in the deltoid muscle only, or b) a 1" needle for administration in the thigh muscle for adults of any weight.

e. Preferred site

NOTE: Always refer to the package insert included with each biologic for complete vaccine administraation information. CDC's Advisory Committee on Immunization Practices (ACIP) recommendations for the particular vaccine should be reviewed as well. Access the ACIP recommendations at www.immunize.org/acip.

AMA
AMERICAN MEDICAL ASSOCIATION

ama-assn.org
t (312) 464-5000

February 4, 2025

Ms. Lindsey Baldwin
Director
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244-1850

Subject: HCPAC Review Board Recommendations

Dear Ms. Baldwin:

The RUC Health Care Professionals Advisory Committee (HCPAC) Review Board submits the enclosed recommendation to the Centers for Medicare and Medicaid Services (CMS). At the January 16, 2025 meeting, the following issue was reviewed by the HCPAC:

- Remote Monitoring (98XX6, 98978)

The RUC and HCPAC are fully committed to this ongoing effort to improve relativity in the work, practice expense, and professional liability insurance values. The HCPAC appreciates the opportunity to provide recommendations related to the 2026 Medicare Physician Payment Schedule. If you have any questions regarding this submission, please contact Katlyn Palmer (ph: 312-464-5576; email: Katlyn.Palmer@ama-assn.org) at the AMA for clarification regarding these recommendations.

Sincerely,

Peter Hollmann, MD
HCPAC Chair

Richard Rausch, DPT, MBA
HCPAC Co-Chair

cc: HCPAC Participants
Perry Alexion, MD
Arkaprava Deb, MD
Edith Hambrick, MD
Ryan Howe
Michael Soracoe
Gift Tee
Emily Yoder

CPT 2026 HCPAC Recommendations

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	HCPAC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
92590	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
92591	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
92592	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
92593	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
92594	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
92595	XXX	D	Feb 2024	31	Hearing Device Services		Apr 2024	HCPAC					☑		☐
98978	XXX	R	Sep 2024	85	Remote Monitoring	DD16	Jan 2025	HCPAC	APA	0.00	0.00	Yes	☑	PE Only	☐
98986	XXX	N	Sep 2024	85	Remote Monitoring	DD15	Jan 2025	HCPAC	APA				☑	PE Only	☐
92628	XXX	N	Feb 2024	31	Hearing Device Services	C1	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92629	XXX	N	Feb 2024	31	Hearing Device Services	C2	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92631	XXX	N	Feb 2024	31	Hearing Device Services	C3	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92632	XXX	N	Feb 2024	31	Hearing Device Services	C4	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92634	XXX	N	Feb 2024	31	Hearing Device Services	C5	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92635	XXX	N	Feb 2024	31	Hearing Device Services	C6	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92636	XXX	N	Feb 2024	31	Hearing Device Services	C7	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92637	XXX	N	Feb 2024	31	Hearing Device Services	C8	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92638	XXX	N	Feb 2024	31	Hearing Device Services	C9	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92639	XXX	N	Feb 2024	31	Hearing Device Services	C10	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐

CPT Code	Global Period	Coding Change	CPT Date	CPT Tab	Issue	Tracking Number	RUC Date	RUC Tab	S.S.	Original Specialty Rec	HCPAC Rec	Same RVU as last year?	MFS?	Comments	New Tech/Service
92641	XXX	N	Feb 2024	31	Hearing Device Services	C11	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐
92642	XXX	N	Feb 2024	31	Hearing Device Services	C12	Apr 2024	HCPAC	AAA, ASHA				☑	Contractor Price	☐

AMA/Specialty Society RVS Update Committee
Health Care Professional Advisory Committee Summary of Recommendations
Screen: New Technology/New Services and Different Performing Specialty from Survey

January 2025

Remote Monitoring (Device Supply for Cognitive Behavioral Therapy) – Tab 25

In April 2022, the Relativity Assessment Workgroup (RAW) identified code 99457 as part of a screen for codes that were surveyed by one specialty but are now typically performed by a different specialty. In September 2022, the RAW reviewed an action plan on this service and recommended it be reviewed in two years (2021-2022 data) after utilization has stabilized after the pandemic. In April 2024, the RAW noted that 99457, along with the codes 99453, 99454 and 99458 were on the new technology/new services list for review. The specialty societies indicated that a CPT code change application (CCA) was submitted for May 2024 to review the Remote Physiologic Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) codes (which may require surveying of these codes) and to refer this issue to CPT Assistant regarding correct coding of this family of services. The RAW recommended that this code family be reviewed at the next RAW meeting in September 2024 to summarize what has occurred at the CPT Editorial Panel. The RAW noted that if this family was not addressed via the upcoming CPT process the RAW should discuss when it would be surveyed. In September 2024, the RAW noted that a CCA for remote monitoring was reviewed at the September 2024 CPT meeting, which included codes 99453-99458. The RUC noted that 99453-99458 needed to be surveyed because the utilization of 99457 increased and the primary specialties who perform these services did not participate in the survey.

In September 2024, the CPT Editorial Panel added one code and made code revisions to report remote physiologic monitoring device supply for 2-15 days and 16-30 days within a 30-day period to report remote physiologic monitoring parameters; created one new code and code revisions to report remote physiologic monitoring treatment management services for the first 10 minutes, first 20 minutes, and each additional 20 minutes thereafter; added three remote therapeutic monitoring device supply codes to report respiratory, musculoskeletal and cognitive behavioral therapy for 2-15 days and 16-30 days within a 30-day period; created one new code and made code revisions to report remote therapeutic monitoring treatment management services for the first 10 minutes, first 20 minutes, and each additional 20 minutes thereafter; and revised the "Digitally Stored Data Services/Remote Physiologic Monitoring" guidelines, "Remote Physiologic Monitoring Treatment Management Services" guidelines, "Remote Therapeutic Monitoring Services" guidelines, and the "Remote Therapeutic Monitoring Treatment Management Services" guidelines. **The RUC HCPAC Review Board will submit practice expense recommendations for CPT codes 98986 and 98978.**

98986 ***Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period***
98978 ***Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 16-30 days in a 30-day period***
Codes 98986 and 98978 describe remote therapeutic monitoring for cognitive behavior therapy. The RUC HCPAC agreed with the specialty societies request for no clinical staff time and one new input for a digital therapeutic device. The RUC HCPAC recommended that a digital therapeutic device be added to the CMS direct PE medical supplies listing. The digital therapeutic device is an FDA-authorized product that helps

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healthcare providers conduct remote therapeutic monitoring to track patients' therapeutic progress and symptom status. These services and related digital therapeutic devices are for monitoring only. It is a $50 monthly fee, per patient. This is supported by the invoices submitted. **The RUC HCPAC and Practice Expense Subcommittee recommend the input of a supply as submitted by the professional organization and will forward the invoices to CMS for pricing.**

New Technology/New Services
CPT codes 98986 and 98978 will be placed on the New Technology/New Services list and be re-reviewed by the RUC in three years to ensure correct valuation, patient population, and utilization assumptions.

CPT Code	Tracking Number	CPT Descriptor	Global Period	Work RVU Recommendation
Evaluation and Management **Non-Face-to-Face Services** **Digitally Stored Data Services/Remote Physiologic Monitoring** Codes 99453, 99445, ~~and~~ 99454 are used to report remote physiologic monitoring services (eg, weight, blood pressure, pulse oximetry) during a 30-day period. To report 99453, 99445, 99454, the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or other qualified health care professional. Code 99453 may be used to report the set-up and patient education on use of the device(s). Codes 99445, 99454 may be used to report supply of the device for daily recording or programmed alert transmissions. Codes 99453, 99445 are not reported if monitoring is less than 2 days in a 30-day period. Code 99445 may be used to report supply of the device for daily recording or programmed alert transmissions from 2 up to 15 days in a 30-day period. Code 99454 may be reported for device supply when monitoring services are provided for at least 16 days up to 30 days in a 30-day period. Codes ~~99453,~~99454 ~~are~~is not reported if monitoring is less than 16 days in a 30-day period. Do not report 99453, 99445, 99454 when these services are included in other codes for the duration of time of the physiologic monitoring service (eg, 95250 for continuous glucose monitoring requires a minimum of 72 hours of monitoring). Do not report 99091 for time in the same calendar month when used to meet the criteria for care plan oversight services (99374, 99375, 99377, 99378, 99379, 99380), remote physiologic monitoring services (99470, 99457, 99458), or personally performed chronic or principal care management (99424, 99425, 99426, 99427, 99437, 99491). Do not report 99091 if other more specific codes exist (eg, 93227, 93272 for cardiographic services; 95250 for continuous glucose monitoring). Do not report 99091 for transfer and interpretation of data from hospital or clinical laboratory computers. Code 99453 is reported for each episode of care. For coding remote monitoring of physiologic parameters, an episode of care is defined as beginning when the remote monitoring physiologic service is initiated, and ends with attainment of targeted treatment goals.				

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(f)99453	DD1	**Remote monitoring of physiologic parameter(s)** (eg, weight, blood pressure, pulse oximetry, respiratory flow rate)~~,~~ initial~~,~~ set-up and patient education on use of equipment (Do not report 99453 more than once per episode of care) (Do not report 99453 for cumulative monitoring of less than 2~~16~~ days in a 30-day period) (Do not report 99453 in conjunction with 0811T)	XXX	PE Only (2025 Work RVU = 0.00) RUC Recommendation
●99445	DD2	device(s) supply with daily recording(s) or programmed alert(s) transmission, 2 to 15 days in a 30-day period (Do not report 99445 more than once in a 30-day period) (Do not report 99445 for cumulative monitoring of less than 2 days in a 30-day period)	XXX	PE Only RUC Recommendation
▲99454	DD3	device(s) supply with daily recording(s) or programmed alert(s) transmission, 16- to 30 days in a 30-day period ~~each 30 days~~ (For cumulative monitoring of at least 2 days but less than 16 days in a 30-day period, use 99445) (For physiologic monitoring treatment management services, ~~use~~see 99470, 99457) (Do not report 99454 for cumulative monitoring of less than 16 days in a 30-day period. For cumulative monitoring of less than 16 days in a 30-day period, use 99445) (Do not report 99454 in the same 30-day period as 99445) (Do not report 99453, 99445, 99454 in conjunction with codes for more specific physiologic parameters [eg, 93296, 94760]) (Do not report 99454 in conjunction with 0812T) (For remote therapeutic monitoring, see 98975, 98984, 98976, 98985, 98977, 98986, 98978) (For self-measured blood pressure monitoring, see 99473, 99474)	XXX	PE Only (2025 Work RVU = 0.00) RUC Recommendation

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(f)99091	DD4	Collection and interpretation of physiologic data (eg, ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time, each 30 days (Do not report 99091 in conjunction with 99470, 99457, 99458) (Do not report 99091 for time in a calendar month when used to meet the criteria for 99374, 99375, 99377, 99378, 99379, 99380, 99424, 99425, 99426, 99427, 99437, 99470, 99457, 99487, 99491)	XXX	0.70 (2025 Work RVU = 1.10) RUC Recommendation
(f)99473	DD5	Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration (Do not report 99473 more than once per device) (For ambulatory blood pressure monitoring, see 93784, 93786, 93788, 93790)	XXX	PE Only (2025 Work RVU = 0.00) RUC Recommendation
(f)99474	DD6	separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient (Do not report 99473, 99474 in the same calendar month as 93784, 93786, 93788, 93790, 99091, 99424, 99425, 99426, 99427, 99437, 99439, 99453, 99445, 99454, 99470, 99457, 99487, 99489, 99490, 99491) (Do not report 99474 more than once per calendar month)	XXX	0.18 (2025 Work RVU = 0.18) RUC Recommendation

Remote Physiologic Monitoring Treatment Management Services

Remote physiologic monitoring treatment management services are provided when clinical staff/physician/other qualified health care professional use(s) the results of remote physiological monitoring to manage a patient under a specific treatment plan. To report remote physiological monitoring, the device used must be a medical device as defined by the FDA, and the service must be ordered by a physician or

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other qualified health care professional. Do not use 99470, 99457, 99458 for time that can be reported using codes for more specific monitoring services. Codes 99470, 99457, 99458 may be reported during the same service period as chronic care management services (99437, 99439, 99487, 99489, 99490, 99491), principal care management services (99424, 99425, 99426, 99427), transitional care management services (99495, 99496), and behavioral health integration services (99484, 99492, 99493, 99494). However, time spent performing these services should remain separate and no time should be counted twice toward the required time for any services in a single month. Codes 99470, 99457, 99458 requires one~~a live~~ real-time, interactive communication with the patient/caregiver. The interactive communication contributes to the total time, but it does not need to represent the entire cumulative reported time of the treatment management service. For the first completed 10~~20~~ minutes of clinical staff/physician/other qualified health care professional time in a calendar month report 9947099457~~99457~~.,For the first completed 20 minutes of clinical staff/physician/other qualified health care professional time in a calendar month report 99457 and report 99458 for each additional completed 20 minutes. Do not report 99470 for services of less than 10 minutes, 99457 for services less than 20 minutes or 99458 for additional services of less than 20 minutes. Report 99470 or 99457 one time regardless of the number of physiologic monitoring modalities performed in a given calendar month.

To report remote therapeutic monitoring treatment management services provided by physician or other qualified health care professional, see 98979, 98980, 98981.

Time Spent in a Calendar Month for Remote Physiologic Monitoring Treatment Management Services	**CPT Code(s) Reported**
0-9 minutes	Not reported separately
10-19 minutes	99470 X 1
20-39 minutes	99457 X 1
40-59 minutes	99457 X 1, 99458 X 1
60 minutes or more	99457 X 1, 99458 X 2 or more for each additional 20 minutes

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●99470	DD7	Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring 1 real-time interactive communication with the patient/caregiver during the calendar month; first 10 minutes (Do not report 99470 in conjunction with 99457, 99458) (Do not report 99470 for services of less than 10 minutes or more than 19 minutes)	XXX	0.39 RUC Recommendation
▲99457	DD8	~~Remote physiologic monitoring treatment management services, clinical staff/physician/other qualified health care professional time in a calendar month requiring interactive communication with the patient/caregiver during the month;~~ first 20 minutes (Report 99470, 99457 once per calendar month ~~each 30 days~~, regardless of the number of parameters monitored) (Do not report 99457 for services of less than 20 minutes) (Do not report 99470, 99457 in conjunction with 93264, 99091) (Do not report 99470, 99457 in the same calendar month as 99473, 99474)	XXX	0.45 (2025 Work RVU = 0.61) RUC Recommendation
▲99458	DD9	each additional 20 minutes (List separately in addition to code for primary procedure) (Use 99458 in conjunction with 99457) (Do not report 99457, 99458 in conjunction with 99470) (For remote therapeutic monitoring treatment management services, see 98979, 98980, 98981) (Do not report 99458 for services of less than an additional increment of 20 minutes)	ZZZ	0.61 (No Change) (2025 Work RVU = 0.61) RUC Recommendation

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Medicine
Cardiovascular
Cardiovascular Monitoring Services

#93241 *External electrocardiographic recording for more than 48 hours up to 7 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation*

#93242 *recording (includes connection and initial recording)*

#93243 *scanning analysis with report*

#93244 *review and interpretation*

(Do not report 93241, 93242, 93243, 93244 in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93245, 93246, 93247, 93248, 93268, 93270, 93271, 93272, 99091, 99453, 99445, 99454, *XX51T, XX52T, XX53T, XX54T,* for the same monitoring period)

#93245 *External electrocardiographic recording for more than 7 days up to 15 days by continuous rhythm recording and storage; includes recording, scanning analysis with report, review and interpretation*

#93248 *review and interpretation*

(Do not report 93245, 93246, 93247, 93248 in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93241, 93242, 93243, 93244, 93268, 93270, 93271, 93272, 99091, 99453, 99445, 99454, *XX51T, XX52T, XX53T, XX54T,* for the same monitoring period)

Implantable, Insertable, and Wearable Cardiac Device Evaluations

93297 *Interrogation device evaluation(s), (remote) up to 30 days; implantable cardiovascular physiologic monitor system, including analysis of 1 or more recorded physiologic cardiovascular data elements from all internal and external sensors, analysis, review(s) and report(s) by a physician or other qualified health care professional*

(Do not report 93297 in conjunction with 93264, 93290, 93298, 99091, 99445, 99454)

93298 *subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care professional*

(Do not report 93298 in conjunction with 33285, 93291, 93297, 99091, 99445, 99454)

Health Behavior Assessment and Intervention

★◀*96156* *Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)*

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★◀✚*96159* *each additional 15 minutes (List separately in addition to code for primary service)*

(Do not report 96158, 96159 for service time reported in conjunction with 98975, 98986, 98978)

Non-Face-to-Face Nonphysician Services
Remote Therapeutic Monitoring Services

Remote therapeutic monitoring services (eg, musculoskeletal system status, respiratory system status, cognitive behavioral therapy, therapy adherence, therapy response) represent the review and monitoring of data related to signs, symptoms, and functions of a therapeutic response. These data may represent objective device-generated integrated data or subjective inputs reported by a patient. These data are reflective of therapeutic responses that provide a functionally integrative representation of patient status.

Codes 98984, 98976, 98985, 98977, 98986, 98978 are used to report remote therapeutic monitoring services during a 30-day period. To report 98975, 98984, 98976, 98985, 98977, 98986, 98978, the service(s) must be ordered by a physician or other qualified health care professional. Code 98975 may be used to report the set-up and patient education on the use of any device(s) utilized for therapeutic data collection *generated through digital monitoring or digital therapy*. Codes 98984, 98976, 98985, 98977, 98986, 98978 may be used to report supply of the device(s) for *data access or data transmissions to support monitoring*~~*scheduled (eg, daily) recording(s) and/or programmed alert(s) transmissions*~~. To report 98975, 98984, 98976, 98985, 98977, 98986, 98978, the device used must be a medical device as defined by the FDA. *In addition to its monitoring functionality, the device may also provide a therapeutic intervention.* Codes 98975, 98984, 98985, 98986 are not reported if cumulative monitoring is less than 2 days in a 30-day period. Codes ~~98975,~~ 98976, 98977, 98978 are not reported if *cumulative* monitoring is less than 16 days in a 30-day period. Do not report 98975, 98984, 98976, 98985, 98977, 98986, 98978 with other physiologic monitoring services (eg, 95250 for continuous glucose monitoring requiring a minimum of 72 hours of monitoring or 99453, 98984, 99454 for remote monitoring of physiologic parameter[s]).

Code 98975 is reported for each episode of care. For reporting remote therapeutic monitoring parameters, an episode of care is defined as beginning when the remote therapeutic monitoring service is initiated and ends with attainment of targeted treatment goals.

▲98975	DD10	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); initial set-up and patient education on use of equipment (Do not report 98975 more than once per episode of care) (Do not report 98975 for less than 2~~1~~6 days of cumulative monitoring during the 30-day period)	XXX	PE Only (2025 Work RVU = 0.00) RUC Recommendation

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●98984	DD11	device(s) supply for data access or data transmissions to support monitoring of respiratory system, 2-15 days in a 30-day period (Do not report 98984 in conjunction with 98976) (Do not report 98984 for less than 2 days of cumulative monitoring during the 30-day period)	XXX	PE Only RUC Recommendation
▲98976	DD12	device(s) supply for data access or data transmissions to support monitoring of respiratory system, ~~each 30 days~~ 16-30 days in a 30-day period (Do not report 98976 for less than 16 days of cumulative monitoring during the 30-day period. For monitoring of less than 16 days, use 98984)	XXX	PE Only (2025 Work RVU = 0.00) RUC Recommendation
●98985	DD13	device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, 2-15 days in a 30-day period (Do not report 98985 in conjunction with 98977) (Do not report 98985 for less than 2 days of cumulative monitoring during the 30-day period)	XXX	PE Only RUC Recommendation
▲98977	DD14	device(s) supply for data access or data transmissions to support monitoring of musculoskeletal system, ~~each 30 days~~ 16-30 days in a 30-day period (Do not report 98977 for less than 16 days of cumulative monitoring during the 30-day period. For monitoring of less than 16 days, use 98985)	XXX	PE Only (2025 Work RVU = 0.00) RUC Recommendation

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●98986	DD15	device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period (Do not report 98986 in conjunction with 98978) (Do not report 98986 for less than 2 days of cumulative monitoring during the 30-day period)	XXX	**PE Only** **HCPAC Review Board Recommendation**
▲98978	DD16	device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, ~~each 30 days~~ 16-30 days in a 30-day period ~~(Do not report 98976, 98977, 98978 for cumulative monitoring of less than 16 days)~~ (Do not report 98978 for less than 16 days of cumulative monitoring during the 30-day period. For monitoring of less than 16 days, use 98986) (Do not report 98975, 98984, 98976, 98985, 98977, 98986, 98978 in conjunction with codes for more specific physiologic parameters [93296, 94760, 95250, 99453, 99445, 99454]) (For therapeutic monitoring treatment management services, see~~use~~98979, 98980) (For remote physiologic monitoring, see 99453, 99454, 99445) (For physiologic monitoring treatment management services, ~~use~~ see 99470, 99457) (For self-measured blood pressure monitoring, see 99473, 99474)	XXX	**PE Only** **(2025 Work RVU = 0.00)** **HCPAC Review Board Recommendation**

Remote Therapeutic Monitoring Treatment Management Services

Remote therapeutic monitoring treatment management services are provided when a physician or other qualified health care professional uses the results of remote therapeutic monitoring to manage a patient under a specific treatment plan. To report remote therapeutic monitoring, the service must be ordered by a physician or other qualified health care professional. To report 98979, 98980, 98981, any device used must be a medical device as defined by the FDA. Do not use 98979, 98980, 98981 for time that can be reported using codes for more specific monitoring services. Codes 98979, 98980, 98981 may be reported during the same service period as chronic care management services (99439, 99487,

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99489, 99490, 99491), transitional care management services (99495, 99496), principal care management services (99424, 99425, 99426, 99427), behavioral health integration services (99484), psychotherapy services (90832-90853), health behavior assessment and intervention services (96156, 96158, 96159, 96160, 96161, 96164, 96165, 96167, 96168, 96170, 96171), and psychiatric collaborative care services (99492, 99493, 99494). However, time spent performing these services should remain separate and no time should be counted toward the required time for both services in a single month. Codes 98979, 98980, 98981 require at least one real-time interactive communication with the patient or caregiver. The interactive communication contributes to the total time, but it does not need to represent the entire cumulative reported time of the treatment management service. For the first completed 10~~20~~ minutes of physician or other qualified health care professional time in a calendar month, report 98979. For the first completed 20 minutes of physician or other qualified health care professional time in a calendar month, report 98980, and report 98981 for each additional completed 20 minutes. Do not report 98979 for services of less than 10 minutes. Do not report 98980, 98981 for services of less than 20 minutes. Report 98979, 98980 once, regardless of the number of therapeutic monitoring modalities performed in a given calendar month. Do not report 98979 if less than 10 minutes of professional time is spent in a calendar month.

Do not count any time on a day when the physician or other qualified health care professional reports an E/M service (office or other outpatient services [99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215], home or residence services [99341, 99342, 99344, 99345, 99347, 99348, 99349, 99350], inpatient or observation care services [99221, 99222, 99223, 99231, 99232, 99233, 99234, 99235, 99236], inpatient consultations [99252, 99253, 99254, 99255]).

Do not count any time directly related to other reported services (eg, psychotherapy services [90832, 90833, 90834, 90836, 90837, 90838], interrogation device evaluation services [93290], anticoagulant management services [93793], respiratory monitoring services [94774, 94775, 94776, 94777], health behavior assessment and intervention services [96156, 96158, 96159, 96160, 96161, 96164, 96165, 96167, 96168, 96170, 96171], therapeutic interventions that focus on cognitive function services [97129, 97130], adaptive behavior treatment services [97153, 97154, 97155, 97156, 97157, 97158], therapeutic procedures [97110, 97112, 97116, 97530, 97535], tests and measurements [97750, 97755], physical therapy evaluation services [97161, 97162, 97163, 97164], occupational therapy evaluations [97165, 97166, 97167, 97168], orthotic management and training and prosthetic training services [97760, 97761, 97763], medical nutrition therapy services [97802, 97803, 97804], medication therapy management services [99605, 99606, 99607], critical care services [99291, 99292], principal care management services [99424, 99425, 99426, 99427]) in the cumulative time of the remote therapeutic monitoring treatment management service during the calendar month of reporting.

Time Spent in a Calendar Month for Remote Therapeutic Monitoring Treatment Management Services	**CPT Code(s) Reported**
0-9 minutes	Not reported separately
10-19 minutes	98979 X 1
20-39 minutes	98980 X 1

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		40-59 minutes	98980 X 1, 98981 X1	
		60 minutes or more	98980 X 1, 98981 X 2 or more for each additional 20 minutes	
●98979	DD17	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least 1 real-time interactive communication with the patient or caregiver during the calendar month; first 10 minutes (Do not report 98979 in conjunction with 98980, 98981) (Do not report 98979 for services of less than 10 minutes or more than 19 minutes)	XXX	0.66 RUC Recommendation
▲98980	DD18	~~Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month;~~ first 20 minutes (Report 98979, 98980 once each calendar month ~~30 days~~, regardless of the number of therapeutic parameters monitored) (Do not report 98979, 98980 in conjunction with 93264, 99091, 99470, 99457, 99458) (Do not report 98979, 98980 in the same calendar month as 99473, 99474) (Do not report 98980 for services of less than 20 minutes)	XXX	0.78 (2025 Work RVU = 0.62) RUC Recommendation
▲98981	DD19	each additional 20 minutes (List separately in addition to code for primary procedure) (Use 98981 in conjunction with 98980) (Do not report 98981 for services of less than an additional increment of 20 minutes)	ZZZ	0.70 (2025 Work RVU = 0.61) RUC Recommendation

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Category III Codes

0604T *Optical coherence tomography (OCT) of retina, remote, patient-initiated image capture and transmission to a remote surveillance center, unilateral or bilateral; initial device provision, set-up and patient education on use of equipment*

0606T *review, interpretation and report by the prescribing physician or other qualified health care professional of remote surveillance center data analyses, each 30 days*

(Do not report 0604T, 0605T, 0606T in conjunction with 99470, 99457, 99458)

0607T *Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration rate, activity, posture, and cardiovascular rhythm (eg, ECG data), transmitted to a remote 24-hour attended surveillance center; set-up and patient education on use of equipment*

(Do not report 0607T in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93264, 93268, 93270,93271, 93272, 93297, 99453, for same monitoring period)

0608T *analysis of data received and transmission of reports to the physician or other qualified health care professional*

(Do not report 0608T in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93264, 93268, 93270, 93271, 93272, 93297, 99445, 99454, for same monitoring period)

0740T *Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education*

(Do not report 0740T in conjunction with 95249, 95250, 95251, 98975, 99453)

0741T *provision of software, data collection, transmission, and storage, each 30 days*

(Do not report 0741T in conjunction with 95249, 95250, 95251, 99091, 99445, 99454)

(Do not report 0741T for data collection less than 16 days)

Office-Based Measurement of Mechanomyography and Inertial Measurement Units

0778T *Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function*

(Do not report 0778T in conjunction with 96000, 96004, 98985, 98975, 98977, 98979, 98980, 98981)

0811T *Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment*

0812T *device supply with automated report generation, up to 10 days*

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	(Do not report 0811T, 0812T in conjunction with 51736, 51741, 99453, 99445, 99454)
●XX51T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional
●XX52T	recording (including connection and initial recording)
●XX53T	scanning analysis with report
●XX54T	review and interpretation by a physician or other qualified health care professional
	(Report XX51T, XX52T, XX53T, XX54T for each 30-day period of service)
	(Do not report XX52T, XX53T, XX54T in conjunction with XX51T)
	(Do not report XX51T, XX52T, XX53T, XX54T in conjunction with 93224, 93225, 93226, 93227, 93228, 93229, 93241, 93242, 93243, 93244, 93245, 93246, 93247, 93248, 93268, 93270, 93271, 93272, 99091, 99453, 99445, 99454, for the same monitoring period)

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NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 98986, 98978
SPECIALTY SOCIETY(IES): APA
PRESENTER(S): Scott Sperling, PsyD, Stephen Gillaspy,PhD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: 01/2025

CPT Code	Long Descriptor	Global Period
98986	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period	XXX
98978	Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 16-30 days in a 30-day period	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
98986	A 43-year-old female with a substance use disorder is enrolled in a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of her cognitive behavioral therapy.
98978	A 43-year-old female with a substance use disorder is enrolled in a remote therapeutic monitoring program to enable data collection and monitoring to support the therapeutic management of her cognitive behavioral therapy.

If there is a significantly different patient population in the non-facility setting, a vignette should be provided for the non-facility setting in the PE SOR.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

   The specialty society developed the direct practice expense recommendations for the digital therapeutic remote therapeutic monitoring CPT Codes based on best practices and current AMA RUC/PE guidelines.

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here:

   The specialty society included CPT Code 99407 *Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes* on the spreadsheet as a reference code. CPT Code 99407 is an MPC code, with NF practice expense inputs. Like 98986 and 98978, CPT Code 99407 has only a supply in the direct practice expense inputs (no clinical labor or equipment). The specialties believe 99407 serves as a good comparator for 98986 and 98978.

   NOTE: For services reviewed prior to the implementation of clinical activity codes in 2016-17, detail is not provided in the RUC database, please contact *Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org* for PE spreadsheets for your older reference codes.

3. Is this code(s) typically reported with an E/M service?

CPT CODE(S): 98986, 98978
SPECIALTY SOCIETY(IES): APA
PRESENTER(S): Scott Sperling, PsyD, Stephen Gillaspy,PhD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Is this code(s) typically reported with the E/M service in the non-facility?

CPT Codes 98986 and 98978 are not typically reported with an E/M service (F, NF).

See the *Billed Together* tab in the RUC Database.

4. A. What specialty is the dominant provider *in the non-facility?* What percent of the time does the dominant provider provide the service(s) in the non-facility? Is the dominant provider in the non-facility different than for the global? Note: When discussing specialties that perform the code, they must perform 51% to be called the "typical" physicians. If no one specialty meets the 51% but is the top specialty with 27% (for example), then they are referred as the top or dominant specialty.

   No current utilization data is available for CPT Code 98978. The specialty societies anticipate clinical psychology will be the dominant provider for CPT Codes 98986 and 98978.

   See the *Claims Data* tab in the RUC Database. Use the *Medicare Specialty (Non-Facility Only)* table.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence:

   N/A

   See the *PE compelling evidence guidelines* under PE Reference Materials on the RUC Collaboration website. Be sure to explain if the increase can be entirely accounted for because of an increase in physician time.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

   No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

   N/A

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see 2nd worksheet tab in PE spreadsheet*), please explain the difference here:

   N/A

CPT CODE(S): 98986, 98978
SPECIALTY SOCIETY(IES): APA
PRESENTER(S): Scott Sperling, PsyD, Stephen Gillaspy,PhD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

N/A

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

N/A

    b. Service period (includes pre, intra and post):

N/A

    c. Post-service period:

N/A

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

N/A

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.

N/A

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see 2nd worksheet tab in PE spreadsheet*):

N/A

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.

N/A

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☒ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☒ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

NON-FACILITY DIRECT PE INPUTS

CPT CODE(S): 98986, 98978
SPECIALTY SOCIETY(IES): APA
PRESENTER(S): Scott Sperling, PsyD, Stephen Gillaspy,PhD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

17. If you wish to include a supply that is not on the Direct PE Inputs Medical Supplies Listing (*please see 4th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the supply input and invoice here:

The specialty societies are recommending a digital therapeutic device be added to the CMS direct PE medical supplies listing. The digital therapeutic device is an FDA-authorized product that helps healthcare providers conduct remote therapeutic monitoring to track clients' therapeutic progress and symptom status. $50 is the monthly fee, per patient. Several invoices have been included on the invoice summary spreadsheet.

18. Are you recommending a PE supply pack for this recommendation? Yes or No.
If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

N/A

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation (*please see 8-10th worksheet tabs in PE spreadsheet*). Please include the description, CMS supply code, unit, item quantity and unit price (if available).

N/A

20. If you wish to include an equipment item that is not on the Direct PE Inputs Equipment Listing (*please see 5th worksheet tab in PE spreadsheet*), a paid invoice is required. Identify and explain the equipment input and invoice here:

N/A

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute:

N/A

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

N/A

23. List all the equipment included in your recommendation and the equipment formula chosen *(please see 7th worksheet tab in PE spreadsheet: Equipment minute formulas).* If you have selected "other formula" for any of the equipment, please explain here:

N/A

PE-ONLY CODES ADDITIONAL INFORMATION

24. (a) Estimate the number of times this service might be provided nationally in a one-year period?

CPT CODE(S): 98986, 98978
SPECIALTY SOCIETY(IES): APA
PRESENTER(S): Scott Sperling, PsyD, Stephen Gillaspy,PhD

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

(b) Estimate the number of times this service might be provided to Medicare patients nationally in a one-year period?

(a)(b) An estimate of the number of times these services might be provided nationally in a one-year period (Medicare/non-Medicare) is not available.

25. Please select a Professional Liability Insurance (PLI) crosswalk based on a similar specialty mix:

The specialty society recommends CPT Code 96156 *Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)* as a PLI crosswalk.

ADDITIONAL INFORMATION

26. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The PE spreadsheets will be updated and finalized in real-time at the meeting. PE SORs must be updated based on modifications made during the meeting and resubmitted asap. The PE SOR should match the updated PE spreadsheet. Please provide a list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below with brief justification for the modification (e.g. Equipment item EF023 *table, exam* was changed to EF031 *table, power* as the power table is typical in the surgeon's office).

The PE SOR serves as key support for the spreadsheet and should include any important details/explanation for the inputs as these cannot be elaborated upon in the excel document itself.

Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org.

	A	B	D	E	F	G	H	K	L	M	N
1	**RUC Practice Expense Spreadsheet**					**REFERENCE CODE**		**RECOMMENDED**		**RECOMMENDED**	
2						**99407**		**98986**		**98978**	
3		***RUC Collaboration Website***				Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes		Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 2-15 days in a 30-day period		Remote therapeutic monitoring (eg, therapy adherence, therapy response, digital therapeutic intervention); device(s) supply for data access or data transmissions to support monitoring of cognitive behavioral therapy, 16-30 days in a 30-day period	
4	**Clinical Activity Code**	**Meeting Date:** 01/2025 **Revision Date (if applicable):** **Tab:** 25 Remote Monitoring (HPCAC) **Specialty:** APA	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**						
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 2.80**	**$ -**	**$ 50.00**	**$ -**	**$ 50.00**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**		**0**		**0**	
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**		**0**		**0**	
10		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**		**0**		**0**	
11		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.54	**0**		**0**		**0**	
12		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
13		**PRE-SERVICE PERIOD**									
14		**Start: Following visit when decision for surgery/procedure made**									
29		**End: When patient enters office/facility for surgery/procedure**									
30		**SERVICE PERIOD**									
31		**Start: When patient enters office/facility for surgery/procedure:**									
32		**Pre-Service (of service period)**									
81		**End: Patient leaves office/facility**									
82		**POST-SERVICE PERIOD**									
83		**Start: Patient leaves office/facility**									
99		**End: with last office visit before end of global period**									
100	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**							
101		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 2.80**	**$ -**	**$ 50.00**	**$ -**	**$ 50.00**	**$ -**
102	SK062	patient education booklet	2.8	item		1					
103	NEW	digital therapeutic device	50	item				1		1	
110	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**						
111		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
119											

DESCRIPTION	Supply_Code	CPT_Code	Short Description	Sum of Aggregate NF Global & TC Cost
atherectomy device (Spectronetics laser or Fox Hollow)	SD253			$ 224,857,014
Reentry device (Frontier, Outback, Pioneer)	SD255			$ 178,072,434
Varithena (foam)	SD324			$ 104,810,825
Embolic Protection Device Spider FX (EV3, documentation available)	SD256			$ 93,492,974
subcutaneous cardiac rhythm monitor system	SA127			$ 85,809,158
Venaseal (glue)	SD323			$ 74,018,945
covered stent (VIABAHN, Gore)	SD254			$ 73,024,602
human amniotic membrane allograft mounted on a non-absorbable se	SD248			$ 67,870,281
Kyphoplasty kit, first fracture	SA111			$ 46,152,803
IVUS catheter	SD304			$ 44,749,893
kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	SA106			$ 38,462,438
Esketamine (84 mg vial)	SH110			$ 24,763,185
Urolift Implant and implantation device	SD291			$ 24,623,375
LC Beads (2mL vial)	SF058			$ 24,534,059
Biodegradable Material Kit - PeriProstatic	SA126			$ 23,598,435
Detachable coil	SF056			$ 21,220,414
Cryoablation handpiece and 2 canisters (one per side)	SD358			$ 18,028,337
Trial lead kit	SD280			$ 16,604,698
venous stent system	SD340			$ 15,377,250
Trial lead array	SD281			$ 11,097,100
FISH pre-treatment kit	SL261			$ 9,557,602
Radiofrequency Stylus / wand	SD357			$ 9,280,830
TULSA-PRO Disposable Kit	SA136			$ 9,086,351
stent, self expanding 2-5 mm XPERT (Abbott)	SD266			$ 8,996,917
kit, for percutaneous thrombolytic device (Trerotola)	SA015			$ 8,850,863
VivAer Stylus	SD352			$ 8,047,650
Kyphoplasty kit, additional fracture	SA112			$ 7,131,742
kit, eustachian tube procedure	SA134			$ 6,635,010
Hysteroscopic tissue removal device	SF059			$ 4,890,746
stent, vascular, deployment system, Cordis SMART	SA103			$ 4,862,463
kit, Rezum delivery device	SA128			$ 4,407,860
plate, surgical, reconstruction, left, 5 x 16 hole	SD191			$ 4,183,156
kit, CVA catheter, tunneled, with subcut port	SA011			$ 3,302,891
Esketamine (56 mg vial)	SH109			$ 2,353,533
catheter, RF ablation, endoscopic	SC103			$ 1,777,500
Claravein Kit	SA122			$ 1,496,361
Voice Augmentation Gel	SJ090			$ 1,391,459
Ellipsys Vascular Access Catheter	SD351			$ 1,342,933
tray, RTS applicator (MammoSite)	SA087			$ 1,232,947
iTIND device	SD366			$ 1,046,915
stent, balloon, implantable	SD299			$ 939,982
implantable interstitial glucose sensor	SD334			$ 876,000
Absorabable nasal implant and delivery device	SA133			$ 843,885
plasma LDL adsorption column (Liposorber)	SD186			$ 811,691
kit, transurethral microwave thermotherapy	SA036			$ 727,670
Wavelinq EndoAVF catheters	SD350			$ 672,000
IVC filter	SD267			$ 567,744
probe, cryoablation, renal	SD233			$ 450,535
probe, radiofrequency, 3 array (StarBurstSDE)	SD109			$ 402,864
EECP compression equipment package	SD341			$ 373,765
SmartPill capsule	SD272			$ 351,091
3C patch system	SD343			$ 232,020
Kit, probe, cryoablation, prostate (Galil-Endocare)	SA099			$ 232,000
kit, vertebroplasty (LP2, CDO)	SA039			$ 219,328
human amniotic membrane allograft	SD247			$ 214,595
laser tip, diffuser fiber	SF030			$ 181,456
kit, stent, urethral, prostatic, insertion tool and surveyor	SA101			$ 154,727
kit, transurethral needle ablation (TUNA)	SA037			$ 131,400
hysteroscope, ablation device	SD177			$ 114,763
kit, PICC with subcut port	SA025			$ 106,291
kit, pleural catheter insertion	SA077			$ 90,325
EECP electrical equipment package	SD342			$ 84,993
Dorsal SI Joint Arthrodesis Implant	SD356			$ 80,500
kit, photopheresis procedure	SA024			$ 69,948
kit, probe, radiofrequency, XIi-enhanced RF probe	SA100			$ 57,033
Renessa probe	SD245			$ 39,723
kit, capsule, ESO, endoscopy w-application supplies (ESO)	SA094			$ 37,346
kit, locatable guide, ext. working channel, w-b-scope adapter	SA097			$ 37,114
RF Electrodes 18 Gauge 70 mm Length	SD368			$ 32,598
strut, replacement, dynamic external fixation	SD240			$ 27,273
stent, GORE VIATORR TIPS Endoprosthesis	SD238			$ 27,138
Viabil covered biliary stent	SD313			$ 24,892
intrastromal corneal ring	SA120			$ 21,755
probe, cryoablation (Visica ICE 30 or 40)	SD232			$ 6,861
probe, endometrial cryoablation (Her Option)	SD215			$ 5,180
catheter, balloon, lacrimal	SD220			$ 4,339
catheter, balloon, thermal ablation (Thermachoice)	SD018			$ 3,813
catheter, CVA, system, tunneled w-port, dual (LifeSite)	SD221			$ 3,500
catheter, intradiscal (spineCATH)	SD222			$ 2,760
RFA Handpiece, sterile (Sonata)	SD361			$ 2,500
Optilume DCB, guidewire, and inflation device	SD359			$ 2,245
ORBERA Intragastric Balloon System (balloon, placement catheter and	SD348			$ 1,850
PillCam COLON capsule	SD346			$ 1,250
kit, hysteroscopic tubal implant for sterilization	SA075			$ 1,178
tray, scoop, fast track system	SA091			$ 750
Grand Total				**$ 1,320,314,616**

CPT_Code	Short Description	Most Recent RUC Review Date	Supply_Code	DESCRIPTION	Unit_of_ Measure	Purchase_Price	Non_Fac_ Quantity	Non_Fac_Cost	2023 Medicare Frequency (from CY2025 Final Rule): Non-Facility Global & TC Only	Aggregate NF Global & TC Cost	CY 2025 Non-Fac PE RVU	CY2025 Non-Facility Practice Expense Payment
33285	Insj subq car rhythm mntr	2017-04	SA127	subcutaneous cardiac rhythm monitor system	item	$ 5,033	1	$ 5,033	17,051	$ 85,809,158	115.73	$ 3,743
55881	Ablt trurl prst8 tis thrm us	2023-09	SA136	TULSA-PRO Disposable Kit	item	$ 8,967	1	$ 8,967	841	$ 7,540,171	252.08	$ 8,154
55882	Ablt trurl prst8 tis trnsdcr	2023-09	SA136	TULSA-PRO Disposable Kit	item	$ 8,967	1	$ 8,967	172	$ 1,546,180	259.18	$ 8,384
55874	Tprnl plmt biodegrdabl matrl	2017-01	SA126	Biodegradable Material Kit - PeriProstatic	item	$ 2,965	1	$ 2,965	7,959	$ 23,598,435	78.46	$ 2,538
37239	Open/perq place stent ea add	2013-04	SD340	venous stent system	item	$ 1,750	1	$ 1,750	1,929	$ 3,375,750	44.98	$ 1,455
36836	Prq av fstl crtj uxtr 1 acs	2022-01	SD351	Ellipsys Vascular Access Catheter	item	$ 7,379	1	$ 7,379	182	$ 1,342,933	220	$ 7,116
0448T	Remvl insj impltbl gluc sens		SD334	implantable interstitial glucose sensor	item	$ 3,000	1	$ 3,000	109	$ 327,000	84.86	$ 2,745
37234	Revsc opn/prq tib/pero stent	2010-04	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	$ 3,308	1	$ 3,308	89	$ 294,384	94.85	$ 3,068
53865	Cysto insj dev ischmc rmdlg	2024-01	SD366	iTIND device	item	$ 2,973	1	$ 2,973	352	$ 1,046,915	84.49	$ 2,733
58563	Hysteroscopy ablation	2016-01	SD177	hysteroscope, ablation device	item	$ 1,945	1	$ 1,945	59	$ 114,763	53.82	$ 1,741
58580	Transcrv abltj utrn fibrd rf	2023-01	SD361	RFA Handpiece, sterile (Sonata)	item	$ 2,500	1	$ 2,500	1	$ 2,500	72.14	$ 2,333
53860	Transurethral rf treatment	2010-04	SD245	Renessa probe	item	$ 2,207	1	$ 2,207	18	$ 39,723	63.46	$ 2,053
52442	Cystourethro w/addl implant	2019-01	SD291	Urolift Implant and implantation device	item	$ 875	1	$ 875	23,017	$ 20,139,875	23.35	$ 755
36482	Endoven ther chem adhes 1st	2017-01	SD323	Venaseal (glue)	item	$ 1,495	1	$ 1,495	49,511	$ 74,018,945	43.12	$ 1,395
0446T	Insj impltbl glucose sensor		SD334	implantable interstitial glucose sensor	item	$ 3,000	1	$ 3,000	183	$ 549,000	90.47	$ 2,926
31627	Navigational bronchoscopy	2009-02	SA097	kit, locatable guide, ext. working channel, w-b-scope adapter	kit	$ 977	1	$ 977	38	$ 37,114	28.04	$ 907
37252	Intrvasc us noncoronary 1st	2018-10	SD304	IVUS catheter	item	$ 858	1	$ 858	52,136	$ 44,749,893	24.44	$ 791
58353	Endometr ablate thermal	2000-04	SD018	catheter, balloon, thermal ablation (Thermachoice)	tray	$ 763	1	$ 763	5	$ 3,813	22.21	$ 718
G2083	Visit esketamine, > 56m		SH110	Esketamine (84 mg vial)	item	$ 1,159	1	$ 1,159	21,373	$ 24,763,185	35.44	$ 1,146
22527	Idet 1 or more levels	2006-04	SD222	catheter, intradiscal (spineCATH)	item	$ 1,380	1	$ 1,380	1	$ 1,380	42.45	$ 1,373
58356	Endometrial cryoablation	2004-09	SD215	probe, endometrial cryoablation (Her Option)	item	$ 1,295	1	$ 1,295	4	$ 5,180	40.21	$ 1,301
36566	Insert tunneled cv cath	2003-04	SD221	catheter, CVA, system, tunneled w-port, dual (LifeSite)	item	$ 1,750	2	$ 3,500	1	$ 3,500	108.68	$ 3,515
32550	Insert pleural cath	2004-04	SA077	kit, pleural catheter insertion	kit	$ 551	1	$ 551	106	$ 58,381	17.78	$ 575
27278	Arthrd si jt prq wo tfxj dev	2023-01	SD356	Dorsal SI Joint Arthrodesis Implant	item	$ 11,500	1	$ 11,500	7	$ 80,500	356.28	$ 11,524
G2082	Visit esketamine 56m or less		SH109	Esketamine (56 mg vial)	item	$ 772	1	$ 772	3,047	$ 2,353,533	24.76	$ 801
53855	Insert prost urethral stent	2009-02	SA101	kit, stent, urethral, prostatic, insertion tool and surveyor	kit	$ 512	1	$ 512	302	$ 154,727	16.76	$ 542
36465	Njx noncmpnd sclrsnt 1 vein	2017-01	SD324	Varithena (foam)	item	$ 3,195	0.33	$ 1,054	82,166	$ 86,631,722	33.74	$ 1,091
65778	Cover eye w/membrane	2023-01	SD248	human amniotic membrane allograft mounted on a non-absorbable	item	$ 1,149	1	$ 1,149	59,069	$ 67,870,281	36.76	$ 1,189
37235	Tib/per revasc stnt & ather	2010-04	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	$ 3,308	1	$ 3,308	83	$ 274,538	103.54	$ 3,349
32556	Insert cath pleura w/o image	2012-10	SA077	kit, pleural catheter insertion	kit	$ 551	1	$ 551	52	$ 28,640	18.49	$ 598
50592	Perc rf ablate renal tumor	2005-04	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	$ 2,289	1	$ 2,289	57	$ 130,473	72.24	$ 2,337
G0465	Autolog prp diab wound ulcer		SD343	3C patch system	item	$ 771	1	$ 771	301	$ 232,020	25.56	$ 827
91111	Gi trc img intral esophagus	2021-01	SA094	kit, capsule, ESO, endoscopy w-application supplies (ESO)	kit	$ 705	1	$ 705	53	$ 37,346	23.9	$ 773
96440	Chmotx admn plrl cav thrcnts	2008-01 PE Review	SA077	kit, pleural catheter insertion	kit	$ 551	1	$ 551	6	$ 3,305	19.15	$ 619
36466	Njx noncmpnd sclrsnt mlt vn	2017-01	SD324	Varithena (foam)	item	$ 3,195	0.33	$ 1,054	17,242	$ 18,179,103	34.79	$ 1,125
36473	Endovenous mchnchem 1st vein	2017-01	SA122	Claravein Kit	kit	$ 883	1	$ 883	1,694	$ 1,496,361	29.69	$ 960
58565	Hysteroscopy sterilization	2004-04	SA075	kit, hysteroscopic tubal implant for sterilization	kit	$ 1,178	1	$ 1,178	1	$ 1,178	38.91	$ 1,259
G0166	Extrnl counterpulse, per tx	2019-10	SD341	EECP compression equipment package	item	$ 827	0.01	$ 8	45,209	$ 373,765	2.96	$ 96
G0166	Extrnl counterpulse, per tx	2019-10	SD342	EECP electrical equipment package	item	$ 752	0.0025	$ 2	45,209	$ 84,993	2.96	$ 96
37242	Vasc embolize/occlude artery	2013-04	SF056	Detachable coil	item	$ 1,199	5	$ 5,997	2,829	$ 16,964,099	188.61	$ 6,101
52284	Cysto rx balo cath urtl strx	2023-01	SD359	Optilume DCB, guidewire, and inflation device	item	$ 2,245	1	$ 2,245	1	$ 2,245	72.77	$ 2,354
36582	Replace tunneled cv cath	2003-04	SA011	kit, CVA catheter, tunneled, with subcut port	kit	$ 511	1	$ 511	61	$ 31,155	19.23	$ 622
53854	Trurl dstrj prst8 tiss rf wv	2018-01	SA128	kit, Rezum delivery device	item	$ 1,220	1	$ 1,220	3,613	$ 4,407,860	41.31	$ 1,336
91113	Gi trc img intral colon i&r	2021-01	SD346	PillCam COLON capsule	kit	$ 625	1	$ 625	2	$ 1,250	23.04	$ 745
53850	Prostatic microwave thermotx	2018-01	SA036	kit, transurethral microwave thermotherapy	kit	$ 1,000	1	$ 1,000	728	$ 727,670	34.7	$ 1,122
31730	Intro windpipe wire/tube	1992-06	SA091	tray, scoop, fast track system	tray	$ 750	1	$ 750	1	$ 750	27.15	$ 878
52441	Cystourethro w/implant	2019-01	SD291	Urolift Implant and implantation device	item	$ 875	1	$ 875	5,124	$ 4,483,500	31.41	$ 1,016
91112	Gi wireless capsule measure	2012-04	SD272	SmartPill capsule	item	$ 1,258	1	$ 1,258	279	$ 351,091	43.5	$ 1,407
68816	Probe nl duct w/balloon	2015-01	SD220	catheter, balloon, lacrimal	item	$ 542	1	$ 542	8	$ 4,339	21.88	$ 708
65779	Cover eye w/membrane suture	2023-01	SD247	human amniotic membrane allograft	item	$ 835	1	$ 835	257	$ 214,595	31.08	$ 1,005
36561	Insert tunneled cv cath	2003-04	SA011	kit, CVA catheter, tunneled, with subcut port	kit	$ 511	1	$ 511	6,399	$ 3,268,161	21.11	$ 683
53852	Prostatic rf thermotx	2018-01	SA037	kit, transurethral needle ablation (TUNA)	kit	$ 900	1	$ 900	146	$ 131,400	33.21	$ 1,074
60660	Abltj 1/+thyr ndul 1lobe prq	2024-01	SD368	RF Electrodes 18 Gauge 70 mm Length	item	$ 1,995	1	$ 1,995	16	$ 32,598	67.15	$ 2,172
37223	Iliac revasc w/stent add-on	2010-04	SA103	stent, vascular, deployment system, Cordis SMART	kit	$ 804	1	$ 804	527	$ 423,487	30.5	$ 987
31574	Largsc w/njx augmentation	2015-10	SJ090	Voice Augmentation Gel	ml	$ 592	1	$ 592	2,350	$ 1,391,459	24.08	$ 779
37237	Open/perq place stent ea add	2013-04	SD299	stent, balloon, implantable	item	$ 812	1	$ 812	99	$ 80,431	31.39	$ 1,015
30469	Rpr nsl vlv collapse w/rmdlg	2022-01	SD352	VivAer Stylus	item	$ 1,950	1	$ 1,950	4,127	$ 8,047,650	66.58	$ 2,154
37186	Sec art thrombectomy add-on	2005-04	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	$ 696	1	$ 696	1,022	$ 711,690	27.9	$ 902
50593	Perc cryo ablate renal tum	2007-04	SD233	probe, cryoablation, renal	item	$ 1,170	2.5	$ 2,926	52	$ 152,129	96.84	$ 3,132
30468	Rpr nsl vlv collapse w/implt	2020-01	SA133	Absorbable nasal implant and delivery device	kit	$ 1,995	1	$ 1,995	423	$ 843,885	68.13	$ 2,204
22526	Idet single level	2006-04	SD222	catheter, intradiscal (spineCATH)	item	$ 1,380	1	$ 1,380	1	$ 1,380	49.39	$ 1,598
36571	Insert picvad cath	2003-04	SA025	kit, PICC with subcut port	kit	$ 718	1	$ 718	145	$ 104,136	29.47	$ 953
32998	Ablate pulm tumor perq rf	2017-01	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	$ 2,289	1	$ 2,289	14	$ 32,046	78.12	$ 2,527
88121	Cytp urine 3-5 probes cmptr	2009-10	SL261	FISH pre-treatment kit	kit	$ 579	0.2	$ 116	18,355	$ 2,126,280	11.12	$ 360
31297	Nsl/sins ndsc surg sphn sins	2017-01	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	$ 2,338	0.5	$ 1,169	885	$ 1,034,565	43.82	$ 1,417
31295	Nsl/sins ndsc surg max sins	2017-01	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	$ 2,338	0.5	$ 1,169	12,432	$ 14,533,008	43.96	$ 1,422
31242	Nsl/sinus ndsc rf abltj pnn	2023-01	SD357	Radiofrequency Stylus / wand	item	$ 1,950	1	$ 1,950	4,759	$ 9,280,830	68.31	$ 2,210
31243	Nsl/sinus ndsc cryoabltj pnn	2023-01	SD358	Cryoablation handpiece and 2 canisters (one per side)	item	$ 1,883	1	$ 1,883	9,575	$ 18,028,337	66.24	$ 2,143
31296	Nsl/sins ndsc surg frnt sins	2017-01	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	$ 2,338	0.5	$ 1,169	3,225	$ 3,770,025	44.27	$ 1,432
36563	Insert tunneled cv cath	2003-04	SA011	kit, CVA catheter, tunneled, with subcut port	kit	$ 511	1	$ 511	5	$ 2,554	23.92	$ 774
37238	Open/perq place stent same	2013-04	SD340	venous stent system	item	$ 1,750	1.5	$ 2,625	4,572	$ 12,001,500	89.76	$ 2,903
52647	Laser surgery of prostate	1994-05	SF030	laser tip, diffuser fiber	item	$ 730	1	$ 730	9	$ 6,570	32.55	$ 1,053
88120	Cytp urne 3-5 probes ea spec	2009-10	SL261	FISH pre-treatment kit	kit	$ 579	0.3	$ 174	42,767	$ 7,431,322	15.52	$ 502
58558	Hysteroscopy biopsy	2016-01	SF059	Hysteroscopic tissue removal device	item	$ 721	1	$ 721	6,783	$ 4,890,746	32.44	$ 1,049
36908	Stent plmt ctr dialysis seg	2016-01	SA103	stent, vascular, deployment system, Cordis SMART	kit	$ 804	1	$ 804	1,081	$ 868,670	35.17	$ 1,138
52648	Laser surgery of prostate	1994-05	SF030	laser tip, diffuser fiber	item	$ 730	1	$ 730	240	$ 174,886	33.09	$ 1,070
36522	Photopheresis	2017-01	SA024	kit, photopheresis procedure	kit	$ 864	1	$ 864	81	$ 69,948	37.38	$ 1,209
36583	Replace tunneled cv cath	2003-04	SA011	kit, CVA catheter, tunneled, with subcut port	kit	$ 511	1	$ 511	1	$ 511	26.52	$ 858
22515	Perq vertebral augmentation	2014-04	SA112	Kyphoplasty kit, additional fracture	kit	$ 2,149	1	$ 2,149	3,318	$ 7,131,742	77.33	$ 2,501
31298	Nsl/sins ndsc surg frnt&sphn	2017-01	SA106	kit, sinus surgery, balloon (maxillary, frontal, or sphenoid)	kit	$ 2,338	1	$ 2,338	8,180	$ 19,124,840	83.19	$ 2,691
36585	Replace picvad cath	2003-04	SA025	kit, PICC with subcut port	kit	$ 718	1	$ 718	2	$ 1,436	33.15	$ 1,072
69705	Nps surg dilat eust tube uni	2020-01	SA134	kit, eustachian tube procedure	kit	$ 2,010	1	$ 2,010	1,084	$ 2,178,840	73.17	$ 2,367
36909	Dialysis circuit embolj	2016-01	SF056	Detachable coil	item	$ 1,199	1	$ 1,199	1,770	$ 2,122,761	48.36	$ 1,564
19296	Place po breast cath for rad	2004-02	SA087	tray, RTS applicator (MammoSite)	item	$ 2,828	1	$ 2,828	436	$ 1,232,947	98.95	$ 3,201
43290	Egd flx trnsorl dplmnt balo	2021-04	SD348	ORBERA Intragastric Balloon System (balloon, placement catheter a	item	$ 1,850	1	$ 1,850	1	$ 1,850	68.82	$ 2,226
36560	Insert tunneled cv cath	2003-04	SA011	kit, CVA catheter, tunneled, with subcut port	kit	$ 511	1	$ 511	1	$ 511	27.78	$ 899
37243	Vasc embolize/occlude organ	2013-04	SF058	LC Beads (2mL vial)	item	$ 2,342	3	$ 7,026	3,492	$ 24,534,059	229.43	$ 7,421
69706	Nps surg dilat eust tube bi	2020-01	SA134	kit, eustachian tube procedure	kit	$ 2,010	1	$ 2,010	2,217	$ 4,456,170	74.42	$ 2,407
36570	Insert picvad cath	2003-04	SA025	kit, PICC with subcut port	kit	$ 718	1	$ 718	1	$ 718	34.99	$ 1,132
22510	Perq cervicothoracic inject	2014-04	SA039	kit, vertebroplasty (LP2, CDO)	kit	$ 970	1	$ 970	43	$ 41,731	42.85	$ 1,386
37188	Ven mechnl thrmbc repeat tx	2005-04	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	$ 696	1	$ 696	3	$ 2,089	34.69	$ 1,122
22511	Perq lumbosacral injection	2014-04	SA039	kit, vertebroplasty (LP2, CDO)	kit	$ 970	1	$ 970	183	$ 177,598	43.46	$ 1,406
20697	App mltpln uni xtrnl fix xch	2008-04	SD240	strut, replacement, dynamic external fixation	item	$ 1,186	1	$ 1,186	23	$ 27,273	50.73	$ 1,641
47383	Perq abltj lvr cryoablation	2014-04	SD233	probe, cryoablation, renal	item	$ 1,170	4	$ 4,681	51	$ 238,725	159.2	$ 5,150
36903	Intro cath dialysis circuit	2016-01	SD254	covered stent (VIABAHN, Gore)	item	$ 3,129	1	$ 3,129	4,971	$ 15,554,259	111.45	$ 3,605
45346	Sigmoidoscopy w/ablation	2013-10	SC103	catheter, RF ablation, endoscopic	item	$ 1,500	1	$ 1,500	52	$ 78,000	61.24	$ 1,981
37191	Ins endovas vena cava filtr	2011-04	SD267	IVC filter	item	$ 1,195	1	$ 1,195	475	$ 567,744	51.91	$ 1,679
47538	Perq plmt bile duct stent	2015-10	SD313	Viabil covered biliary stent	Item	$ 2,766	1	$ 2,766	7	$ 19,360	100.66	$ 3,256
37183	Revision tips	2002-02	SD238	stent, GORE VIATORR TIPS Endoprosthesis	item	$ 4,523	1	$ 4,523	6	$ 27,138	155.15	$ 5,019
44401	Colonoscopy with ablation	2014-01	SC103	catheter, RF ablation, endoscopic	item	$ 1,500	1	$ 1,500	1	$ 1,500	61.83	$ 2,000
45388	Colonoscopy w/ablation	2014-01	SC103	catheter, RF ablation, endoscopic	item	$ 1,500	1	$ 1,500	1,132	$ 1,698,000	63.54	$ 2,055
37184	Prim art m-thrmbc 1st vsl	2005-04	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	$ 696	1	$ 696	1,186	$ 825,895	38.82	$ 1,256
37187	Venous mech thrombectomy	2005-04	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	$ 696	1	$ 696	682	$ 474,924	38.84	$ 1,256
36516	Apheresis immunoads slctv	2017-01	SD186	plasma LDL adsorption column (Liposorber)	item	$ 1,419	1	$ 1,419	572	$ 811,691	62.15	$ 2,010
19105	Cryosurg ablate fa each	2006-04	SD232	probe, cryoablation (Visica ICE 30 or 40)	item	$ 1,372	1	$ 1,372	5	$ 6,861	60.78	$ 1,966
32994	Ablate pulm tumor perq crybl	2017-01	SD233	probe, cryoablation, renal	item	$ 1,170	3	$ 3,511	5	$ 17,553	127.79	$ 4,134
65785	Impltj ntrstrml crnl rng seg	2015-01	SA120	intrastromal corneal ring	pair	$ 1,145	1	$ 1,145	19	$ 21,755	54.97	$ 1,778
20982	Ablate bone tumor(s) perq	2003-09	SD109	probe, radiofrequency, 3 array (StarBurstSDE)	item	$ 2,289	1	$ 2,289	105	$ 240,345	91.66	$ 2,965
36904	Thrmbc/nfs dialysis circuit	2016-01	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	$ 696	1	$ 696	367	$ 255,568	42.93	$ 1,389
37244	Vasc embolize/occlude bleed	2013-04	SF056	Detachable coil	item	$ 1,199	4	$ 4,797	362	$ 1,736,586	170.05	$ 5,501
47539	Perq plmt bile duct stent	2015-10	SD313	Viabil covered biliary stent	Item	$ 2,766	1	$ 2,766	1	$ 2,766	108.62	$ 3,513
55873	Cryoablate prostate	2009-02	SA099	Kit, probe, cryoablation, prostate (Galil-Endocare)	kit	$ 4,000	1	$ 4,000	58	$ 232,000	147.79	$ 4,780
47540	Perq plmt bile duct stent	2015-10	SD313	Viabil covered biliary stent	Item	$ 2,766	1	$ 2,766	1	$ 2,766	109.72	$ 3,549
64555	Implant neuroelectrodes	2017-01	SD280	Trial lead kit	item	$ 959	1	$ 959	1,163	$ 1,115,247	55.07	$ 1,781
47382	Percut ablate liver rf	2002-02	SA100	kit, probe, radiofrequency, Xli-enhanced RF probe	kit	$ 1,967	1	$ 1,967	29	$ 57,033	87.64	$ 2,835
63650	Implant neuroelectrodes	2008-02	SD280	Trial lead kit	item	$ 959	1	$ 959	16,151	$ 15,487,533	57.79	$ 1,869
20983	Ablate bone tumor(s) perq	2014-04	SD233	probe, cryoablation, renal	item	$ 1,170	3	$ 3,511	12	$ 42,128	137.69	$ 4,454
36905	Thrmbc/nfs dialysis circuit	2016-01	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	$ 696	1	$ 696	6,635	$ 4,620,415	54.27	$ 1,755
64555	Implant neuroelectrodes	2017-01	SD281	Trial lead array	item	$ 641	1	$ 641	1,163	$ 745,332	55.07	$ 1,781
22513	Perq vertebral augmentation	2014-04	SA111	Kyphoplasty kit, first fracture	kit	$ 3,721	1	$ 3,721	5,713	$ 21,256,930	150.73	$ 4,876
22514	Perq vertebral augmentation	2014-04	SA111	Kyphoplasty kit, first fracture	kit	$ 3,721	1	$ 3,721	6,691	$ 24,895,873	150.75	$ 4,876
63650	Implant neuroelectrodes	2008-02	SD281	Trial lead array	item	$ 641	1	$ 641	16,151	$ 10,350,486	57.79	$ 1,869
21125	Augmentation mndblr prostc	1995-08	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	$ 846	1	$ 846	1	$ 846	64.35	$ 2,081
37236	Open/perq place stent 1st	2013-04	SD299	stent, balloon, implantable	item	$ 812	1	$ 812	1,058	$ 859,551	66.79	$ 2,160

36906	Thrmbc/nfs dialysis circuit	2016-01	SD254	covered stent (VIABAHN, Gore)	item	$	3,129	1	$	3,129	2,815	$	8,808,135	139.71	$	4,519
36837	Prq av fstl crt uxtr sep acs	2022-01	SD350	Wavelinq EndoAVF catheters	item	$	7,000	1	$	7,000	96	$	672,000	260.34	$	8,421
37221	Iliac revasc w/stent	2010-04	SA103	stent, vascular, deployment system, Cordis SMART	kit	$	804	1	$	804	4,443	$	3,570,306	74.63	$	2,414
37228	Tib/per revasc w/tla	2010-04	SD256	Embolic Protection Device Spider FX (EV3, documentation available	item	$	1,143	1	$	1,143	5,806	$	6,635,619	102.86	$	3,327
64553	Implant neuroelectrodes	2017-01	SD280	Trial lead kit	item	$	959	1	$	959	2	$	1,918	103.09	$	3,335
21127	Augmentation mndblr b1 grf	2003-08 PE Review	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	$	846	1	$	846	706	$	597,594	103.65	$	3,353
21215	Lower jaw bone graft	2003-08 PE Review	SD191	plate, surgical, reconstruction, left, 5 x 16 hole	item	$	846	1	$	846	4,235	$	3,584,716	106.38	$	3,441
37241	Vasc embolize/occlude venous	2013-04	SF056	Detachable coil	item	$	1,199	1	$	1,199	235	$	281,836	119.77	$	3,874
64553	Implant neuroelectrodes	2017-01	SD281	Trial lead array	item	$	641	1	$	641	2	$	1,282	103.09	$	3,335
37226	Fem/popl revasc w/stent	2010-04	SD254	covered stent (VIABAHN, Gore)	item	$	3,129	1	$	3,129	1,911	$	5,979,519	213.49	$	6,906
36906	Thrmbc/nfs dialysis circuit	2016-01	SA015	kit, for percutaneous thrombolytic device (Trerotola)	kit	$	696	1	$	696	2,815	$	1,960,282	139.71	$	4,519
37230	Tib/per revasc w/stent	2010-04	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	$	3,308	1	$	3,308	323	$	1,068,384	233.13	$	7,541
37225	Fem/popl revas w/ather	2010-04	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	$	3,048	1	$	3,048	27,176	$	82,841,416	230.03	$	7,441
37229	Tib/per revasc w/ather	2010-04	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	$	3,048	1	$	3,048	30,722	$	93,650,794	232.95	$	7,535
37226	Fem/popl revasc w/stent	2010-04	SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	2,343	1	$	2,343	1,911	$	4,477,702	213.49	$	6,906
37225	Fem/popl revas w/ather	2010-04	SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	2,343	1	$	2,343	27,176	$	63,676,629	230.03	$	7,441
37229	Tib/per revasc w/ather	2010-04	SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	2,343	1	$	2,343	30,722	$	71,985,333	232.95	$	7,535
37230	Tib/per revasc w/stent	2010-04	SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	2,343	1	$	2,343	323	$	756,828	233.13	$	7,541
37226	Fem/popl revasc w/stent	2010-04	SD256	Embolic Protection Device Spider FX (EV3, documentation available	item	$	1,143	1	$	1,143	1,911	$	2,184,063	213.49	$	6,906
37225	Fem/popl revas w/ather	2010-04	SD256	Embolic Protection Device Spider FX (EV3, documentation available	item	$	1,143	1	$	1,143	27,176	$	31,059,179	230.03	$	7,441
37229	Tib/per revasc w/ather	2010-04	SD256	Embolic Protection Device Spider FX (EV3, documentation available	item	$	1,143	1	$	1,143	30,722	$	35,111,867	232.95	$	7,535
37230	Tib/per revasc w/stent	2010-04	SD256	Embolic Protection Device Spider FX (EV3, documentation available	item	$	1,143	1	$	1,143	323	$	369,153	233.13	$	7,541
37227	Fem/popl revasc stnt & ather	2010-04	SD254	covered stent (VIABAHN, Gore)	item	$	3,129	1	$	3,129	13,641	$	42,682,689	294.67	$	9,532
37227	Fem/popl revasc stnt & ather	2010-04	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	$	3,048	1	$	3,048	13,641	$	41,582,270	294.67	$	9,532
37231	Tib/per revasc stent & ather	2010-04	SD266	stent, self expanding 2-5 mm XPERT (Abbott)	item	$	3,308	1	$	3,308	2,225	$	7,359,610	310.05	$	10,029
37231	Tib/per revasc stent & ather	2010-04	SD253	atherectomy device (Spectronetics laser or Fox Hollow)	kit	$	3,048	1	$	3,048	2,225	$	6,782,534	310.05	$	10,029
37227	Fem/popl revasc stnt & ather	2010-04	SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	2,343	1	$	2,343	13,641	$	31,962,500	294.67	$	9,532
36837	Prq av fstl crt uxtr sep acs	2022-01	SF056	Detachable coil	item	$	1,199	1	$	1,199	96	$	115,133	260.34	$	8,421
37231	Tib/per revasc stent & ather	2010-04	SD255	Reentry device (Frontier, Outback, Pioneer)	item	$	2,343	1	$	2,343	2,225	$	5,213,442	310.05	$	10,029
37227	Fem/popl revasc stnt & ather	2010-04	SD256	Embolic Protection Device Spider FX (EV3, documentation available	item	$	1,143	1	$	1,143	13,641	$	15,590,162	294.67	$	9,532
37231	Tib/per revasc stent & ather	2010-04	SD256	Embolic Protection Device Spider FX (EV3, documentation available	item	$	1,143	1	$	1,143	2,225	$	2,542,930	310.05	$	10,029

RUC Practice Expense Subcommittee
Packs Workgroup
June 2023

Workgroup Report

Workgroup Members Present: Donald Selzer, MD (Chair), Michael Booker, MD, Dheeraj Mahajan, MD, Richard Rausch, DPT, MBA, Edward Vates, MD

At the April 2023 meeting, the PE Subcommittee formed a workgroup to review the content of the packs to assess if they are still typical and revise as necessary. This was a result of discrepancies found with the packs pricing at the January 2023 RUC meeting.

The purpose of the packs is to simplify the process of identifying and recommending PE supply direct inputs. One would expect the pack price to be identical to the total cost of its individual contents. The price of the individual components should be consistent across the supply packs and match the standalone prices of supplies. However, the RUC noted a discrepancy with the SA051 *pack, pelvic exam* while reviewing CPT code 9X036 *Pelvic exam (List separately in addition to code for primary procedure)*. The SA051 pack is priced at $20.16 while the four individual items therein total $2.81 according to the 2023 CMS Direct PE Inputs Medical Supplies Listing.

AMA Staff prepared a document with the 23 deconstructed packs for consideration by the PE Subcommittee at its April 2023 meeting. Review of the pack pricing uncovered numerous discrepancies between the aggregated cost of a pack and the individual item components. Prior to the meeting, staff reached out to inquire about this issue to the Centers for Medicare & Medicaid Services (CMS) and received the following response:

"We agree that this is an issue that should be fixed, as the price of the individual components should be consistent across the supply packs and match the standalone prices of supplies (like gloves and sterile gauze and such). However, it needs to be tackled in comprehensive fashion to ensure consistency across the dozens of supply packs which will be a sizable undertaking. Resolving these pricing discrepancies in the supply packs is something that we will consider addressing in future rulemaking."

The RUC shared the deconstructed packs document and volume analysis with CMS as part of its May 2023 RUC recommendations stating, **"The RUC strongly recommends that CMS resolve these pricing discrepancies in the supply packs during CY2024 rulemaking."**

The Packs Workgroup convened a Teams meeting on June 28, 2023, and completed the following tasks to be included with the RUC comments on the CY2024 Proposed Rule:

I. Incomplete Packs Review

When the 23 supply packs were deconstructed, four packs stood out as containing items that did not have assigned supply codes and were no longer included on the CMS Direct PE Inputs Medical Supplies Listing. The pricing of these packs was clearly incorrect because the individual components could not be properly accounted for or summed. The Workgroup reviewed the contents of these four incomplete packs (SA045, SA046, SA049 and SA082) to ensure they are complete for submission to CMS with the RUC comment letter in August 2023.

AMA Staff searched the RUC database for the codes that used each of the four incomplete supply packs and contacted the specialties who are the dominant providers for one or more of these services. The specialties involved were requested to review the contents of the respective packs to ensure they are correct and to provide invoices for any missing supply items. The attached spreadsheet accounts for all

the packs and details the recommended modifications for the packs as explained below. Invoices are also attached for new supply items.

SA045 – All the items listed in SA045 *pack, drapes, cystoscopy* were no longer available in the current CMS Direct PE Inputs Medical Supplies Listing, thus the specialties rebuilt the pack to include two new supply items:

- *drape, surgical, legging*
- *drape, surgical, split, impervious, absorbent*.

The specialty clarified that two leggings are typical, one for each leg. They explained that there are three components to the pack, a legging on each leg and the drape in the center. A one piece drape is considerably more expensive and not typical. The Workgroup carefully reviewed the invoices and clarified that the leggings invoice is for a single legging drape (2 cases of 20), thus a quantity of two is appropriate.

SA046 – The specialties examined the codes which include SA046 *pack, drapes, laparotomy (chest-abdomen)* and recommended alternative supply items to replace the pack as detailed in the attached spreadsheet.

The Workgroup agreed that pack SA046 should be removed for the six CPT codes 19020, 19101, 19110, 19112, 20102, 20101 and replaced with supply item SB011 *drape, sterile, fenestrated 16in x 29in* as recommended by the surgical specialties. The specialties explained that a laparotomy drape-pack is not a typical supply in a surgeon's office. In addition, SA046 duplicates a few items that are separately identified for these codes (eg, SB012 drape, sterile, for Mayo stand). For these 6 procedures, it would be more typical to use a fenestrated drape which is an item commonly stocked in a surgeon's office and not included in the current PE details.

For CPT codes 19000, 60300, 22510, 22511, 22513, 22514, the Workgroup did not immediately accept the recommendation to substitute existing supply items SB014 *drape, sterile, three-quarter sheet* and SB019 *drape, towel, sterile 18in x 26in* for a longer drape but instead requested a brief rationale of what is typically used for the procedures and why, whether it be the existing supplies or a new supply item.

For CPT codes 22510, 22511, 22513, 22514, the specialties submitted a revised recommendation and invoice for a new supply item, *Abdominal Drape Laparotomy Drape Sterile (100 in x 72 in x 124 in),* along with existing supply item SB019. They explained that "A laparotomy drape-pack is not a typical supply in a surgeon's office and that SA046 also includes several items which are unnecessary (e.g., fan-folded drape sheets, Mayo stand cover, suture bag) for these procedures. For these four procedures, it would be more typical to use sterile drape towels (4) and a fenestrated drape, which is an item commonly stocked in a surgeon's office but not included in the current CMS list of PE supply inputs."

The specialties submitted a revised recommendation for CPT code 19000 with rationale to recommend replacing pack SA046 with existing supply items SB014 and SB019. They explained that "A laparotomy drape-pack is not a typical supply item for this procedure and contains duplicate items. It would be more typical to use a three-quarter sheet drape to cover the patient's lower chest and abdomen, and two sterile towels folded into triangles to create a sterile field surrounding the targeted area on the breast for puncture. These supply items are currently on the CMS list of PE supply inputs."

Finally, the specialties submitted a revised recommendation for CPT code 60300 also with rationale to recommend replacing pack SA046 with existing supply items SB014 and SB019. They explained that "A laparotomy drape-pack is not a typical supply item for this procedure and contains duplicate items. It would be more typical to use a three-quarter sheet drape to cover the patient, and two sterile towels folded

into triangles to create a sterile field surrounding the targeted area for puncture on the neck. These supply items are currently on the CMS list of PE supply inputs."

The Workgroup recommends that pack SA046 be eliminated and replaced with the supply items as specified in the attached spreadsheet.

SA049 – Several items in the existing SA049 p*ack, ocular photodynamic therapy* were no longer included on the CMS Direct PE Inputs Medical Supplies Listing, thus the specialty submitted modifications to correct the pack. The Workgroup discussed the specialty recommendation for SA049 and modified it further to include only two items as detailed in the attached spreadsheet. The Workgroup thoroughly discussed the contents of the ocular photodynamic therapy (PDT) kit and noted that a significant portion of the supply items in the existing pack are included in the kit. The specialty confirmed that the kit is correct, and the only additional item needed is the Y-adapter cap. Invoices are attached and include a picture to identify the contents of the kit.

SA082 – For SA082 *pack, ophthalmology visit (w-dilation),* the specialty recommended that all the items in the existing pack remain, except for one (rev-eyes 0.5% ophth). They submitted the missing invoice for post-mydriatic spectacles, and the Workgroup clarified that the invoice includes 25 spectacles per box for a total of $0.328 per item as noted on the attached spreadsheet.

II. Review of One Supply Item in SA042 *pack, cleaning and disinfecting, endoscope*

The unit of measurement and price for SM018 *glutaraldehyde 3.4% (Cidex, Maxicide, Wavicide)* were highlighted for review by the Packs Workgroup. AMA Staff contacted CMS to inquire about what size bottle was used for pricing SM018. CMS did not have any information on the unit size (bottle or otherwise) which was used to price the SM018 supply during the last supply/equipment pricing update. Given that the old price was 17 cents per ounce and now it is $3.44 per ounce, there may have been a unit quantity error that took place somewhere during the process.

According to the RUC database, there are 306 codes that utilize SA042 *pack, cleaning and disinfecting, endoscope* in the Non-Facility or the Facility setting. AMA Staff contacted the specialties who are the dominant providers for one or more of these services. The specialties involved were requested to provide invoices for SM018 to ensure that quantity and pricing of this supply item is accurate. Invoices shared by the specialties will be forwarded to CMS.

The specialties were further asked if there were any other discrepancies in the contents of SA042 including alternative scope disinfectants. The specialties determined, and the Workgroup agreed, that glutaraldehyde use is no longer typical. Thus, a non-glutaraldehyde disinfectant, ortho-phthalaldehyde 0.55% (eg, Cidex OPA), is recommended as a new supply item. A specialty explained that Cidex OPA is what is used in the office setting as a replacement to the old version of Cidex (glutaraldehyde). Cidex OPA replaced Cidex several years ago to respond to glutaraldehyde-resistant mycobacteria (eg, M.chelonae). Another specialty confirmed that glutaraldehyde has been replaced by safer less toxic alternatives in most centers. The Workgroup clarified the unit of measurement for the new supply item is ounces with the quantity for the pack equal to 32 oz. which is what was used previously with SM018.

In addition, an additional new supply item is recommended to replace SM019 *glutaraldehyde test strips (Cidex, Metrex)* in pack SA042. Invoices were requested for ortho-phthalaldehyde test strips to complete the pack and are shared in the attachments.

III. Supply Pack Affirmation – CMS Mathematical Correction Needed

There are 18 packs in the attached spreadsheet where all content is complete. **The Workgroup affirmed the contents of the complete packs for submission to CMS with the RUC request to ensure accurate packs pricing.** The Workgroup concurred that these packs should be rectified as soon as possible by CMS to ensure that the sum totals from the individual items.

The PE Subcommittee Packs Workgroup recommends that:

1. **The RUC request that the Centers for Medicare & Medicaid Services (CMS) revise packs SA042, SA045, SA046, SA049 and SA082 according to the attached spreadsheet.**

2. **The RUC request that the Centers for Medicare & Medicaid Services (CMS) immediately initiate correction of the packs pricing such that the sum of the individual components match the price of the corresponding pack.**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, basic injection		**pack**		**10.45**
cap, surgical	1.14	item	1	1.14
drape, sterile barrier 16in x 29in	0.51	item	1	0.51
drape, sterile, for Mayo stand	1.07	item	1	1.07
gloves, sterile	0.91	pair	2	1.82
gown, staff, impervious	1.186	item	1	1.186
gown, surgical, sterile	5.13	item	1	5.13
mask, surgical	0.43	item	1	0.43
underpad 2ft x 3ft (Chux)	0.32	item	1	0.32
needle, 18-27g	0.04	item	2	0.08
syringe 3ml	0.25	item	1	0.25
applicator, sponge-tipped	0.15	item	3	0.45
bandage, strip 0.75in x 3in (Bandaid)	0.41	item	1	0.41
gauze, sterile 4in x 4in	0.19	item	2	0.38
lidocaine 1%-2% inj (Xylocaine)	0.06	ml	5	0.3
povidone soln (Betadine)	0.38	ml	10	3.8
Deconstructed Pricing				**17.28**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, cleaning, surgical instruments		**pack**	**1**	**12.61**
gloves, non-sterile	0.3	pair	2	0.6
gown, staff, impervious	1.186	item	1	1.186
face shield, splash protection (***mask, surgical, with face shi***	3.4	item	1	3.4
autoclave bag	0.07	item	1	0.07
autoclave tape	0.05	yd	0.33	0.0165
cleaning brush, instruments	5.6	item	1	5.6
enzymatic detergent	0.22	oz	1	0.22
Deconstructed Pricing				**11.09**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, moderate sedation		**pack**		**18.55**
kit, iv starter	1.07	kit	1	1.07
latex-free tourniquet				
alcohol prep pad				
PVP swabstic				
gauze sponges				
surgical tape				
pulse oximeter sensor probe wrap **(cover, thermometer pro**	0.22	item	1	0.22
gloves, sterile	0.91	pair	1	0.91

gown, surgical, sterile	5.13	item	1	5.13
angiocatheter 14g-24g	2.45	item	1	2.45
iv infusion set	1.27	item	1	1.27
stop cock, 3-way	1.04	item	1	1.04
syringe 1ml	0.26	item	1	0.26
syringe-needle 3ml 22-26g	0.05	item	2	0.1
catheter, suction	0.32	item	1	0.32
electrode, ECG (single)	0.06	item	3	0.18
electrode, ground	1.28	item	1	1.28
gas, oxygen	0.01	liter	200	2
oxygen mask (1) and tubing (7ft)	0.9	item	1	0.9
tourniquet, non-latex 1in x 18in	0.1	item	1	0.1
bandage, strip 0.75in x 3in	0.41	item	1	0.41
dressing, 4in x 4.75in (Tegaderm)	0.6	item	1	0.6
gauze, sterile 4in x 4in	0.19	item	4	0.76
tape, surgical paper 1in (Micropore)	0.01	inch	12	0.12
swab-pad, alcohol	0.04	item	2	0.08
Deconstructed Pricing				**19.20**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, minimum multi-specialty visit		**pack**		**5.02**
cover, thermometer probe	0.22	item	1	0.22
gloves, non-sterile	0.3	pair	2	0.6
gown, patient	0.59	item	1	0.59
paper, exam table	0.014	foot	7	0.098
pillow case	0.47	item	1	0.47
Deconstructed Pricing				**1.98**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, ophthalmology visit (no-dilation)		**pack**		**2.72**
gloves, non-sterile	0.3	pair	2	0.6
paper, chinrest	0.008	item	1	0.008
applicator, cotton-tipped, non-sterile 6in	0.07	item	2	0.14
fluorescein strips	0.282	item	1	0.282
proparacaine 0.5% ophth (Ophthaine, Alcaine)	2.3533	ml	0.1	0.23533
swab-pad, alcohol	0.04	item	2	0.08
Deconstructed Pricing				**1.35**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price

pack, pelvic exam		pack		20.16
specula, vaginal	1.36	item	1	1.36
lubricating jelly (K-Y) (5gm uou)	0.54	item	1	0.54
swab, procto 16in	0.27	item	2	0.54
pad, feminine mini	0.37	item	1	0.37
Deconstructed Pricing				**2.81**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, post-op incision care (staple)		**pack**		**4.80**
kit, staple removal	1.203	kit	1	1.203
disposable skin staple remover				
3" x 3" gauze sponge				
gloves, sterile	0.91	pair	1	0.91
gauze, sterile 4in x 4in	0.19	item	2	0.38
steri-strip (6 strip uou)	1.54	item	2	3.08
tape, surgical paper 1in (Micropore)	0.01	inch	12	0.12
povidone soln (Betadine)	0.38	ml	10	3.8
swab-pad, alcohol	0.04	item	2	0.08
tincture of benzoin, swab	0.33	item	1	0.33
Deconstructed Pricing				**9.90**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, post-op incision care (suture & staple)		**pack**		**5.47**
kit, staple removal	1.203	kit	1	1.203
disposable skin staple remover				
3" x 3" gauze sponge				
kit, suture removal	1.64	kit	1	1.64
disposable hook-tipped scissors				
disposable plastic forceps				
3" x 3" gauze sponge				
gloves, sterile	0.91	pair	1	0.91
gauze, sterile 4in x 4in	0.19	item	2	0.38
steri-strip (6 strip uou)	1.54	item	2	3.08
tape, surgical paper 1in (Micropore)	0.01	inch	12	0.12
povidone soln (Betadine)	0.38	ml	10	3.8
swab-pad, alcohol	0.04	item	2	0.08
tincture of benzoin, swab	0.33	item	1	0.33
Deconstructed Pricing				**11.54**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, post-op incision care (suture)		**pack**		**4.62**
kit, suture removal	1.64	kit	1	1.64
disposable hook-tipped scissors				
disposable plastic forceps				
3" x 3" gauze sponge				
gloves, sterile	0.91	pair	1	0.91
gauze, sterile 4in x 4in	0.19	item	2	0.38
steri-strip (6 strip uou)	1.54	item	2	3.08
tape, surgical paper 1in (Micropore)	0.01	inch	12	0.12
povidone soln (Betadine)	0.38	ml	10	3.8
swab-pad, alcohol	0.04	item	2	0.08
tincture of benzoin, swab	0.33	item	1	0.33
Deconstructed Pricing				**10.34**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, post-op incision care, craniotomy		**pack**		**7.30**
kit, staple removal	1.203	kit	1	1.203
disposable skin staple remover				
3" x 3" gauze sponge				
kit, suture removal	1.64	kit	1	1.64
disposable hook-tipped scissors				
disposable plastic forceps				
3" x 3" gauze sponge				
povidone soln (Betadine)	0.38	ml	20	7.6
gauze, sterile 4in x 4in	0.19	item	4	0.76
gloves, sterile	0.91	pair	1	0.91
bandage, Kling, non-sterile 2in	1.65	item	1	1.65
steri-strip (6 strip uou)	1.54	item	2	3.08
swab-pad, alcohol	0.04	item	2	0.08
tape, surgical paper 1in (Micropore)	0.01	inch	60	0.6
tincture of benzoin, swab	0.33	item	2	0.66
Deconstructed Pricing				**18.18**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, post-op incision care, neurosurgical		**pack**		**6.20**
kit, staple removal	1.203	kit	1	1.203
disposable skin staple remover				
3" x 3" gauze sponge				
kit, suture removal	1.64	kit	1	1.64

disposable hook-tipped scissors				
disposable plastic forceps				
3" x 3" gauze sponge				
gloves, sterile	0.91	pair	1	0.91
gauze, sterile 4in x 4in	0.19	item	4	0.76
steri-strip (6 strip uou)	1.54	item	2	3.08
tape, surgical paper 1in (Micropore)	0.01	inch	12	0.12
povidone soln (Betadine)	0.38	ml	20	7.6
swab-pad, alcohol	0.04	item	2	0.08
tincture of benzoin, swab	0.33	item	2	0.66
Deconstructed Pricing				**16.05**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, drape, ortho, large		**pack**		**37.30**
drape, sterile, for Mayo stand	1.07	item	1	1.07
drape, sterile, hand-upper extremity	8.38	item	1	8.38
drape, sterile, three-quarter sheet	3.46	item	1	3.46
drape, sterile, u-shape	6.39	item	1	6.39
bandage, Esmarch-Martin, sterile 3in x 9ft	6.08	item	1	6.08
Deconstructed Pricing				**25.38**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, drape, ortho, small		**pack**		**2.25**
drape-towel, sterile 18in x 26in	0.47	item	4	1.88
Deconstructed Pricing				**1.88**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price
pack, protective, ortho, large		**pack**		**10.86**
cap, surgical	1.14	item	1	1.14
gloves, non-sterile	0.3	pair	2	0.6
gloves, sterile	0.91	pair	4	3.64
gown, staff, impervious	1.186	item	2	2.372
mask, surgical, with face shield	3.4	item	2	6.8
shoe covers, surgical	0.1	pair	2	0.2
Deconstructed Pricing				**14.75**

MEDICAL SUPPLIES	Unit price	Unit	Pack Qty	Pack Price

pack, protective, ortho, small		pack		5.99
cap, surgical	1.14	item	1	1.14
gloves, non-sterile	0.3	pair	2	0.6
gloves, sterile	0.91	pair	2	1.82
gown, staff, impervious	1.186	item	1	1.186
mask, surgical, with face shield	3.4	item	1	3.4
Deconstructed Pricing				**8.15**

AMA/Specialty Society RVS Update Committee **Tab 25**
Practice Expense Subcommittee
January 15-16, 2025

Members Present: Scott Manaker, MD, PhD, (Chair), Amy Aronsky, DO, Gregory Barkley, MD, Michael Booker, MD, Eileen Brewer, MD, Joseph Cleveland, MD, Neal Cohen, MD, David Han, MD, Mollie MacCormack, MD, Bradley Marple, MD, Tye Ouzounian, MD, Richard Rausch, DPT, Donald Selzer, MD, Thomas Weida, MD, Adam Weinstein, MD, and Lawrence Simon, MD (CPT Resource)

I. High-Cost Supplies

A joint CPT and RUC workgroup to address the issue of high-cost disposable supplies and their impact on coding and valuation was created after the September 2024 RUC meeting. Comprised of four CPT Editorial Panel members and four RUC members, the Workgroup on Coding and Valuation Issues Related to High-Cost Disposable Supplies was charged with identifying potential solutions and alternatives to present to the Centers for Medicare & Medicaid Services (CMS).

The CY 2025 Medicare Physician Payment Schedule includes 85 medical supply items currently embedded in codes with a purchase price of more than $500. These high-cost medical supplies represent $1.32 billion dollars in direct costs for the 2025 Medicare Physician Payment Schedule and 19 percent of all direct practice expense medical supply costs in the non-facility setting.

The Workgroup drafted a letter to CMS to reframe the high-cost disposable supply issue, including the importance of verifying the cost of these supplies on an annual basis, and convened an open virtual meeting on December 16, 2024, to review and provide comment on the draft. Almost 150 participants were on the call to discuss the issue of high-cost supplies in the Medicare Physician Payment Schedule.

The Practice Expense (PE) Subcommittee supported the letter as drafted by the CPT/RUC Joint Workgroup on Coding and Valuation Issues Related to High-Cost Disposable Supplies which continues to call on **CMS to separately identify and pay for high-cost disposable supplies priced more than $500 using Healthcare Common Procedure Coding System (HCPCS) supply codes. Additionally, the letter encourages CMS to review and re-price high-cost medical supplies on an annual basis.**

The PE Subcommittee recommends that the RUC and CPT Editorial Panel review and approve the draft letter at their respective upcoming meetings to submit to CMS by its February 10, 2025, deadline.

II. Other Business

The PE Subcommittee considered Tab 6 *Lower Extremity Revascularization* and a request from the specialties to create a new pack for angiography services. As described in the PE SOR, the specialty societies are recommending the PE Subcommittee consider creating an angio pack with the following components:

Angio Pack Contents		**Corresponding Supply list components**				**$ 68.26**
10 cc syringe	SC051	syringe 10-12ml	item	0.21	4	$ 0.84
Bowl, sterile	SJ079	basin, sterile 500cc	item	3.51	2	$ 7.02
gauze	SG055	gauze, sterile 4in x 4in	item	0.19	20	$ 3.80
marker, regular tip	SK075	skin marking pen, sterile (Skin Skribe)	item	1.62	1	$ 1.62
dome cover	SB008	drape, sterile, c-arm, fluoro	item	5.38	1	$ 5.38
blue towels	SB019	drape-towel, sterile 18in x 26in	item	0.47	4	$ 1.88
scalpel	SF007	blade, surgical (Bard-Parker)	item	0.68	1	$ 0.68
back table cover	SB014	drape, sterile, three-quarter sheet	item	3.46	1	$ 3.46
20cc syringe	SC053	syringe 20ml	item	0.83	4	$ 3.32
drape, femoral	SB009	drape, sterile, femoral	item	9.15	1	$ 9.15
medicine cup	SL157	cup, sterile, 8 oz	item	0.58	1	$ 0.58
label sheet	SL198	label, vial	item	0.02	9	$ 0.18
control syringe (lidocaine)	SC051	syringe 10-12ml	item	0.21	1	$ 0.21
scissor	SA027	kit, scissors and clamp	kit	0.82	1	$ 0.82
surgical gowns x 2	SB028	gown, surgical, sterile	item	5.13	2	$ 10.26
18 G needle	SC027	needle, 18-19g, filter	item	0.21	1	$ 0.21
25 G needle	SC028	needle, 18-26g 1.5-3.5in, spinal	item	9.96	1	$ 9.96
needle counter	SD120	styrofoam block, high density (3in-12in-12in)	item	1.86	1	$ 1.86
towel clamps (plastic disposable)	SD208	towel clamp, plastic	item	0.76	4	$ 3.04
Guidewire bowl	SD171	guidewire bowl w-lid, sterile	Item	3.99	1	$ 3.99

The PE Subcommittee agrees that an angio pack would facilitate the PE process and ensure consistency within the vascular/interventional procedures. The Subcommittee recommends that the RUC approve the creation of a new Angio Pack, as detailed above, for submission to the CMS.

III. Practice Expense Recommendations for CPT 2026

The table below corresponds to the final PE spreadsheets as adopted at the meeting. Please refer to the specific spreadsheets for details on the practice expense input recommendations for each tab.

Tab	Title	PE Input Changes	Consent Calendar
4	Hip and Pelvis Arthrodesis Revisions	No Survey	X
5	Thoracic Branch Endograft Services	(1) Modification	
6	Lower Extremity Revascularization	Modifications	
7	Endoscopic Sleeve Gastroplasty	Standard 90-day global inputs recommended	X
8	Irreversible Electroporation of Tumors	No Changes	
9	Cystourethroscopy	No Changes	
10	Percutaneous Interlaminar Lumbar Decompression	Standard 90-day global inputs recommended	X
11	Laminotomy – Repair of Disc Defect	No Direct PE Inputs recommended – Facility-only services	X
12	Baroreflex Activation Therapy	No Changes	
13	Percutaneous Electrical Nerve Field Stimulation	No Changes	
14	Percutaneous Decompression of Median Nerve	Modifications	
15	Coronary Atherosclerotic Plaque Assessment	(1) Modification	
16	Radiation Oncology Treatment Delivery	No Changes	
17	Superficial Radiation Therapy	(1) Modification	

Tab	Title	PE Input Changes	Consent Calendar
18	Combination COVID-19 Vaccine Administration	Affirming Sept. 2023 RUC Recommendations (90480) No Direct PE Inputs recommended (90481)	X
19	Scalp Cooling Services	Modifications	
20	Remote Monitoring	Modifications	
21	Osteotomy of Spine	Referral to the CPT Editorial Panel	X
22	Arthrodesis – Great Toe	No Changes	
23	Temporary Female Intraurethral Valve-Pump	(1) Modification	
28	HCPAC Review Board – Remote Monitoring	No Changes	

AMA/Specialty Society RVS Update Committee **Tab 13**
Practice Expense Subcommittee
September 26, 2024

Members Present: Scott Manaker, MD, PhD, (Chair), Amy Aronsky, DO, Gregory Barkley, MD, Michael Booker, MD, Eileen Brewer, MD, Joseph Cleveland, MD, Neal Cohen, MD, David Han, MD, Katie Jordan, OTD, OTR/L, Mollie MacCormack, MD, Dheeraj Mahajan, MD, Bradley Marple, MD, Tye Ouzounian, MD, Richard Rausch, DPT, Donald Selzer, MD, Elisabeth Volpert, DNP, APRN, Thomas Weida, MD, Adam Weinstein, MD, and Tim Swan, MD (CPT Resource)

I. High-Cost Supplies

At the January 2024 meeting, the Practice Expense (PE) Subcommittee expressed its continued concern with the issue of high-cost supplies and the need to address the outsized impact that high-cost disposable supplies have within the current practice expense RVU methodology. At the same meeting, a RUC member suggested that codes with high-cost disposable supplies be flagged for PE re-review.

In April 2024, the PE Subcommittee continued to examine this issue, noting that the 2024 Medicare Physician Payment Schedule includes 82 supply items with a purchase price of more than $500. These high-cost supplies represent $1.26 billion in direct costs for 2024 and 18 percent of all practice expense supply costs in the non-facility setting. Moreover, the Subcommittee noted the significant scaling factors that are applied for budget neutrality as part of the PE methodology, which may result in payments that are lower than the cost to provide a service. At the same meeting, the Relativity Assessment Workgroup (RAW) discussed this issue to determine if a useful screen should be developed to identify any potentially misvalued services.

For the September 2024 meeting, the discussion and analysis of the high-cost supplies issue was referred to the RAW meeting (Tab 14). AMA staff provided data which show:

- There are 69 services in which the total practice expense payment does not cover the total direct supply expense for the code.
- There are 53 of these 69 services in which a high cost disposable supply is over $500.
- For 6 of these 53 services, the practice expense payment does not even cover the cost of a single high-cost supply utilized in the provision of the service.

The RAW examined the data and considered whether codes with high-cost disposable supplies should be flagged for PE re-review through development of a High-Cost Disposable Supplies Screen. The Workgroup indicated that it would be part of existing precedent to identify services for PE review only. The Workgroup also discussed whether new invoices should be required for supplies over $500 for the RUC to submit to CMS. Staff emphasized that for over ten years, **the RUC has called on CMS to separately identify and pay for high-cost disposable supplies priced more than $500 using appropriate HCPCS codes. The RAW requested formation of a joint CPT and RUC workgroup to address the issue of high-cost disposable supplies.**

II. Radiology-specific Clinical Activities

At the April 2024 RUC meeting, the PE Subcommittee considered the use of Clinical Activity (CA) code CA014 *Confirm order, protocol exam*. The guidelines for this clinical activity specify "For use in imaging services only. 1 minute standard." It was noted that CA014 has been repeatedly requested for non-imaging procedures despite the instructions which state that the task is only for imaging. Further, protocoling exams has a very specific meaning in CT and MRI that describes the work of choosing which

imaging sequences or contrast phases to perform. The task of verifying the correct patient and procedure or medication happens in nearly every procedure (aka the "time out") or medication administration, and is not intended to receive additional time in a relative system. After considering a database search that showed over 20 of the 66 codes with CA014 greater than 0 minutes are non-imaging, **the PE Subcommittee agreed that the CA014 minutes could be allocated in the non-radiology codes.** The Subcommittee discussed how the work being described in the injection and immunization codes, for example, is broadly performed across the code set and is not strictly protocoling.

For the September 2024 meeting, the PE Subcommittee discussed examples for CA014 to include in the *Practice Expense Direct Input Benchmarks* document. For example, CA010 *Obtain vital signs* specifies different levels and vital signs for consistency:

5. The obtaining of vital signs, standardized into 3 levels of service with the following times: Level 0 (no vital signs taken) = 0 minutes, Level 1 (1-3 vitals) = 3 minutes, Level 2 (4-6 vitals) = 5 minutes. (Approved April 2000).

The PE Subcommittee determined updates to the Benchmarks for CA014 to read as follows:

7. **Confirm order, protocol exam, standardized to 1 minute.<u>, e.g., selecting which imaging sequences or contrast phases to perform in CT and MRI. 0 minutes for verifying the correct patient and procedure/ medication (aka the "time out").</u>**

The PE Subcommittee further determined that for the six codes below which state "For use in imaging services," the statement should be removed such that the specialties can justify the 1 or 2 minute standard for each procedure as needed.

CA006	Confirm availability of prior images/studies	General Activity	For use in imaging services. 2 minute standard.
CA007	Review patient clinical extant information and questionnaire	General Activity	For use in imaging services. 1 minute standard.
CA014	Confirm order, protocol exam	General Activity	For use in imaging services. 1 minute standard.
CA030	Technologist QC's images in PACS, checking for all images, reformats, and dose page	General Activity	For use in imaging services, Baseline time for this activity is 2 minutes.
CA031	Review examination with interpreting MD/DO	General Activity	For use in imaging services, Standard time for this activity is 2 minutes.
CA032	Scan exam documents into PACS. Complete exam in RIS system to populate images into work queue.	General Activity	For use in imaging services, Standard time for this activity is 1 minute.

The PE Subcommittee determined updates to CA006, CA007, CA014, CA030, CA031, and CA032 to simply state: "2 minute standard" or "1 minute standard".

In addition, the Subcommittee specifically discussed the 2 minute standard for CA006. This standard was developed in 2014, and members acknowledged that the review of images using PACS is much quicker, yet the number of images has greatly increased. Thus, two minutes was still found to be appropriate for confirming the availability of prior images/studies.

III. Equipment Inputs Less than $500

CMS definition and rule related to direct medical equipment is that it must be at least $500 and all equipment inputs under $500 are considered indirect expense. The PE Subcommittee discussed that there are eleven equipment items in the current equipment database that are less than the $500 threshold that CMS has established for equipment, as listed below.

Equipment Description	CMS Code	Useful Life	Purchase Price
camera, digital (6 mexapixel)	ED004	5	152.50
Diabetes Educator Curriculum	EQ306	5	200.00
endoscope, ultrasound radial probe	ES045	7	0.00
Injector, Provis (for angiography room)	EL049		0.00
kit, vision	ES058	10	410.00
pulse oxymetry recording software (prolonged monitoring)	EQ212	5	387.00
Respiratory Impedance Plethysmography Belts (pair)	EQ337	5	87.00
Respiratory impedance Plethysmography Belts (pair) (Pediatric)	EQ349	5	199.75
slide warmer	EP051	7	425.59
ultrasound digital scope, endoscopic ultrasound	ES091		0.00
work samples, small tools (Valpar 1)	EQ267	7	361.20

It was surmised that this could be an artifact of the medical supply and equipment repricing project. CY 2022 marked the final year of the 4-year market-based transition for supply and equipment pricing. When the items above were repriced, they should have been removed from the equipment listing when the repricing brought them under the threshold. These items would not be considered supplies as they are reusable. The PE Subcommittee agreed that the equipment inputs listed above should be considered indirect expense like all other equipment under $500.

CMS indicated that it would be open to comments and suggestions for future rulemaking if there is an interest in addressing these equipment items. The Agency noted that "the small number of equipment items with costs under $500 have very low inclusion in CPT codes, aside from ED004, and their costs are so low that they have little effect on the rate setting."

Considering the CMS definition that medical equipment must be at least $500 and all equipment inputs under $500 are considered indirect expense, the PE Subcommittee agreed that the 11 inputs (above) should no longer be listed as equipment as they are less than $500. The RUC should ask CMS to remove these items from its equipment list and from the specific codes to conform to the definition of direct medical equipment and to ensure that the rule remains consistently applied.

IV. Practice Expense Recommendations for CPT 2026

The table below corresponds to the final PE spreadsheets as adopted at the meeting. Please refer to the specific spreadsheets for details on the practice expense input recommendations for each tab.

Tab	Title	PE Input Changes	Consent Calendar
4	Limb Lengthening/Shortening-Femur	No Changes	
5	Limb Lengthening/Shortening-Tibia	No Changes	

6	Laparoscopic Prostatectomy	Standard 90-day global inputs. Oct 2016 & Sept 2014 RUC Recs (38570, 38571, 38572, 38573) – Reviewed & made no changes.	X
7	Transurethral Robotic-assisted Resection of Prostate	No Changes	
8	Prostate Biopsy Services	Modifications	
9	Cerebral Perfusion & CT Angiography – Head & Neck	Modifications	
10	Colon Motility Services	Modifications	
11	Immunization Counseling	Modifications	

AMA/Specialty Society RVS Update Committee

Other Relativity Assessment Workgroup Related Recommendations – January 2025

1. Chemical Cauterization of Granulation Tissue (17250)

In 2021, CPT code 17250 *Chemical cauterization of granulation tissue (ie, proud flesh)* was identified via the high volume growth screen with total Medicare utilization of 10,000 or more that increase by at least 100% from 2008 through 2013. The Relativity Assessment Workgroup reviewed CPT code 17250 and noted that the dominant Medicare provider is Family Medicine in the nursing facility and skilled nursing facility. The specialty societies indicated that the increase in CPT code 17250 reporting is due to this service's absence from the consolidated billing list of codes for nursing facilities. In February 2022, the RUC notified CMS that perhaps CPT code 17250 should be added to the consolidated billing list of codes for nursing facilities to curb the misreporting for work that is paid to the facility**. The RUC reexamined CPT code 17250 at the January 2025 Relativity Assessment Workgroup meeting and again requests that CPT code 17250 be added to the consolidated billing list of codes for nursing facilities to curb the misreporting for work that is paid to the facility.**

2. Work Neutrality (CPT 2018) Home INR Monitoring (93792, 93793 & G0250)

In October 2019, the RUC identified this family as having more than a 10% increase (311%) in work RVUs for 2018 than what was projected. In January 2020, the Workgroup noted that CMS created G0250 to describe these services before 93792 and 93793 were developed. The Workgroup noted that 93792 and 93793 were new codes and an increase was expected as these services were not specifically described before. The Workgroup also noted that the RUC recommended that CMS delete G0250 for 2018. The Workgroup recommended reviewing in two years and continued to recommend that CMS delete the G code.

In January 2022, the Workgroup reviewed this family of services. The specialty societies indicated that these services were never projected as work neutral. CMS created the G codes to report home INR testing and interpretation when it issued a national coverage determination (NCD) covering home INR services. G0248 is the initial training of home INR with some supplies and equipment and staff time. G0249 is resupply for another month of home INR. G0250 is interpretation/management of one month of home INR, or **four** tests. When these G codes appeared on the RUC high volume growth screen, the societies approached CPT to create CPT codes that capture those three elements, but also capture the broader work of anticoagulation management for any INR test wherever it is obtained. G0248 is basically equal to 93792. CPT did not want to create an equivalent, PE-only re-supply code equivalent to G0249. In the new code construct, G0250 would be the same as **four** individual 93793s. In addition, 93793 could be reported if a patient went to a lab to get an INR test or had one done in the clinician's office, although it is not reportable the same day as an E/M. A revised neutrality calculation in the spreadsheet demonstrated that if source utilization of G0250 is multiplied by 4, as was the original intent of the societies, budget neutrality was within 3% in 2018. The specialty societies continue to request that CMS delete G0248, G0249 and G0250, and note that these services will soon become obsolete. Fewer patients have the associated mechanical valves and warfarin use will diminish as a management option. **In February 2022, the RUC recommended CMS delete G0248, G0249 and G0250 and review the Relativity Assessment Workgroup review this issue again in three years.**

In January 2025, the Workgroup reviewed the action plan for CPT codes 93792 and 93793 and agreed with the specialty societies to remove from work neutrality screen. Incorrect assumptions were made initially and these services were budget neutral. Additionally, Medicare utilization continues to decrease. **The Workgroup requests CMS delete G0248, G0249 and G0250.**

3. Hyperbaric Oxygen Under Pressure

CPT code 99183 *Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session* was first identified in April 2013 via the CMS/Other - Utilization over 250,000 screen. It was surveyed and reviewed by the RUC in January 2014. The RUC subsequently submitted work and direct PE input recommendations based on a typical treatment time of 120 minutes. For CY 2015, CMS accepted the RUC's work recommendation though decided to assign 99183 no direct PE inputs. Instead, CMS opted to make 99183 a professional component only code and created a separate time-based G code to report the technical component for hyperbaric oxygen therapy (PE-only code G0277 *Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval*). To value G0277, CMS used the RUC recommended direct PE inputs for 99183 and adjusted them to align with the 30-minute treatment interval. In the Final Rule for 2015, CMS commented that prior to 2015, CPT code 99183 was used for both professional attendance and supervision and the actual treatment delivery. Stakeholders had pointed out that although CMS included the PE inputs for treatment delivery in CPT code 99183 prior to 2015, the code descriptor described only attendance and supervision. CMS noted that under the Outpatient Prospective Payment System (OPPS), the treatment used to be reported using separate treatment code C1300 *Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval*. Therefore, CMS created code G0277 to report the treatment delivery and to maintain consistency with the OPPS coding. CMS used a timed 30-minute code, which can be used across settings. When G0277 is reported in the facility setting, the HOPPS uses Ambulatory Payment Classifications (APC) code 5061 *Hyperbaric Oxygen Therapy*.

In April 2022, the Relativity Assessment Workgroup identified G0277 via the high volume growth screen, with Medicare utilization of 10,000 or more that increased by at least 100% from 2015 through 2020. In September 2022, the Workgroup reviewed an action plan from the specialty societies and the RUC recommended that the practice expense be reviewed at the January 2023 RUC Meeting. The RUC made recommendations on the direct practice expense inputs for G0277 and recommended that CPT code 99183 be referred to CPT by the June 2023 deadline for the September 2023 CPT meeting, for revision to be time-based as well as modified to appropriately describe the treatment delivery, attendance and supervision. Then, subsequently, allow for the deletion of G0277.

In September 2023, the specialties indicated they did not intend to submit a CCA. Therefore, this issue was placed on the January 2024 Relativity Assessment Workgroup agenda to address. In January 2024, the specialty societies indicated that they believe the current separate coding of the G code and the CPT code are clear and work appropriately. The Workgroup indicated that one clear and consistent coding structure should exist and the specialty society should submit a CPT code change application. The specialties should revise 99183 to be time-based well as modified to appropriately describe the treatment delivery, attendance and supervision or develop a coding change creating a practice expense only code to capture the service appropriately and eliminate the need for G0277.

In September 2024, the specialty societies submitted a CCA to address the RUC's concerns. The specialty societies withdrew the application because it was apparent that the RUC referral to CPT was not going to provide a solution or align with CPT nomenclature/criteria. The CPT Editorial Panel does not split codes in the manner the RUC suggested. HCPCS code G0277 was not necessary as the sessions are uniform, with the 25th, median and 75th all indicating that 4 units or a two hour session is typical, which is what the RUC assumed for CPT code 99183.

The January 2023 RUC recommended inputs for G0277 are correct to crosswalk for CPT code 99183 if multiplied by 4, to account for four 30-minute units or 2 hours typical per session. **The Workgroup recommends that the RUC recommend that CMS crosswalk the recent January 2023 direct practice expense inputs for G0277, multiplying them by a factor of 4 for code 99183, and subsequently deleting G0277. This is consistent with affirming the RUC's original recommendation and assumption that this service is typically 120 minutes.**

High Volume Growth

CPT Code	Long	Work RVU	Global	RUC Review Date	2008 Medicare Util	2009 Medicare Util	2010 Medicare Util	2011 Medicare Util	2012 Medicare Util	2013 Medicare Util	2014 Medicare Util	2015 Medicare Util	2016 Medicare Util	2017 Medicare Util	2018 Medicare Util	2019 Medicare Util	2020 Medicare Util	2021 Medicare Util	2022 Medicare Util	2008-2013 Increase	2017-2022 Increase	Specialty Society	SS Recommendation
17250	Chemical cauterization of granulation tissue (ie, proud flesh)	0.50	000	2010 Oct	61,678	70,944	78,399	98,263	115,123	141,231	149,288	150,342	168,012	184,631	203,425	239,329	242,534	248,217	241,862	129%			Monitor Medicare utilization and review again in January 2027 and recommend CMS add 17250 to consolidated billing for nursing facility services (which the RUC did recommended in the January 2022 submission of recommendations to CMS).

Specialty Society(ies): _AAFP, ACS, ANA_

Action Plan for Review of Potentially Misvalued Services
January 2025

CPT Code	Descriptor	Global Period	work RVU
17250	Chemical cauterization of granulation tissue (ie, proud flesh)	000	0.50

Include codes from family (please list all):

Screen: High Volume Growth

Background/History
In October 2015, AMA Staff assembled a list of all services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013.

In January 2016, the Relativity Assessment Workgroup (RAW) recommended referring this code to CPT to revise the descriptor or include a parenthetical regarding appropriately reporting 17250 or 97597 and 97598. It was referred to *CPT Assistant* to describe when to appropriately report 17250 or 97597 and 97598. The Workgroup noted it would review utilization data and who is providing this service in October 2019.

In September 2016, the CPT Editorial Panel editorially revised this code and additional guidelines for reporting chemical cauterization.

In October 2019, the Workgroup recommended to review again in two years (January 2022).

In January 2022, the Workgroup reviewed CPT code 17250 and noted that the dominant Medicare provider is Family Medicine in the nursing facility and skilled nursing facility. The specialty societies indicated that the increase in CPT code 17250 reporting was due to this service's absence from the consolidated billing list of codes for nursing facilities. The specialty societies recommended that the American Academy of Family Physicians (AAFP) publish a membership educational article and that this service be re-reviewed. The Workgroup recommended that CPT code 17250 be re-reviewed in 3 years (January 2025) following publication of an AAFP membership educational article and additional utilization data is obtained. The Workgroup recommended that the RUC notify CMS that CPT code 17250 should be added to the consolidated billing list of codes for nursing facilities to curb the misreporting for work that is paid to the facility.

AAFP published a coding educational article in May 2022 in the *FPM* journal.

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)
❑ **Survey**
❑ **Refer to CPT Editorial Panel**
❑ **Refer to CPT Assistant (specify article *or* Q&A)**
❑ **Maintain**
☒ **Other Action (please describe):**

- Monitor Medicare utilization and review again in January 2027
- Recommend CMS add 17250 to consolidated billing for nursing facility services

Rationale for Recommended Action:

As noted in the background above, there is significant history associated with this code, and the RAW has considered three previous action plans for it (i.e., in 2016, 2019, and 2022). Copies of those previous action plans are attached for information. As recommended by the RAW in January 2022, the AAFP published a coding education article on this issue in May 2022. Utilization of code 17250 under Medicare decreased, going from 248,217 services in 2021 to 241,862 services in 2022.

Given that:

- this code was originally identified via the High-Volume Growth screen
- the action recommended by the RAW in 2022 was taken in May 2022
- Medicare volume decreased between 2021 and 2022

The specialties recommend the RAW continue to monitor utilization of code 17250 to determine whether the decrease observed in 2022 is the beginning of a trend and that the RAW review the situation further in January 2027. A re-review in January 2027 will also give us time to observe the impact of the May 2022 coding article on utilization.

As noted in the Action Plan the RAW considered in 2022, there is reason to believe that volume growth for this service is connected to the fact it was not included in Medicare's consolidated billing for skilled nursing facility (SNF) services. Code 17250 continues to be excluded from consolidated billing. The specialties reiterate their prior recommendation that the RUC recommend to CMS adding code 17250 to the consolidated billing list for skilled nursing facilities.

Timeline (please list expected CPT/RUC meetings as applicable):

January 2027 – Further review by the RAW

Action Plan for Review of Potentially Misvalued Services
January 2022

CPT	Long Descriptor	RVW	global
17250	Chemical cauterization of granulation tissue (ie, proud flesh)	0.50	000

Screen: **High Volume Growth**
This service was identified via the high volume growth screen with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. In January 2016, the Relativity Assessment Workgroup recommended refer to CPT to revise the descriptor or include a parenthetical regarding appropriately reporting 17250 or 97597 and 97598. Also, to refer to CPT Assistant to describe when to appropriately report 17250 or 97597 and 97598. The Workgroup should review utilization data and who is providing this service in October 2019. In September 2016 the CPT Editorial Panel editorially revised this code and additional guidelines for reporting chemical cauterization. In October 2019, the Workgroup recommended to review the utilization again in two years (January 2022).

Include codes from family (please list all): N/A

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)
❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain**
☒ **Other Action (please describe):** Request that the RUC send a recommendation to CMS to add code 17250 to the consolidated billing list of codes for nursing facilities. AAFP will write an education article about correct reporting of 17250 for their members.

Rationale for Recommended Action:

In the Balanced Budget Act of 1997, Congress mandated that payment for the majority of services provided to beneficiaries in a Medicare covered SNF stay be included in a bundled prospective payment made through the Part A Medicare Administrative Contractor (MAC) to the SNF. These bundled services had to be billed by the SNF to the Part A MAC in a consolidated bill. No longer would entities that provided these services to beneficiaries in a SNF stay be able to bill separately for those services. Medicare beneficiaries can either be in a Part A covered SNF stay which includes medical services as well as room and board, or they can be in a Part B non-covered SNF stay in which the Part A benefits are exhausted, but certain medical services are still covered though room and board is not.

Prior to 2011, physicians reported codes **11040** *Debridement; skin, partial thickness* and **11041** *Debridement; skin, full thickness* for skin debridement. Payment was allowed for any site of service, including skilled nursing facilities (SNF). These codes were not subject to SNF consolidated billing for Medicare beneficiaries for a SNF Part A covered stay.[1] Codes 11040 and 11041 were submitted to the Part B Medicare carrier for payment.

In 2011 codes 11040 and 11041 were deleted and the work for debridement of skin and was referred[2] to codes **97597** *Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors,*

[1] https://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html

[2] (For debridement of skin, ie, epidermis and/or dermis only, see 97597, 97598) (For active wound care management, see 97597, 97598)

scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, per session, total wound(s) surface area; first 20 sq cm or less and **97598** *each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)*. Codes 97597 and 97598 are subject to SNF consolidated billing for Medicare beneficiaries in a SNF Part B stay. The Part B Medicare carrier will always deny these codes for Medicare beneficiaries in a SNF Part B stay. When provided, these services must be provided and billed under arrangement with the SNF.[3]

In 2016, we presented 2008-2014 data that showed there was a shift in specialty and place of service for 17250 Medicare claims. We indicated that the increased utilization and shifts in dominant specialty, site of service, and dominant diagnosis may correspond to the 2011 coding changes and that miscoding may be occurring with respect to reporting code 17250 versus codes 97597/97598 and changes in reimbursement for codes included in nursing facility consolidated billing. We also noted that the same increased utilization and shift in site of service was also evident in the Medicaid 2009 versus 2012 data. **The RAW agreed to refer this issue to CPT to revise the descriptor for 17250 or include a parenthetical regarding appropriately reporting of 17250 or 97597 and 97598.**

At the October 2016 CPT Panel meeting, the Panel approved an editorial revision of the code descriptor for 17250 and the addition of guidelines for reporting chemical cauterization to be effective for CPT 2018, as shown below:

CPT 2017
17250 Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
(17250 is not to be used with removal or excision codes for the same lesion)

CPT 2018
17250 Chemical cauterization of granulation tissue (ie, proud flesh)
(Do not report 17250 with removal or excision codes for the same lesion)
(Do not report 17250 when chemical cauterization is used to achieve wound hemostasis)
(Do not report 17250 in conjunction with 97597, 97598, 97602 for the same lesion)

Information about these changes were included in:
The AMA's *CPT Changes: An Insider's View 2018*, and
The *Bulletin* of the American College of Surgeons (http://bulletin.facs.org/2018/01/2018-cpt-coding-changes/).

In October 2019, we advised the RUC to recommend to CMS that code 17250 should be added to the consolidated billing list of codes for nursing facilities to curb the misreporting for work that is paid to the facility. The RUC did not send a recommendation to CMS about this code and instead decided to review the service again in 2 years after the CPT changes and educational articles.

January 2022 - We once again recommend that the RUC provide CMS with the utilization details about this issue and recommend adding code 17250 to consolidated billing for nursing facilities. In addition, the AAFP has agreed to write an education article for their membership about correct reporting of 17250.

Timeline (please list expected CPT/RUC meetings as applicable):

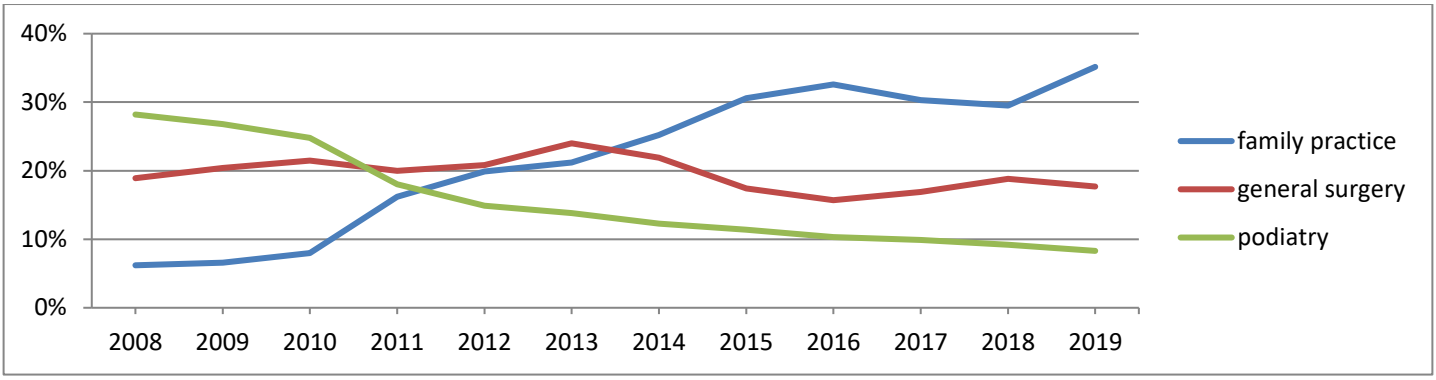
Re-review after publication of AAFP membership educational article and additional utilization data is obtained.

[3] https://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html

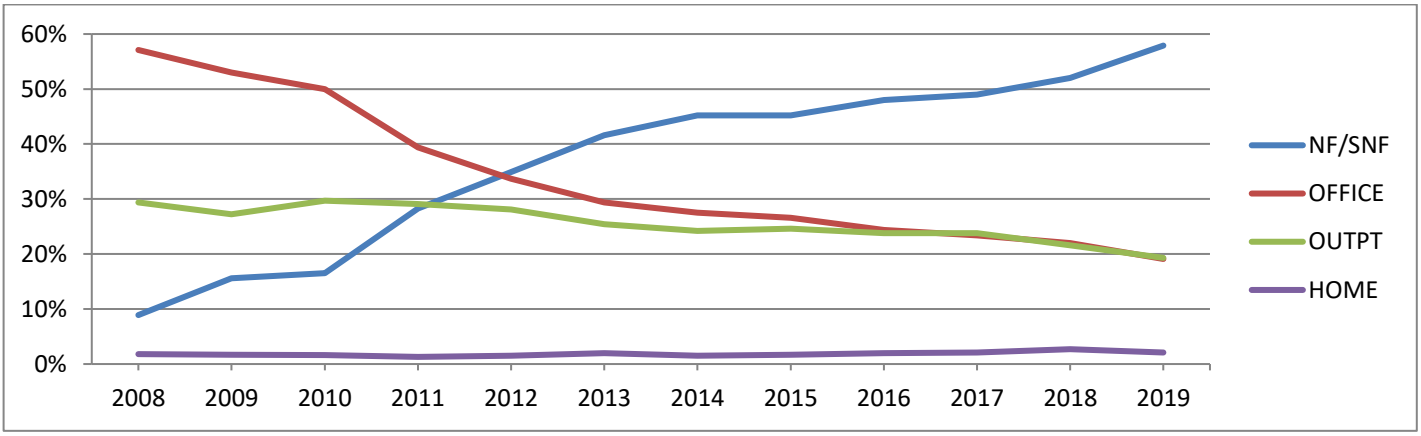
MEDICARE DATA TRENDS FOR CODE 17250

	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Utilization	61,678	70,944	78,399	98,263	115,123	141,231	149,288	150,342	168,012	184,631	203,425	234,080

CMS Code	CMS SPECIALTY	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
08	**family practice**	6.2%	6.6%	8.0%	16.2%	19.9%	21.2%	25.2%	30.6%	32.6%	30.3%	29.5%	35.2%
02	**general surgery**	18.9%	20.4%	21.5%	20.0%	20.8%	24.0%	21.9%	17.4%	15.7%	16.9%	18.8%	17.7%
48	**podiatry**	28.2%	26.8%	24.8%	18.0%	14.9%	13.8%	12.3%	11.4%	10.3%	9.9%	9.2%	8.3%



Place of Service	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
NF/SNF	8.9%	15.6%	16.5%	28.3%	34.9%	41.6%	45.2%	45.2%	48.0%	49.0%	52.0%	57.9%
OFFICE	57.1%	53.0%	50.0%	39.4%	33.7%	29.4%	27.5%	26.6%	24.4%	23.4%	22.0%	19.1%
OUTPT	29.4%	27.2%	29.7%	29.1%	28.1%	25.4%	24.2%	24.6%	23.8%	23.8%	21.6%	19.3%
HOME	1.8%	1.7%	1.6%	1.3%	1.5%	2.0%	1.5%	1.7%	2.0%	2.1%	2.7%	2.1%



ICD-9 and ICD-10	2008	2011	2013	2016	2017	2019
707 Chronic ulcer of skin L89 Pressure ulcer l97 Non-pressure chronic ulcer	23%	33%	32%	35%	38%	50%
701 Other hypertrophic condition of skin l92 Granulomatous disorders of skin and subcut tissue	20%	17%	22%	16%	14%	16%

Action Plan for Review of Potentially Misvalued Services
January 2016

CPT	Long Descriptor	RVW	global
17250	Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)	0.50	000

Screen: **High Volume**
Services with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013.

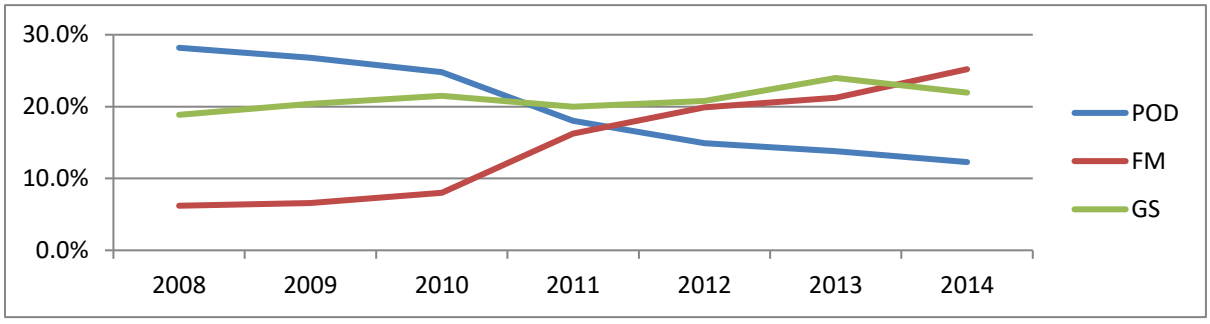
Include codes from family (please list all): N/A

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)
❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain**
❑ **Other Action (please describe):**

Rationale for Recommended Action:

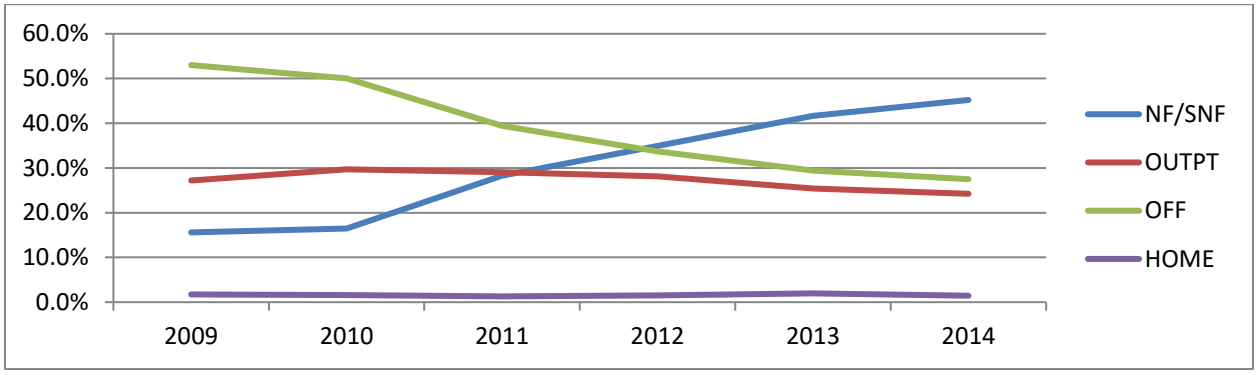
Over time there has been a shift in the dominant specialty:

	2008	2009	2010	2011	2012	2013	2014
family medicine	6.2%	6.6%	8.0%	16.2%	19.9%	21.2%	25.2%
general surgery	18.9%	20.4%	21.5%	20.0%	20.8%	24.0%	21.9%
podiatry	28.2%	26.8%	24.8%	18.0%	14.9%	13.8%	12.3%



There has also been a shift in site of service:

	2009	2010	2011	2012	2013	2014
NF/SNF	15.6%	16.5%	28.3%	34.9%	41.6%	45.2%
OFF	53.0%	50.0%	39.4%	33.7%	29.4%	27.5%
OUTPT	27.2%	29.7%	29.1%	28.1%	25.4%	24.2%
HOME	1.7%	1.6%	1.3%	1.5%	2.0%	1.5%



The dominant diagnosis has shifted to chronic ulcer of skin.

Diagnosis	2008	2014
OTHER HYPERTROPHIC CONDIT SKIN	23%	19%
CHRONIC ULCER OF SKIN	20%	33%

To date, we have not been able to determine the cause of these shifts. We are investigating if there is a correlation for the change in utilization and site of service with deletion of codes 11040 and 11041 which occured in 2011.

Timeline (please list expected CPT/RUC meetings as applicable):

As the dominant specialty, the AAFP is continuing its investigation of the utilization by its members and will attempt to have more information prior to the RAW meeting.

Action Plan for Review of Potentially Misvalued Services
October 2019

CPT	Long Descriptor	RVW	global
17250	Chemical cauterization of granulation tissue (ie, proud flesh)	0.50	000

Screen: **High Volume Growth**
This service was identified via the high volume growth screen with total Medicare utilization of 10,000 or more that have increased by at least 100% from 2008 through 2013. In January 2016, the RAW recommended referral to CPT to revise the descriptor or include a parenthetical regarding appropriately reporting 17250 or 97597 and 97598. In September 2016, the CPT Editorial Panel editorially revised this code and additional guidelines for reporting chemical cauterization. The Workgroup should review utilization data and who is providing this service in October 2019.

Include codes from family (please list all): N/A

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)
❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain**
☒ **Other Action (please describe):** Request that the RUC send a recommendation to CMS to add code 17250 to the consolidated billing list of codes for nursing facilities.

Rationale for Recommended Action:

In the Balanced Budget Act of 1997, Congress mandated that payment for the majority of services provided to beneficiaries in a Medicare covered SNF stay be included in a bundled prospective payment made through the Part A Medicare Administrative Contractor (MAC) to the SNF. These bundled services had to be billed by the SNF to the Part A MAC in a consolidated bill. No longer would entities that provided these services to beneficiaries in a SNF stay be able to bill separately for those services. Medicare beneficiaries can either be in a Part A covered SNF stay which includes medical services as well as room and board, or they can be in a Part B non-covered SNF stay in which the Part A benefits are exhausted, but certain medical services are still covered though room and board is not.

Prior to 2011, physicians reported codes **11040** *Debridement; skin, partial thickness* and **11041** *Debridement; skin, full thickness* for skin debridement. Payment was allowed for any site of service, including skilled nursing facilities (SNF). These codes were not subject to SNF consolidated billing for Medicare beneficiaries for a SNF Part A covered stay.[1] Codes 11040 and 11041 were submitted to the Part B Medicare carrier for payment.

In 2011 codes 11040 and 11041 were deleted and the work for debridement of skin and was referred[2] to codes **97597** *Debridement (eg, high pressure waterjet with/without suction, sharp selective debridement with scissors, scalpel and forceps), open wound, (eg, fibrin, devitalized epidermis and/or dermis, exudate, debris, biofilm), including topical application(s), wound assessment, use of a whirlpool, when performed and instruction(s) for*

[1] https://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html

[2] (For debridement of skin, ie, epidermis and/or dermis only, see 97597, 97598) (For active wound care management, see 97597, 97598)

ongoing care, per session, total wound(s) surface area; first 20 sq cm or less and **97598** *each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)*. Codes 97597 and 97598 are subject to SNF consolidated billing for Medicare beneficiaries in a SNF Part B stay. The Part B Medicare carrier will always deny these codes for Medicare beneficiaries in a SNF Part B stay. When provided, these services must be provided and billed under arrangement with the SNF.[3]

In 2016, we presented 2008-2014 data that showed there was a shift in specialty and place of service for 17250 Medicare claims. We indicated that the increased utilization and shifts in dominant specialty, site of service, and dominant diagnosis may correspond to the 2011 coding changes and that miscoding may be occurring with respect to reporting code 17250 versus codes 97597/97598 and changes in reimbursement for codes included in nursing facility consolidated billing. We also noted at that time that the same increased utilization and shift in site of service was also evident in the Medicaid 2009 versus 2012 data. **The RAW agreed to refer this issue to CPT to revise the descriptor for 17250 or include a parenthetical regarding appropriately reporting of 17250 or 97597 and 97598.**

At the October 2016 CPT Panel meeting, the Panel approved an editorial revision of the code descriptor for 17250 and the addition of guidelines for reporting chemical cauterization to be effective for CPT 2018, as shown below:

CPT 2017
17250 Chemical cauterization of granulation tissue (proud flesh, sinus or fistula)
(17250 is not to be used with removal or excision codes for the same lesion)

CPT 2018
17250 Chemical cauterization of granulation tissue (ie, proud flesh)
(Do not report 17250 with removal or excision codes for the same lesion)
(Do not report 17250 when chemical cauterization is used to achieve wound hemostasis)
(Do not report 17250 in conjunction with 97597, 97598, 97602 for the same lesion)

Discussion of these changes was included in the American Medical Association's *CPT Changes: An Insider's View 2018* and in the Bulletin of the American College of Surgeons (http://bulletin.facs.org/2018/01/2018-cpt-coding-changes/).

Despite the work to clarify correct coding of 17250, it appears there continues to be a shift in the dominant specialty, dominant site of service, and dominant diagnosis as shown in the data on the next page.

We believe that a survey would not change the times or value for this code when correctly reported. The current vignettes represent appropriate reporting of this service.

We advise the RUC to recommend to CMS that code 17250 should be added to the consolidated billing list of codes for nursing facilities to curb the misreporting for work that is paid to the facility.

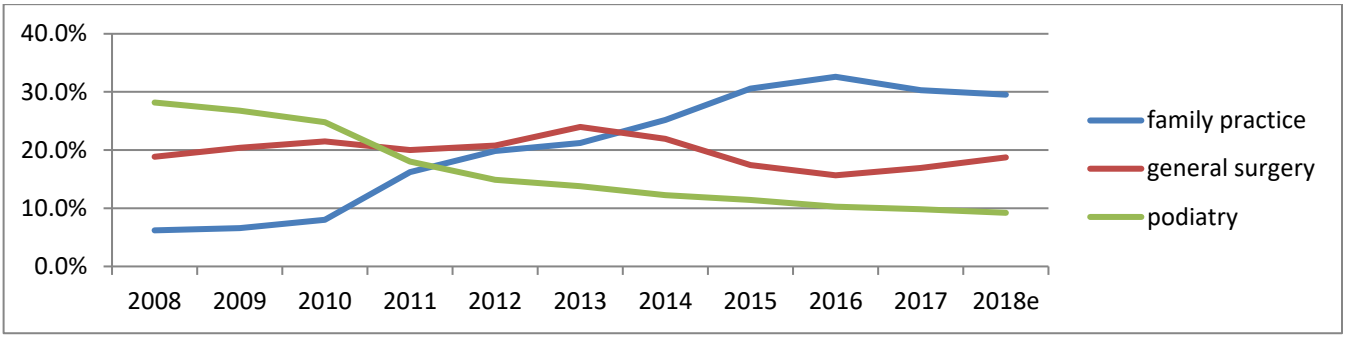
Timeline (please list expected CPT/RUC meetings as applicable):

Submit the recommendation to CMS and discuss this issue again at the RAW after CMS publication of its determination about this RUC recommendation.

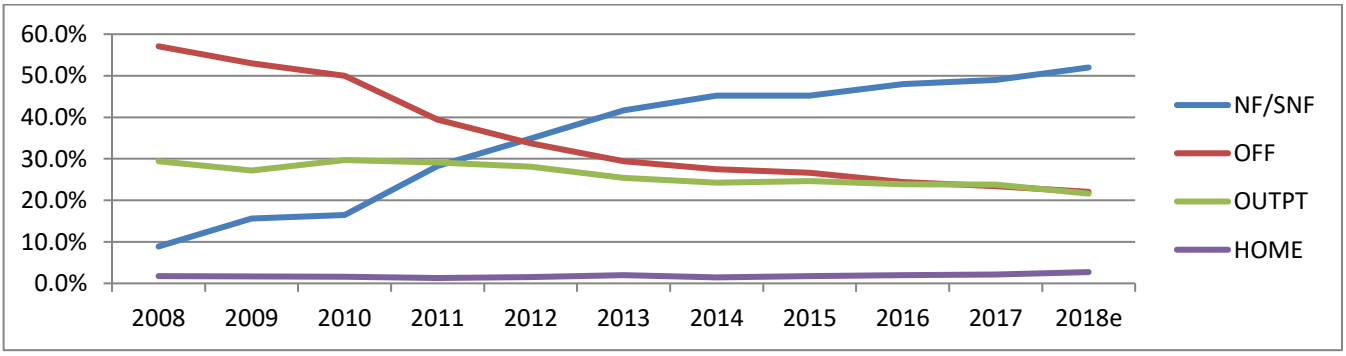
[3] https://www.cms.gov/Medicare/Billing/SNFConsolidatedBilling/index.html

MEDICARE DATA TRENDS FOR CODE 17250

CMS Code	CMS SPECIALTY	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
08	family practice	6.2%	6.6%	8.0%	16.2%	19.9%	21.2%	25.2%	30.6%	32.6%	30.3%	29.5%
02	general surgery	18.9%	20.4%	21.5%	20.0%	20.8%	24.0%	21.9%	17.4%	15.7%	16.9%	18.8%
48	podiatry	28.2%	26.8%	24.8%	18.0%	14.9%	13.8%	12.3%	11.4%	10.3%	9.9%	9.2%



Place of Service	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
NF/SNF	8.9%	15.6%	16.5%	28.3%	34.9%	41.6%	45.2%	45.2%	48.0%	49.0%	52.0%
OFFICE	57.1%	53.0%	50.0%	39.4%	33.7%	29.4%	27.5%	26.6%	24.4%	23.4%	22.0%
OUTPT	29.4%	27.2%	29.7%	29.1%	28.1%	25.4%	24.2%	24.6%	23.8%	23.8%	21.6%
HOME	1.8%	1.7%	1.6%	1.3%	1.5%	2.0%	1.5%	1.7%	2.0%	2.1%	2.7%



ICD-9 and ICD-10	2008	2011	2013	2016	2017
707 Chronic ulcer of skin L89 Pressure ulcer l97 Non-pressure chronic ulcer	23%	33%	32%	35%	38%
701 Other hypertrophic condition of skin l92 Granulomatous disorders of skin and subcut tissue	20%	17%	22%	16%	14%

Action Plan for Review of Potentially Misvalued Services
January 2025

CPT Code	Descriptor	Global Period	work RVU
93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results	XXX	0.00
93793	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed	XXX	0.18

Include codes from family (please list all):

CPT Code	Descriptor	Global Period	work RVU
G0248	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results	XXX	0.00
G0249	Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests	XXX	0.00
G0250	Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests	XXX	0.18

Screen: *Work Neutrality (CPT 2018)*

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)
❑ **Survey**
❑ **Refer to CPT Editorial Panel**
❑ **Refer to CPT Assistant (specify article *or* Q&A)**
☒ **Maintain**
❑ **Other Action (please describe):**

Rationale for Recommended Action:

Summarizing the prior two action plans and RAW discussions of these codes (attached), these codes were once flagged for review under a budget neutrality screen in 2019. The RAW noted in January 2020 that these are new codes and an increase was expected. However, the RAW asked for re-review in two years to reiterate points to CMS about deletion of confounding G codes and to see what happened with utilization, which was expected to decline as warfarin becomes less common. In January 2022, trends were not yet clear based on 2018, 2019, and 2020 data with the impact of the pandemic. The RAW asked for another re-review in three years. With three more years of data, it finally seems some conclusions can be drawn.

	2017	2018	2019	2020	2021	2022	2023
93792	NA	1,567	1,742	1,880	1,208	890	595
93793	NA	991,643	1,555,390	1,680,440	1,643,960	1,483,382	1,375,628
G0248	32,948	31,559	23,312	32,580	20,817	17,910	13,867
G0249	1,282,929	1,273,274	1,211,830	1,211,300	1,046,142	967,209	891,988
G0250	241,231	213,366	185,069	160,760	146,366	124,192	102,272

Societies note several trends and offer a recommendation to remove this topic from the budget neutrality screen as it seems incorrect assumptions were made from the outset, and CMS's decision to leave G codes in place complicates use in the field. First, utilization of every service is declining. New anticoagulation management code 93793 began declining after reaching a peak in 2020. That makes sense, as more people grew familiar with the service in the initial years, and as patients are increasingly on NOACs rather than warfarin. Second, utilization of G0250 continues to decline. It is not a linear correlation with the volume of 93793, but it is probably at least somewhat related. Third, trends that may have been disrupted by the COVID-19 pandemic seem to have settled. Finally, and to reiterate, it was always the case that these new codes were going to result in increased work RVUs. The new code can be billed for ALL anticoagulation management using INR regardless of where the test is performed.

Therefore, the societies recommend removing these codes from the budget neutrality screen and monitoring in the future for trigger of other RAW screens.

Timeline (please list expected CPT/RUC meetings as applicable):

AMA/Specialty Society RVS Update Committee **Tab 20**
Relativity Assessment Workgroup
January 13, 2022

Members: Doctors John Proctor (Chair), Kathy Cain (Vice Chair), Jennifer Aloff, Sergio Bartakian, William Donovan, Dawn Francis, Matthew Grierson, Gregory Harris, John Heiner, Gwenn Jackson, Katie Jordan, OTD, Peter Manes, Eileen Moynihan, Dee Adams Nikjeh, PhD, Stephen Sentovich, Norm Smith, Holly Stanley, Michael Sutherland, and David Wilkinson.

EXCERPT (93792-93793)

I. Re-review of Services – Review Action Plans

Work Neutrality (CPT 2018)

Home INR Monitoring (93792, 93793 & G0250)

In October 2019, the RUC identified this family as having more than a 10% increase (311%) in work RVUs for 2018 than what was projected. In January 2020, the Workgroup noted CMS created G0250 to describe these services before 93792 and 93793 were developed. The Workgroup noted that 93792 and 93793 were new codes and an increase was expected as these services were not specifically described before. The Workgroup also noted that the RUC recommended that CMS delete G0250 at that time. CMS did not delete these G codes as they describe different tests. The Workgroup recommended reviewing in 2 years and continued to support the specialty societies' recommendation that CMS delete the G code.

In January 2022, the Workgroup reviewed this family of services. The specialty societies indicated that these services were never projected as work neutral. CMS created the G codes to report home INR testing and interpretation when it issued a national coverage determination (NCD) covering home INR services. G0248 is the initial training of home INR with some supplies and equipment and staff time. G0249 is resupply for another month of home INR. G0250 is interpretation/management of one month of home INR, or **four** tests. When these G codes appeared on the RUC high volume growth screen, the societies approached CPT to create CPT codes that capture those three elements, but also capture the broader work of anticoagulation management for any INR test wherever it is obtained. G0248 is basically equal to 93792. CPT did not want to create an equivalent, PE-only re-supply code equivalent to G0249. In the new code construct, G0250 would be the same as **four** individual 93793s. In addition, 93793 could be billed if a patient went to a lab to get an INR test or had one done in the clinician's office, although it is not reportable the same day as an E/M. A revised neutrality calculation in the spreadsheet demonstrates that if source utilization of G0250 is multiplied by 4, as was the original intent of the societies, budget neutrality was within 3% in 2018.

The specialty societies continue to request that CMS delete G0248, G0249 and G0250, however, note that these services will soon become obsolete. Fewer patients have the associated mechanical valves and warfarin use will diminish as a management option.

The Workgroup recommends that CMS delete G0248, G0249 and G0250 and CPT codes 93792 and 93793 be maintained and reviewed by the Relativity Assessment Workgroup in 3 years (January 2025).

Specialty: _ACC, ACP, ANA___

Action Plan for Review of Potentially Misvalued Services
January 2022

Code	Global	Work RVU	CPT Descriptor:
G0248	XXX	0.00	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results
G0249	XXX	0.00	Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests
G0250	XXX	0.18	Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests
93792	XXX	0.00	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results
93793	XXX	0.18	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed

Screen: **Work Neutrality**

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)
❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain**
❑ **Other Action (please describe):**

Rationale for Recommended Action:

In October 2019, the RUC identified this family as having more than 10% increase (311%) in work RVUs for 2018 than what was projected. In January 2020, the Workgroup noted CMS created G0250 to describe these services before 93792 and 93793 were developed. The Workgroup noted that 93792 and 93793 were new codes and an increase was expected as these services were not specifically described before. The Workgroup also noted that the RUC recommended that CMS delete G0250 at that time. CMS did not delete these G0250 codes as they describe different tests. The Workgroup recommended reviewing in 2 years and continued to support recommendation that CMS delete the G code. The January 2020 Action Plan is included and has additional background on the creation of G codes to support a Medicare NCD and the RUC's prior work with these codes.

In the intervening time, utilization grew modestly for 93792 and still significantly for 93793 as shown in the table below and in the attached spreadsheet prepared by RUC and society staff.

	2017	2018	2019	2020
93792	NA	1,567	1,742	1,880
93793	NA	991,643	1,555,390	1,680,440
G0248	32,948	31,559	23,312	32,580
G0249	1,282,929	1,273,274	1,211,830	1,211,300
G0250	241,231	213,366	185,069	160,760

It remains the case that these codes were never expected to be budget neutral. CMS created the G codes to report home INR testing and interpretation when it issued an NCD covering home INR services. G0248 is the initial training of home INR with some supplies and equipment and staff time. G0249 is resupply for another month of home INR. G0250 is interpretation/management of one month of home INR, or four tests. When these codes triggered a RAW screen for G codes with significant volume, the societies went to CPT to try to create CPT codes that capture those three elements, but also capture the broader work of anticoagulation management for any INR test wherever it is obtained. G0248 is basically equal to 93792. CPT did not want to create an equivalent, PE-only re-supply code equivalent to G0249. In the new code construct, G0250 would be the same as four individual 93793s. In addition, 93793 could be billed if a patient went to a lab to get an INR test or had one done in the clinician's office. (Though it's not billable the same day as an E/M.) A revised neutrality calculation in the spreadsheet shows that if source utilization of G0250 is multiplied by 4, as was the original intent of the societies, budget neutrality was within 3% in 2018.

Societies note several trends and offer a recommendation to remove this from the budget neutrality screen as it seems incorrect assumptions were made from the outset, and CMS's decision to leave G codes in place complicates use in the field. First, utilization of new anticoagulation management code 93793 grew in 2019 and may have begun leveling off in 2020. That makes sense, as more people grew familiar with the service. Second, utilization of G0250 continues to decline. It is not a one-to-one correlation with 93793, but it is probably at least somewhat related. Third, the new code for home INR initiation, 93792, grew modestly while the longstanding G code, G0248, fell markedly from 2018 to 2019 and then bounced back in 2020. We have no explanation for this, but have previously noted that in general, use of INR should be decreasing in this decade as NOACs are increasingly incorporated into care. Fourth, that trend may have been disrupted by the COVID-19 pandemic. Finally, and to reiterate, it was always the case that these new codes were going to result in increased work RVUs. The new code can be billed for ALL anticoagulation management using INR regardless of where the test is performed.

Therefore, the societies recommend removing these codes from the budget neutrality screen and monitoring in the future for trigger of other RAW screens.

Timeline (please list expected CPT/RUC meetings as applicable): NA

Members: Doctors Margie Andreae (Chair), Norman Smith (Vice Chair), Jeffrey Paul Edelstein, Matthew Grierson, Gregory Harris, John Heiner, David Hitzeman, Timothy Laing, John Lanza, Alan Lazaroff, Nader Massarweh, Dee Adams Nikjeh, PhD, CCC-SLP, Scott Oates, John Proctor and David Wilkinson.

EXCERPT (93792-93793)

VIII. Work Neutrality (CPT 2018)

The Workgroup reviewed the action plans for three code families reviewed in the CPT 2018 cycle (April 2016, October 2016 and January 2017 RUC meetings) that have more than 10% increase in work RVUs from what was projected.

2) INR Monitoring (CPT codes 93792 and 93793) shows a 314% increase in work RVUs for 2018. CMS created G0250 to describe these services before 93792 and 93793 were developed. The Workgroup noted that 93792 and 93793 were new codes and an increase was expected as these services were not specifically described before. The Workgroup also noted that the RUC recommended that CMS delete G0250 at that time. CMS did not delete these G0250 codes as they describe different tests. **The Workgroup recommends reviewing in 2 years and continues to support recommendation that CMS delete the G codes.**

Specialty: _____ACC_____

Action Plan for Review of Potentially Misvalued Services
January 2020

CPT Code	Global	Current work RVU	CPT Descriptor):
93792	XXX	0.00	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results
93793	XXX	0.18	Anticoagulant management for a patient taking warfarin, must include review and interpretation of a new home, office, or lab international normalized ratio (INR) test result, patient instructions, dosage adjustment (as needed), and scheduling of additional test(s), when performed

Screen: Work Neutrality

Include codes from family (please list all):

G0248	XXX	0.00	Demonstration, prior to initiation of home INR monitoring, for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria, under the direction of a physician; includes: face-to-face demonstration of use and care of the INR monitor, obtaining at least one blood sample, provision of instructions for reporting home INR test results, and documentation of patient's ability to perform testing and report results
G0249	XXX	0.00	Provision of test materials and equipment for home INR monitoring of patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; includes: provision of materials for use in the home and reporting of test results to physician; testing not occurring more frequently than once a week; testing materials, billing units of service include 4 tests
G0250	XXX	0.18	Physician review, interpretation, and patient management of home INR testing for patient with either mechanical heart valve(s), chronic atrial fibrillation, or venous thromboembolism who meets Medicare coverage criteria; testing not occurring more frequently than once a week; billing units of service include 4 tests

Please check all recommended actions that apply:
(If necessary, please clearly mark and attach all supplemental information)
❑ **Survey**
❑ **Refer to CPT/CPT Assistant**
☒ **Maintain**

❑ **Other Action (please describe):**

Rationale for Recommended Action:

G0250 was flagged by the RAW in 2015 as a service with Medicare utilization of more than 10,000 or more that increased by at least 100% from 2008 to 2013. This code was created in 2002 in coordination with a 2002 CMS NCD that covered use of "home PT INR monitoring for OAC management for patients with mechanical heart valves on Warfarin." Additional indications for "chronic AF or venous thromboembolism" were added in a 2008 NCD reconsideration.

Believing the G0250 code to be unnecessarily limited to patients that fall within the NCD regarding home INR monitoring because it does not account for other uses of INRs, ACC, ACP, and AAFP submitted a CCP to create 93793 to report each INR reading, no matter where it is obtained. 93793 describes the work of anticoagulation management when reading a single INR test result, provision of patient instructions, dosage adjustment (as needed), and scheduling of additional test(s) when performed.

As part of the CCA that created 93793, existing CPT codes for management of INR (99363-99364) were deleted. CMS had designated codes 99363-99364 as bundled services that did not have separate payment, and they were not reported at meaningful levels by physicians. Because the new codes were going to capture work that was already being performed when INRs are interpreted and patients are managed but not separately paid, it was never expected that creation of 93792 and 93793 would be budget neutral. Though it should be noted that 93793 cannot be reported on the same day as an E/M, when it is presumed to be part of that E/M service. 93793 is only capturing instances when an INR is interpreted, and the patient is managed separately from an E/M.

The RUC recommended to CMS that codes G0248-G0250 be deleted, thinking they would be redundant to the new INR codes. CMS chose not to delete those codes, believing them to be necessary for alignment with the home INR NCD. CMS noted in the 2018 final rule, "Because HCPCS codes G0248, G0249 and G0250 are used to report related services under a Medicare National Coverage Determination, we did not propose to delete the G-codes." ACC commented at the time, "Nothing in the NCD requires construction of a code in the style of G0250 that mentions specific clinical aspects or bundles management into bundles of four test interpretations." Again, because it was the expectation of societies and the RUC that as many as four units of 93793 would be billed instead of one unit of G0250, a significant increase in utilization was expected. It was also the expectation that INR interpretation and management that occurred when a patient obtained INR readings at home, at a separate lab, or at a different provider's office would be billed using 93793, capturing work that was already performed but not previously identifiable. With more time, it is possible we would see relationships between services in billed-together data that may be addressed through coding education if, for example, 93793 is being billed with E/M services.

Finally, utilization of INR monitoring should decrease in the coming years because of greater use of NOACs. Studies are encouraging for their expanded use in patients with renal disease or dialysis patients. Studies like the AUGUSTUS trial showed NOACs to be superior to vitamin K antagonists in patient with AF after acute coronary syndrome or PCI (attached). A recent meta-analysis supported use of DOAC with clopidogrel over warfarin (attached).

Timeline (please list expected CPT/RUC meetings as applicable):

N/A

RUC Tab	CPT Source	Deleted	Source 2015 Utilization	Source 2017 Utilization	Source 2018 Utilization	Source 2019 Utilization	Source 2020 Utilization		New/ Revised Code	New/Revised Code Utilization (reference 2017)	Actual Utilization (2018)	Actual Medicare Utilization (2019)	Actual Medicare Utilization (2020)	Percent	Source RVU	RUC Rec RVU	2019 Final Work RVU	New/ Revised Total RVUs	Total Source RVUs	New/ Revised Total RVUs (original projection with 2019 RVUs)	New/ Revised Total RVUs (Actual 2018 Claims data)	Sum Source Projections	Sum N/R (Original Projection with 2019 RVUs)	Sum N/R 2018	Sum N/R 2019	Sum N/R 2020	2018 Percentage Increase	2019 Percentage Increase from 2018	2020 Percentage Increase from 2019
19 INR Monitoring	G0248		37,327	32,948	31,559	23,312	32,580		93792	32,948	1,567	1,742	1,880	1.000	0.00	0.00	0.00	0	0	-	-							
19 INR Monitoring	G0250		276,809	241,231	213,366	185,069	160,760		93793	241,231	991,643	1,555,390	1,680,440	1.000	0.18	0.18	0.18	43,422	43,422	43,422	178,496							
19 INR Monitoring	99363	D	0	0					93793	0				1.000	1.65	0.18	0.18	0	0	-	-							
19 INR Monitoring	G0249	D	1,243,471	1,282,929	1,273,274	1,211,830	1,211,300		savings	1,282,929				1.000	0.00	0.00		0	0	-	-							
19 INR Monitoring	99364	D	1	0					savings	0				0.000	0.63	0.00		0	0	-	-	43,422	43,422	178,496	279,970	302,479	311%	57%	8%

Revised Netrality Calculation

RUC Tab	CPT Source	Deleted	Source 2015 Utilization	Source 2017 Utilization	Source 2018 Utilization	Source 2019 Utilization	Source 2020 Utilization		New/ Revised Code	New/Revised Code Utilization (reference 2017)	Actual Utilization (2018)	Actual Medicare Utilization (2019)	Actual Medicare Utilization (2020)	Percent	Source RVU	RUC Rec RVU	2019 Final Work RVU	New/ Revised Total RVUs	Total Source RVUs	New/ Revised Total RVUs (original projection with 2019 RVUs)	New/ Revised Total RVUs (Actual 2018 Claims data)	Sum Source Projections	Sum N/R (Original Projection with 2019 RVUs)	Sum N/R 2018	Sum N/R 2019	Sum N/R 2020	2018 Percentage Increase	2019 Percentage Increase from 2018	2020 Percentage Increase from 2019
19 INR Monitoring	G0248		37,327	32,948	31,559	23,312	32,580		93792	32,948	1,567	1,742	1,880	1.000	0.00	0.00	0.00	0	0	-	-							
19 INR Monitoring	G0250		276,809	241,231	213,366	185,069	160,760		93793	241,231	991,643	1,555,390	1,680,440	1.000	0.18	0.18	0.18	173,686	43,422	173,686	178,496							
19 INR Monitoring	99363	D	0	0					93793	0				1.000	1.65	0.18	0.18	0	0	-	-							
19 INR Monitoring	G0249	D	1,243,471	1,282,929	1,273,274	1,211,830	1,211,300		savings	1,282,929				1.000	0.00	0.00		0	0	-	-							
19 INR Monitoring	99364	D	1	0					savings	0				0.000	0.63	0.00		0	0	-	-	43,422	173,686	178,496	279,970	302,479	3%	57%	8%

AMA/Specialty Society RVS Update Committee Summary of Recommendations
High Volume Growth

January 2023

Hyperbaric Oxygen Under Pressure (PE Only) – Tab 16

Code G0277 *Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval* was identified via the high volume growth screen for codes with Medicare utilization of 10,000 or more that have increased by at least 100% from 2015 through 2022. At the September 2022 Relativity Assessment Workgroup meeting, the specialty societies proposed to review the direct practice expense inputs for the January 2023 RUC meeting.

In January 2023, the Practice Expense Subcommittee reviewed G0277 and had no modifications to the direct practice expense inputs submitted by the specialty societies. The PE Subcommittee accepted compelling evidence there has been a change in the dominant specialty providing this service and a change in clinical staff type. Previously this service was primarily performed by general surgery, internal medicine, and undersea and hyperbaric medicine, whereas now family medicine is the top specialty. It is now typical for a single staff person (L047C *RN/respiratory therapist*) to perform all tasks rather than divide activities among two staff (an RN/LPN/MA and an RN/respiratory therapist). Additionally, as of 2016, the National Board of Diving and Hyperbaric Medical Technology no longer allows certified nursing assistants and certified medical assistants to be eligible to take the certified hyperbaric technologist examination, and as such, there has been a change in the clinical staff type. The PE Subcommittee agreed with the specialty societies to update the clinical staff type to reflect solely L047C *RN/Respiratory Therapist.*

The PE Subcommittee reviewed how hyperbaric oxygen therapy is administered. Typically, there is one patient in one hyperbaric chamber for two hours. There are no patients who utilize the chamber for only 30 minutes; two hours is typical, and it is relatively uncommon to use it for longer. Therefore, the direct practice expense inputs reflect that typical service. All the inputs submitted are prorated for four units typically being performed (30 minutes each, totaling 2 hours). For example, the supplies have all been divided into quarters such as SM025 *specula tips, otoscope,* which is listed as 0.50 and equates to two specula tips that are used before and after treatment. **The RUC recommends the direct practice expense inputs as submitted by the specialty societies.**

RUC Referral to CPT
The RUC noted that CMS created G0277 in 2015 to describe the direct practice expense inputs associated with CPT code 99183 *Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session.* In the Final Rule for 2015, CMS commented that CPT code 99183 is used for both professional attendance and supervision and the actual treatment delivery. Stakeholders pointed out that although CMS included the PE inputs for treatment delivery in CPT code 99183, the descriptor describes only attendance and supervision. CMS noted that under the Outpatient Prospective Payment System (OPPS), the treatment is reported using separate treatment code C1300 *Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval*. Therefore, CMS created code G0277 to report the treatment delivery and to maintain consistency with the OPPS coding. CMS used a timed 30-minute code, which can be used across settings. To value G0277, CMS used the RUC recommended direct PE inputs for 99183 and adjusted them to align with the 30-minute treatment interval.

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

The RUC recommends that CPT code 99183 be referred to CPT by the June 2023 deadline for the September 2023 CPT meeting, for revision to be time-based as well as modified to appropriately describe the treatment delivery, attendance and supervision. Then, subsequently, allow for the deletion of G0277.

CPT Code	CPT Descriptor	Global Period	Work RVU Recommendation
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	XXX	0.00 (PE Only)

CPT five-digit codes, two-digit modifiers, and descriptions only are copyright by the American Medical Association.

NONFACILITY DIRECT PE INPUTS **CPT CODE(S): G0277__**

SPECIALTY SOCIETY(IES): AAFP& UHMS__

PRESENTER(S): Megan Adamson, MD, Brad Fox, MD, Helen Gelly, MD, Kaye Moseley, RRT, Mike White, MD__

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

Meeting Date: January 2023

CPT Code	Long Descriptor	Global Period
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	XXX

Vignette(s) (*vignette required even if PE only code(s)***):**

CPT Code	Vignette
G0277	A patient with longstanding hypertension and insulin-dependent diabetes develops a deep-to-bone foot ulcer that has not improved after 30 consecutive days of standard wound therapy. The patient is referred for adjunctive hyperbaric oxygen therapy.

1. Please provide a brief description of the process used to develop your recommendation and the composition of your Specialty Society RVS Committee Expert Panel:

Acting as an expert panel, the specialty societies' advisors used the current, CMS direct practice expense inputs as a basis for their recommendation. The expert committee noted that four units of code G0277 are typically provided to the same patient on the same date, reflecting the fact that hyperbaric oxygen therapy typically takes two hours. The expert committee accounted for this utilization in its recommendations. For example, the RUC standard for clinical active CA009 (Greet patient etc.) is 3 minutes; spread over 4 units, this translates to 0.75 minutes per unit.

Most of the changes related to clinical staff time are simply an attempt to reflect that the specialties now believe it is typical for a single staff person (RN/respiratory therapist) to do everything rather than divide activities among two staff (an RN/LPN/MA and an RN/respiratory therapist). This change is driven, in part, by the fact that, in 2016, the National Board of Diving & Hyperbaric Medical Technology (NBDHMT) discontinued certified nursing assistants and certified medical assistants as eligible to sit for the certified hyperbaric technologist examination. (See attached memo from NBDHMT.)

The most significant change in the amount of clinical staff time concerns clinical activity CA018 (Assist physician or other qualified healthcare professional---directly related to physician work time (100%)). The specialties' understanding is that CMS originally assumed two patients received treatment at the same time; the specialties now believe it's typical for only one patient to receive treatment. Since G0277 is a 30-minute interval and line of sight must be maintained at all times, the specialties believe the clinical staff time in the intra-service of the service period should be 30 minutes rather than 15 minutes. Additionally, since this time is not directly tied to physician time, the specialties believe it's more appropriately labeled as clinical activity CA021 (Perform procedure/service---NOT directly related to physician work time).

2. Please provide reference code(s) for comparison on your spreadsheet. If you are making recommendations on an existing code, you are required to use the current direct PE inputs as your reference code but may provide an additional reference code for support. Provide an explanation for the selection of reference code(s) here (NOTE: *For services reviewed prior to the implementation of clinical activity codes, detail is not provided in the RUC database, please contact Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org for PE spreadsheets for your reference codes*):

The specialties are using the current direct PE inputs for code G0277 as the point of reference.

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC)
PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

3. Is this code(s) typically reported with an E/M service?
   Is this code(s) typically reported with the E/M service in the nonfacility?
   (Please see the *Billed Together* tab in the RUC Database)

   This code is **not** typically reported with an E/M service, either in the non-facility setting or more generally.

4. What specialty is the dominant provider in the nonfacility?
   What percent of the time does the dominant provider provide the service(s) in the nonfacility?
   Is the dominant provider in the nonfacility different than for the global?
   (Please see the *Billed Together* tab in the RUC Database)

   Family medicine is the primary specialty in the non-facility setting and provides the service 17% of the time in that setting. This is **not** different than for the global.

5. If you are requesting an increase over the aggregate current cost for clinical activities, supplies and equipment, please provide compelling evidence. (Please see *PE compelling evidence guidelines* on Collaboration). Please explain if the increase can be entirely accounted for because of an increase in physician time:

   When hyperbaric oxygen therapy was presented to the RUC in 2014, it was presented by emergency medicine, internal medicine, general surgery, and undersea/hyperbaric medicine. As noted above, family medicine is the primary specialty providing G0277 in the non-facility setting today. Accordingly, there is evidence that previous practice expense inputs were based on one specialty, but in actuality that service is currently provided primarily by physicians from a different specialty according to utilization data. This fulfills one of the practice expense compelling evidence guidelines.

   Additionally, as noted above, in 2016, the NBDHMT discontinued certified nursing assistants and certified medical assistants as eligible to sit for the certified hyperbaric technologist examination. This has necessitated a change in the clinical staff type for some activities, which is another practice expense compelling evidence guideline.

CLINICAL STAFF ACTIVITIES

The RUC has agreed that there is a presumption of zero pre-service clinical staff time unless the specialty can provide evidence to the PE Subcommittee that any pre-service time is appropriate. The RUC agreed that with evidence some subset of codes may require minimal or extensive use of clinical staff and has allocated time when appropriate (for example when a service describes a major surgical procedure). If the package times are not applicable, alternate times may be presented and should be justified for consideration by the Subcommittee.

6. Are the global periods of the codes transitioning? Information about the amount of pre-service clinical staff time and a rationale for the change from a 090-day global to a 000 or 010 day global should be described below.

   No

7. If you are recommending more minutes than the PE Subcommittee standards for clinical activities, you must provide rationale to justify the time:

   The RUC standard for clinical activity CA024 (Clean room/equipment by clinical staff) is 3 minutes. The specialties are effectively recommending 12 minutes (3 minutes x 4 units of G0277). Cleaning a

hyperbaric oxygen chamber is more extensive than cleaning the typical room/equipment for the following reasons:

- All bedding is removed.
- All surfaces inside and outside the chamber are cleaned; this includes inserting a staff person into the chamber for cleaning.
- Gases within the chamber are exchanged.
- Air break assembly is exchanged.
- New bedding is applied.

8. If a clinical activity in your reference code(s) is being rolled into a similar clinical activity approved by the PE Subcommittee and assigned a clinical activity code (*please see second worksheet in PE spreadsheet workbook*), please explain the difference here:

(not applicable)

9. How much time was allocated to clinical activity, *obtain vital signs* (CA010) prior to CMS increasing the clinical activity to 5 minutes for calendar year 2018? The standard for clinical activity, obtains vital signs remains 0, 3 and 5 based on the number of vital signs taken. Please provide a rationale for the clinical staff time that you are requesting for obtain vital signs here:

CMS currently allocates 1 minute for clinical activity, *obtain vital signs* (CA010), for this code, which translates to 4 minutes for the typical session, since the median units of service billed on the same date is 4. G0277 typically involves obtaining the patient's temperature, blood pressure, pulse, and respiration as well as a pain score and blood sugar reading (since the typical patient has insulin dependent diabetes). The RUC standard for 4-6 vital signs is 5 minutes; spread over four units of G0277, that translates to 1.25 minutes per unit.

10. Please provide a brief description of the clinical staff work for the following:
    a. Pre-Service period:

(not applicable)

    b. Service period (includes pre, intra and post):

The technician escorts the patient from the front to get a change of clothing, takes vital signs, grounds the patient, closes the door, and starts the treatment; line of sight must be maintained at all times. Post-end of treatment, the reverse takes place.

    c. Post-service period:

(not applicable)

11. Please provide granular detail regarding what the clinical staff is doing during the intra-service (of service period) clinical activity, *assist physician or other qualified healthcare professional---directly related to physician work time* or *Perform procedure/service---NOT directly related to physician work time:*

After vital signs/blood sugars are taken, the patient is positioned on the stretcher, the grounding cable is applied, and the circuit tested. The patient's positioning is checked to ensure proper offloading of affected areas. Hearing aids, dentures, any external devices such as insulin pumps or NPWT are removed and capped. Water bottle is given to help clear ears during compression as well as a urinal/bedpan if needed. Socks that are given to protect feet between bathroom and stretcher are

removed. The patient is pushed into the chamber and the door is closed. TV or other entertainment is started, and volume is adjusted to comfort. Compression starts. During the treatment, the chamber operator monitors the patient for confinement anxiety, ease of breathing/pain, and patient comfort. The operator must be available chamber-side to monitor the compression of the chamber to deal with issues such as otic barotrauma. If there is a problem clearing, the compression must stop, maneuvers instituted, and an attempt to continue made. If this is successful, the treatment continues, if not, then the physician is informed to make a clinical decision. Once the patient gets to pressure, observation must be maintained to monitor for complications associated with oxygen toxicity, such as seizures or flash pulmonary edema. Air breaks, which are typically given every 20 – 30 minutes during the treatment for 5 minutes, must start and stop on time, and the air supply must be started and stopped at each interval with free-flowing masks in order not to decrease the ambient oxygen concentration. The technician is responsible for informing the patient of the impending air break, as well as starting the flow of air, and then shutting the air off at the air break. Documentation in real time of the start and stop times is done throughout the treatment. During the ascent (the end of the treatment), the patient needs to be closely monitored for any complications of expanding gas such as pneumothorax. Once the patient reaches surface, the door is opened, the water bottle/urinal etc. are extracted and the patient is assisted into the upright position for final vital signs and a period of observation to monitor for oxygen toxicity. The clinical staff must be chamber-side with a line of sight during the entire treatment.

12. If you have used a percentage of the physician intra-service work time other then 100 or 67 percent for the intra-service (of service period) clinical activity, please indicate the percentage and explain why the alternate percentage is needed and how it was derived.
(not applicable)

13. If you are recommending a new clinical activity, please provide a detailed explanation of why the new clinical activity is needed and cannot conform to any of the existing clinical activities (*please see second worksheet in PE spreadsheet*):
(not applicable)

14. If you wish to identify a new staff type, please include a very specific staff description, salary estimate and its source. Staff types or an identified and appropriate proxy must be listed by the Bureau of Labor Statistics (BLS). You can find the BLS database at http://www.bls.gov.
(not applicable)

MEDICAL SUPPLIES & EQUIPMENT/INVOICES

15. ☐ Please check the box to confirm that you have provided invoices for all new supplies and/or equipment?

16. ☐ Please check the box to confirm that you have provided an estimate price on the PE spreadsheet for all new supplies and/or equipment?

17. If you wish to include a supply that is not on the list (*please see fourth worksheet in PE spreadsheet*) please provide a paid invoice. Identify and explain the supply input and invoice here:
(not applicable)

18. Are you recommending a PE supply pack for this recommendation? Yes or No.

If Yes, please indicate if the pack is an established package of supplies as defined by CMS (eg, SA047 *pack, E/M visit*) or a pack that is commercially available?

Yes, we are recommending inclusion of a minimum multi-specialty visit pack (SA048).

19. Please provide an itemized list of the contents for all supply kits, packs and trays included in your recommendation. Please include the description, CMS supply code, unit, item quantity and unit price (if available). See documents two and three under PE reference materials on the RUC Collaboration Website for information on the contents of kits, packs and trays.

DESCRIPTION	Code	Unit	Item Qty	Unit price
pack, minimum multi-specialty visit	**SA048**	**pack**		**5.02**
paper, exam table		foot	7	
gloves, non-sterile		pair	2	
gown, patient		item	1	
pillow case		item	1	
cover, thermometer probe		item	1	

20. If you wish to include an equipment item that is not on the list (*please see fifth worksheet in PE spreadsheet*) please provide a paid invoice. Identify and explain the equipment input and invoice here:

(not applicable)

21. Please provide an estimate of the useful life of the new equipment item as required to calculate the equipment cost per minute (*please see fifth worksheet in PE spreadsheet*):

(not applicable)

22. Have you recommended equipment minutes for a computer or equivalent laptop/integrated computer, equipment item computer, desktop, w-monitor, ED021 or notebook (Dell Latitute D600), ED038?
    a. If yes, please explain how the computer is used for this service(s).
    b. Is the computer used exclusively as an integral component of the service or is it also used for other purposes not specific to the code?
    c. Does the computer include code specific software that is typically used to provide the service(s)?

No

23. List all the equipment included in your recommendation and the equipment formula chosen *(*please see document titled *Calculating equipment time)*. If you have selected "other formula" for any of the equipment please explain here:

EQ362 HBOT air break breathing apparatus demand system (hoses, masks, penetrator, and demand valve) – Default formula

EQ131 hyperbaric chamber – Default formula

AMA/SPECIALTY SOCIETY RELATIVE VALUE UPDATE COMMITTEE (RUC) PRACTICE EXPENSE SUMMARY OF RECOMMENDATION (SOR)

PROFESSIONAL LIABILITY INSURANCE (PLI) INFORMATION

24. If this is a PE only code please select a crosswalk based on a similar specialty mix:

G0277

ADDITIONAL INFORMATION

25. If there is any other item(s) on your spreadsheet not covered in the categories above that requires greater detail/explanation, please include here:

According to the final rule on the 2015 Medicare physician fee schedule (see attached), CMS valued G0277 using the RUC recommended direct PE inputs for CPT code 99183 and adjusted them to align with the 30-minute treatment interval specified in the code descriptor. Per the RUC database, CMS has assigned 36 minutes of equipment time to both pieces of equipment. The specialties are applying the default equipment time formula to both pieces of equipment, which increases the time in each case from 36 minutes to 39.75.

ITEMIZED LIST OF CHANGES (FOLLOWING THE PE SUBCOMMITTEE MEETING)

NOTE: The virtual meetings have provided for real-time updates to the PE spreadsheets. PE SORs must still be updated after the meeting and resubmitted asap.

During and immediately following the review of this tab at the PE Subcommittee meeting, please revise the summary of recommendation (PE SOR) based on modifications made during the meeting. Please submit the revised form electronically to Rebecca Gierhahn at rebecca.gierhahn@ama-assn.org immediately following the close of business. In addition, please also provide an itemized list of the modifications made to the PE spreadsheet during the PE Subcommittee meeting in the space below (e.g. clinical activity CA010 *obtain vital signs* was reduced from 5 minutes to 3 minutes).

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
2						**G0277**		**G0277**	
3		***RUC Collaboration Website***							
4	**Clinical Activity Code**	**Meeting Date: January 2023** **Revision Date (if applicable): January 9, 2023** **Tab: 16** **Specialty: AAFP & UHMS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval		Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 145.09**	**$ -**	**$ 156.05**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D			**26.0**	**0.0**	**41.3**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**0.0**	**0.0**	**0.0**	**0.0**
10			L047C	RN/Respiratory Therapist	0.585	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**6.0**	**0.0**	**0.0**	**0.0**
12			L047C	RN/Respiratory Therapist	0.585	**20.0**	**0.0**	**41.3**	**0.0**
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**0.0**	**0.0**	**0.0**	**0.0**
14			L047C	RN/Respiratory Therapist	0.585	**0.0**	**0.0**	**0.0**	**0.0**
15		**TOTAL COST OF CLINICAL STAFF TIME x RATE PER MINUTE**				**$ 14.43**	**$ -**	**$ 24.13**	**$ -**
16		**PRE-SERVICE PERIOD**							
17		**Start: Following visit when decision for surgery/procedure made**							
18	CA001	Complete pre-service diagnostic and referral forms	L037D	RN/LPN/MTA	0.455				
19	CA002	Coordinate pre-surgery services (including test results)	L037D	RN/LPN/MTA	0.455				
20	CA003	Schedule space and equipment in facility	L037D	RN/LPN/MTA	0.455				
21	CA004	Provide pre-service education/obtain consent	L037D	RN/LPN/MTA	0.455				
22	CA005	Complete pre-procedure phone calls and prescription	L037D	RN/LPN/MTA	0.455				
23	CA006	Confirm availability of prior images/studies	L037D	RN/LPN/MTA	0.455				
24	CA007	Review patient clinical extant information and questionnaire	L037D	RN/LPN/MTA	0.455				
25	CA008	Perform regulatory mandated quality assurance activity (pre-service)	L037D	RN/LPN/MTA	0.455				
26			L037D	RN/LPN/MTA	0.455				
29		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.455				
32		**End: When patient enters office/facility for surgery/procedure**							
33		**SERVICE PERIOD**							
34		**Start: When patient enters office/facility for surgery/procedure:**							
35		**Pre-Service (of service period)**							
36	CA009	Greet patient, provide gowning, ensure appropriate medical records	L037D	RN/LPN/MTA	0.455	1		0	
37	CA009	Greet patient, provide gowning, ensure appropriate medical records	L047C	RN/Respiratory Therapist	0.585			0.75	
38	CA010	Obtain vital signs	L037D	RN/LPN/MTA	0.455	1		0	
39	CA010	Obtain vital signs	L047C	RN/Respiratory Therapist	0.585			1.25	
40	CA011	Provide education/obtain consent	L047C	RN/Respiratory Therapist	0.585	1		1	
41	CA012	Review requisition, assess for special needs	L037D	RN/LPN/MTA	0.455	0.25		0	
42	CA012	Review requisition, assess for special needs	L047C	RN/Respiratory Therapist	0.585			0.25	
43	CA013	Prepare room, equipment and supplies	L047C	RN/Respiratory Therapist	0.585	1		1.5	
44	CA013	Prepare room, equipment and supplies	L037D	RN/LPN/MTA	0.455	0.5		0	
45	CA014	Confirm order, protocol exam	L037D	RN/LPN/MTA	0.455				
46	CA015	Setup scope (nonfacility setting only)	L037D	RN/LPN/MTA	0.455				
47	CA016	Prepare, set-up and start IV, initial positioning and monitoring of	L047C	RN/Respiratory Therapist	0.585	1		1	
48	CA017	Sedate/apply anesthesia	L037D	RN/LPN/MTA	0.455				
49			L037D	RN/LPN/MTA	0.455				
52		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.455				
55		**Intra-service (of service period)**							
56	CA018	Assist physician or other qualified healthcare professional---directly	L047C	RN/Respiratory Therapist	0.585	15		0	
57	CA019	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.455				
58	CA020	Assist physician or other qualified healthcare professional---directly	L037D	RN/LPN/MTA	0.455				
59	CA021	Perform procedure/service---NOT directly related to physician work time	L047C	RN/Respiratory Therapist	0.585			30	
62			L037D	RN/LPN/MTA	0.455				
63		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.455				
66		**Post-Service (of service period)**							
67	CA022	Monitor patient following procedure/service, multitasking 1:4	L047C	RN/Respiratory Therapist	0.585	1		0	
68	CA023	Monitor patient following procedure/service, no multitasking	L047C	RN/Respiratory Therapist	0.585			1	
69	CA024	Clean room/equipment by clinical staff	L037D	RN/LPN/MTA	0.455	3		0	
70	CA024	Clean room/equipment by clinical staff	L047C	RN/Respiratory Therapist	0.585			3	
71	CA025	Clean scope	L037D	RN/LPN/MTA	0.455				
72	CA026	Clean surgical instrument package	L037D	RN/LPN/MTA	0.455				
73	CA027	Complete post-procedure diagnostic forms, lab and x-ray requisitions	L037D	RN/LPN/MTA	0.455				
74	CA028	Review/read post-procedure x-ray, lab and pathology reports	L037D	RN/LPN/MTA	0.455				
75	CA029	Check dressings, catheters, wounds	L047C	RN/Respiratory Therapist	0.585	1		1	
76	CA030	Technologist QC's images in PACS, checking for all images,	L037D	RN/LPN/MTA	0.455				
77	CA031	Review examination with interpreting MD/DO	L037D	RN/LPN/MTA	0.455				
78	CA032	Scan exam documents into PACS. Complete exam in RIS system to	L037D	RN/LPN/MTA	0.455				
79	CA033	Perform regulatory mandated quality assurance activity (service period)	L037D	RN/LPN/MTA	0.455	0.25		0	
80	CA033	Perform regulatory mandated quality assurance activity (service period)	L047C	RN/Respiratory Therapist	0.585			0.25	
81	CA034	Document procedure (nonPACS) (e.g. mandated reporting, registry logs, EEG file, etc.)	L047C	RN/Respiratory Therapist	0.585			0.25	
82	CA035	Review home care instructions, coordinate visits/prescriptions	L037D	RN/LPN/MTA	0.455				
83	CA036	Discharge day management	L037D	RN/LPN/MTA	0.455	**n/a**		**n/a**	
84			L037D	RN/LPN/MTA	0.455				
87		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.455				
90		**End: Patient leaves office/facility**							
91		**POST-SERVICE PERIOD**							
92		**Start: Patient leaves office/facility**							
93	CA037	Conduct patient communications	L037D	RN/LPN/MTA	0.455				
94	CA038	Coordinate post-procedure services	L037D	RN/LPN/MTA	0.455				
95		***Office visits: List Number and Level of Office Visits***	**MINUTES**			**# visits**	**# visits**	**# visits**	**# visits**
96		99211 16 minutes	16						
97		99212 27 minutes	27						
98		99213 36 minutes	36						
99		99214 53 minutes	53						
100		99215 63 minutes	63						
101	CA039	Post-operative visits (total time)	L037D	RN/LPN/MTA	0.455	**0.0**	**0.0**	**0.0**	**0.0**
102			L037D	RN/LPN/MTA	0.455				
105		*Other activity: please include short clinical description here and type*	L037D	RN/LPN/MTA	0.455				
108		**End: with last office visit before end of global period**							

	A	B	D	E	F	I	J	K	L
1	**RUC Practice Expense Spreadsheet**					**CURRENT**		**RECOMMENDED**	
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3		***RUC Collaboration Website***							
4	**Clinical Activity Code**	**Meeting Date: January 2023** **Revision Date (if applicable): January 9, 2023** **Tab: 16** **Specialty: AAFP & UHMS**	**Clinical Staff Type Code**	**Clinical Staff Type**	**Clinical Staff Type Rate Per Minute**	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval		Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	
5		**LOCATION**				**Non Fac**	**Facility**	**Non Fac**	**Facility**
6		**GLOBAL PERIOD**				**XXX**	**XXX**	**XXX**	**XXX**
7		**TOTAL COST OF CLINICAL ACTIVITY TIME, SUPPLIES AND EQUIPMENT TIME**				**$ 145.09**	**$ -**	**$ 156.05**	**$ -**
8		**TOTAL CLINICAL STAFF TIME**	L037D			**26.0**	**0.0**	**41.3**	**0.0**
9		**TOTAL PRE-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**0.0**	**0.0**	**0.0**	**0.0**
10			L047C	RN/Respiratory Therapist	0.585	**0.0**	**0.0**	**0.0**	**0.0**
11		**TOTAL SERVICE PERIOD CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**6.0**	**0.0**	**0.0**	**0.0**
12			L047C	RN/Respiratory Therapist	0.585	**20.0**	**0.0**	**41.3**	**0.0**
13		**TOTAL POST-SERVICE CLINICAL STAFF TIME**	L037D	RN/LPN/MTA	0.455	**0.0**	**0.0**	**0.0**	**0.0**
109	**Supply Code**	**MEDICAL SUPPLIES**	**PRICE**	**UNIT**					
110		**TOTAL COST OF SUPPLY QUANTITY x PRICE**				**$ 122.19**	**$ -**	**$ 122.57**	**$ -**
111	SA048	pack, minimum multi-specialty visit	5.02	pack				0.25	
112	SB004	cover, thermometer probe	0.22	item		0.25		0	
113	SB022	gloves, non-sterile	0.3	pair		0.50		0	
114	SB006	drape, non-sterile, sheet 40in x 60in	0.13	item				0.25	
115	SD077	gas, air	0.025	cu ft		7.50		7.50	
116	SD084	gas, oxygen	0.01	liter		11900		11900	
117	SJ063	urinal	3.4	item		0.25		0.25	
118	SJ069	test strip, glucose (blood test)	1.42	item		1		0.50	
119	SL088	lint-free cloth	0.26	item		1		1	
120	SM013	disinfectant, surface (Envirocide, Sanizide)	0.18	oz		0.25		0.25	
121	SM025	specula tips, otoscope	0.45	item		0.50		0.50	
122									
123									
125	**Equipment Code**	**EQUIPMENT**	**Purchase Price**	**Equipment Formula**	**Cost Per Minute**				
126		**TOTAL COST OF EQUIPMENT TIME x COST PER MINUTE**				**$ 8.47**	**$ -**	**$ 9.35**	**$ -**
127	EQ362	HBOT air break breathing apparatus demand system (hoses, masks, penetrator, and demand valve)	986	Default	0.002193252	36		39.75	
128	EQ131	hyperbaric chamber	114249.471	Default	0.233012198	36		39.75	
129									
130									
131									
132									